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from the General Revenue Fund and \$1,892,355 from the Medical Care Trust Fund from the Agency for Persons with Disabilities to provide disposable incontinence products to children ages 4 through 20 as a Medicaid state plan service rather than a Home and Community Based Waiver service, effective October 1, 2010.

From the funds in Specific Appropriation 187, \$5,626,415 from the General Revenue Fund and \$9,002,846 from the Medical Care Trust Fund are provided to expand Medicaid state plan coverage for disposable incontinence products to children ages 4 through 20.

188 SPECIAL CATEGORIES

HOSPICE SERVICES		
FROM GENERAL REVENUE FUND	75,436,645	
FROM HEALTH CARE TRUST FUND		42,000,000
FROM GRANTS AND DONATIONS TRUST FUND		13,378,003
FROM MEDICAL CARE TRUST FUND		209,317,040

Funds in Specific Appropriation 188 reflect a reduction of \$6,745,601 from the General Revenue Fund and \$10,793,664 from the Medical Care Trust Fund as a result of adjusting nursing home rates.

From the funds in Specific Appropriation 188, \$13,378,003 from the Grants and Donations Trust Fund and \$21,406,196 from the Medical Care Trust Fund are provided to buy back hospice rate reductions, effective on or after January 1, 2008, and are contingent on the nonfederal share being provided through nursing home quality assessments. Authority is granted to buy back rate reductions up to, but not higher than, the amounts available under the budgeted authority in this line. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

189 SPECIAL CATEGORIES

HOSPITAL INPATIENT SERVICES		
FROM GENERAL REVENUE FUND	565,386,286	
FROM GRANTS AND DONATIONS TRUST FUND		541,510,239
FROM MEDICAL CARE TRUST FUND		2,403,607,377
FROM PUBLIC MEDICAL ASSISTANCE TRUST FUND		380,320,000
FROM REFUGEE ASSISTANCE TRUST FUND		2,208,755

From the funds in Specific Appropriation 189, \$61,382,891 from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to fund services for children in the Statewide Inpatient Psychiatric Program. The program shall be designed to permit limits on services, prior authorization of services, and selective provider enrollment. The program must also include monitoring and quality assurance, as well as discharge planning and continuing stay reviews, of all children admitted to the program. The funding is contingent upon the availability of state matching funds in the Department of Children and Family Services in Specific Appropriations 315 and 340.

From the funds in Specific Appropriation 189, \$168,300 from the General Revenue Fund is provided to Lee Memorial Hospital for the Regional Perinatal Intensive Care Center (RPICC) Program.

Funds in Specific Appropriation 189 reflect a reduction of \$89,249,983 from the General Revenue Fund, \$142,809,254 from the Medical Care Trust Fund, and \$162,370 from the Refugee Assistance Trust Fund as a result of modifying the reimbursement for inpatient hospital rates. The agency shall implement a recurring methodology in the Title XIX Inpatient Hospital Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget. Hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in section 395.602, Florida Statutes are excluded from this reduction.

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From the funds in Specific Appropriation 189, \$59,990,120 from the Grants and Donations Trust Fund and \$95,990,432 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals whose charity care and Medicaid days, as a percentage of total adjusted hospital days, equal or exceed 11 percent. For any public hospital or any leased public hospital found to have sovereign immunity or hospital with graduate medical education positions that does not qualify for the elimination of the inpatient ceilings under this section of proviso or any other proviso listed, such hospitals shall be exempt from the inpatient reimbursement ceilings contingent on the hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available. Any hospital that was exempt from the inpatient reimbursement ceiling in the prior state fiscal year, due to their charity care and Medicaid days as a percentage to total adjusted hospital days equaling or exceeding 11 percent, but no longer meets the 11 percent threshold, because of updated audited DSH data, shall remain exempt from the inpatient reimbursement ceilings for a period of two years.

From the funds in Specific Appropriation 189, \$1,822,057 from the Grants and Donation Trust Fund and \$2,915,482 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.

From the funds in Specific Appropriation 189, \$45,609,650 from the Grants and Donations Trust Fund and \$72,980,183 from the Medical Care Trust Fund are provided to eliminate the inpatient hospital reimbursement ceilings for hospitals whose Medicaid days as a percentage of total hospital days exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2010, and any hospitals that becomes a designated or provisional trauma center during Fiscal Year 2010-2011. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in section 12, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited Disproportionate Share Hospital (DSH) data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited Disproportionate Share Hospital (DSH) data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

Funds in Specific Appropriation 189 are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. In the event the state share provided through grants and donations is not available to fund the removal of inpatient ceilings for hospitals, the Agency for Health Care Administration shall submit a revised hospital reimbursement plan to the Legislative Budget Commission for approval.

From the funds in Specific Appropriation 189, \$3,819,847 from the Grants and Donations Trust Fund and \$6,112,153 from the Medical Care Trust Fund are provided to make Medicaid payments to hospitals. These payments shall be used to pay approved liver transplant facilities a global fee for providing transplant services to Medicaid beneficiaries.

From the funds in Specific Appropriation 189, \$5,000,000 from the General Revenue Fund, \$144,682,090 from the Grants and Donations Trust Fund and \$239,506,912 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for teaching, specialty, Community Hospital Education Program hospitals, and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the Certificate of Need Program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization, and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in section 12, chapter 2007-326, Laws of Florida.

From the funds in Specific Appropriation 189, \$19,076,447 from the Grants and Donations Trust Fund, and \$30,524,300 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that

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is being applied against the Medicaid inpatient rates for the following three categories of hospitals. Of these funds \$31,984,943 is provided to the first category of hospitals, which are those hospitals that are part of a system that operates a provider service network in the following manner: \$18,773,903 is for Jackson Memorial Hospital; \$2,133,277 is for hospitals in Broward Health; \$4,906,684 is for hospitals in the Memorial Healthcare System; and \$760,226 is for Shands Jacksonville and \$5,410,853 is for Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the inpatient rate. Of the above funds, \$12,139,819 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. Of the above funds, \$5,475,985 shall be used for the third category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates to rural hospitals. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. For this section of proviso the agency shall use the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

From the funds in Specific Appropriation 189, \$136,410,282 from the Grants and Donations Trust Fund and \$218,270,639 from the Medical Care Trust Fund are provided for public hospitals, including any leased public hospital found to have sovereign immunity, teaching hospitals as defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians, hospitals with graduate medical education positions that do not otherwise qualify, and for designated trauma hospitals to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid inpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 189, \$98,894,128 from the Grants and Donations Trust Fund and \$158,240,891 from the Medical Care Trust Fund are provided for hospitals, not previously included in the proviso above, to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buy back of reductions to inpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid inpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 189, \$15,200,000 from the Grants and Donations Trust Fund and \$24,800,000 from the Medical Care Trust Fund are provided for hospitals not previously included in the proviso above to allow for exemptions from inpatient reimbursement limitations for any hospital that has local funds available for intergovernmental transfers. The payments under this proviso are contingent upon the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buyback of exemptions to inpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds.

From the funds in Specific Appropriations 189 and 203, \$2,307,600

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from the Grants and Donations Trust Fund and \$3,692,400 from the Medical Care Trust Fund are provided to make Medicaid payments for multi-visceral transplant and intestine transplants in Florida. The agency shall establish a reasonable global fee for these transplant procedures and the payments shall be used to pay approved multi-visceral transplant and intestine transplant facilities a global fee for providing transplant services to Medicaid beneficiaries. Payment of the global fee is contingent upon the nonfederal share being provided through grants and donations from state, county or other governmental funds. The agency is authorized to seek any federal waiver or state plan amendment necessary to implement this provision.

From the funds in Specific Appropriation 189, \$336,525 from the Grants and Donation Trust Fund and \$538,475 from the Medical Care Trust Fund are provided to adjust the Medicaid rate for any rural hospital that moved into a replacement facility during calendar year 2009 to reflect Medicaid costs for the period of time from moving into the replacement facility to when the rate would reflect the costs of the replacement facility through the routine rate setting process. To qualify for this adjustment a hospital must have a combined Medicaid and charity care utilization rate of at least 25 percent based on the most recent information reported to the Agency for Health Care Administration prior to moving into the replacement facility. This rate adjustment is contingent upon the nonfederal share being provided through grants and donations from state, county or other governmental funds that do not increase the current requirement for state general revenue or tobacco settlement trust funds.

From the funds in Specific Appropriation 189, the agency shall develop efficiency and outcome measures in order to assess the value for patients including both outcomes and costs over the full cycle of care.

190 SPECIAL CATEGORIES

REGULAR DISPROPORTIONATE SHARE	
FROM GENERAL REVENUE FUND	750,000
FROM GRANTS AND DONATIONS TRUST FUND	
	109,097,192
FROM MEDICAL CARE TRUST FUND	136,723,385

Funds in Specific Appropriation 190 shall be used for a Disproportionate Share Hospital Program as provided in sections 409.911, 409.9113, and 409.9119, Florida Statutes, and are contingent on the state share being provided through grants and donations from state, county, or other government entities.

From the funds in Specific Appropriation 190, \$69,151,938 from the Grants and Donations Trust Fund and \$86,071,267 from the Medical Care Trust Fund are provided for payments to public hospitals.

From the funds in Specific Appropriation 190, \$29,461,437 from the Grants and Donations Trust Fund and \$36,669,735 from the Medical Care Trust Fund are provided for payments to defined statutory teaching hospitals. Prior to the distribution of these funds to the statutorily defined teaching hospitals, \$6,487,220 shall be allocated to Shands Jacksonville Hospital, \$2,660,440 shall be allocated to Tampa General Hospital, and \$1,083,512 shall be allocated to Shands Teaching Hospital.

From the funds in Specific Appropriation 190, \$891,000 from the Grants and Donations Trust Fund and \$1,109,000 from the Medical Care Trust Fund are provided for payments to hospitals participating in graduate medical education initiatives, specifically consortiums engaged in developing new graduate medical education positions and programs. Consortiums shall consist of a combination of statutory teaching hospitals, statutory rural hospitals, hospitals with existing accredited graduate medical education positions, medical schools, Department of Health clinics, federally qualified health centers, and where possible, the Department of Veterans' Affairs clinics. Ideally, each consortium will have at least five residents per training year. Each consortium must include primary care providers and at least one hospital, and consortium residents shall rotate between participating primary care sites and hospitals. All consortiums that were selected and funded in state Fiscal Year 2009-2010 shall continue to receive funding under this section of proviso for state Fiscal Year 2010-2011. All consortium-initiated residency programs and positions shall be reviewed by the Community Hospital Education Council, which shall report all findings to the Executive Office of the Governor, the chair of the Senate Policy and Steering Committee on Ways and Means, and the chair of

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the House Full Appropriations Council on General Government and Health Care.

From the funds in Specific Appropriation 190, \$750,000 from the General Revenue Fund, \$5,130,600 from the Grants and Donations Trust Fund and \$7,319,400 from the Medical Care Trust Fund are provided for payments to family practice teaching hospitals.

From the funds in Specific Appropriation 190, \$356,400 from the Grants and Donations Trust Fund and \$443,600 from the Medical Care Trust Fund are provided for payments to hospitals licensed as specialty children's hospitals. The funds shall be distributed equally among the hospitals that qualify.

From the funds in Specific Appropriation 190, \$4,105,817 from the Grants and Donations Trust Fund and \$5,110,383 from the Medical Care Trust Fund are provided for payments to Provider Service Networks. Distributions are made to qualifying Provider Service Network hospitals or systems proportionally based on Fiscal Year 2006-2007 Provider Service Network patient days from qualifying Provider Service Network hospitals or systems. For purposes of this section of proviso, the Provider Service Network inpatient days used in distributing these funds shall be based on the utilization for the following individual hospitals or hospital systems only: Jackson Memorial Hospital - 15,464 days; Broward Health - 18,109 days; Memorial Healthcare System - 12,047 days; Shands Teaching - Gainesville - 1,581 days; and Shands Teaching - Jacksonville - 13,227 days.

191 SPECIAL CATEGORIES

LOW INCOME POOL

FROM GENERAL REVENUE FUND	8,781,005	
FROM GRANTS AND DONATIONS TRUST FUND		376,068,993
FROM MEDICAL CARE TRUST FUND		615,399,996

From the funds in Specific Appropriation 191, \$9,893,684 from the Grants and Donations Trust Fund and \$15,830,923 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals providing primary care to low-income individuals, hospitals operating as designated or provisional trauma centers, and rural hospitals. Hospitals providing primary care to low-income individuals and participating in the Primary Care Disproportionate Share Hospital (DSH) program in Fiscal Year 2003-2004 shall be paid \$9,927,653 distributed in the same proportion as the Primary Care DSH payments for Fiscal Year 2003-2004, excluding Imperial Point Hospital, Memorial Regional Hospital, and Memorial Hospital Pembroke who will receive individual amounts equal to \$529,709, \$1,600,177, and \$529,709 respectively. Hospitals that are designated or provisional trauma centers shall be paid \$9,561,158. Of that amount, \$4,184,152 shall be distributed equally among hospitals that are a Level I trauma center; \$3,431,635 shall be distributed equally among hospitals that are either a Level II or pediatric trauma center; and \$1,945,371 shall be distributed equally among hospitals that are both a Level II and pediatric trauma center. Rural hospitals participating in the Rural Hospital DSH Program shall be paid \$6,235,796 distributed in the same proportion as the DSH payments.

From the funds in Specific Appropriation 191, \$315,810,570 from the Grants and Donations Trust Fund and \$505,329,757 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals provider access systems. The funding shall be distributed in a two-step allocation process. The first phase of the allocation process shall distribute payments to qualified hospitals based on the amount of local government funding provided for the uninsured and underinsured. Payments to qualified hospitals shall be capped at 114.8 percent of the amount of local government funding it would have received for the uninsured and underinsured without the Low Income Pool program. The second phase of the allocation process is to distribute the remaining funds based on a hospital's Medicaid days, charity care days, and 50 percent of bad debt days to the total Medicaid days, charity care days, and 50 percent of bad debt days of all qualifying hospitals. To receive funds in this distribution, the hospital's Medicaid days, charity care days and 50 percent of bad debt days divided by the hospital's total days must equal or exceed 10 percent. Of the funds allocated in the second phase, \$2,419,573 shall be allocated to the rural hospitals and the remaining funds shall be allocated to the remaining hospitals that qualify for a distribution. All hospitals with accepted 2008 Financial Hospital Uniform Reporting System (FHURS) data are eligible for the

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second phase of the allocation process.

From the funds in Specific Appropriation 191, \$601,109 from the Grants and Donations Trust Fund and \$961,837 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to specialty pediatric facilities. To qualify for a Medicaid low-income pool payment under this section, a hospital must be licensed as a children's specialty hospital and its combined Medicaid managed care and fee-for-service days as a percentage to total inpatient days must equal or exceed 30 percent. The agency shall use the 2003 Financial Hospital Uniform Reporting System (FHURS) data to determine the combined Medicaid managed care and fee-for-service days. The total Medicaid low-income pool payments made shall be distributed equally to the qualifying hospitals.

From the funds in Specific Appropriation 191, \$700,000 from the General Revenue Fund, \$28,108,111 from the Grants and Donations Trust Fund and \$45,695,949 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals that serve as a safety net in providing emergency, specialized pediatric trauma services and inpatient hospital care to low-income individuals. These amounts shall be paid to the following:

Jackson Memorial Hospital.....	2,358,694
Shands Jacksonville Hospital.....	32,352,196
All Children's Hospital.....	4,882,578
Shands Teaching Hospital.....	4,736,082
Tampa General Hospital.....	12,826,731
Orlando Regional Medical Center.....	4,107,094
Lee Memorial Hospital/CMS.....	875,687
St. Mary's Hospital.....	193,326
Miami Children's Hospital.....	3,962,341
Broward General Medical Center.....	143,067
Tallahassee Memorial Healthcare.....	40,465
St. Joseph's Hospital.....	15,652
Florida Hospital.....	40,964
Baptist Hospital of Pensacola.....	317,826
Mt. Sinai Medical Center.....	6,747,952
Bayfront Medical Center.....	143,754
Sacred Heart Hospital.....	323,697
Naples Community Hospital.....	185,954
Baptist Medical Center - Jacksonville.....	250,000

From the funds in Specific Appropriation 191, \$1,399,224 from the General Revenue Fund, \$5,629,824 from the Grants and Donations Trust Fund and \$11,247,208 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to Federally Qualified Health Centers. These payments may be used to provide funding for Federally Qualified Health Centers supporting primary care services in medically underserved areas.

From the funds in Specific Appropriation 191, \$3,673,291 from the Grants and Donations Trust Fund and \$5,877,648 from the Medical Care Trust Fund are provided for county health initiatives emphasizing the expansion of primary care services, and rural health networks. The Department of Health will develop the funding criteria processes, which include assessing statewide benefits, sustainability, access to primary care improvements, ER diversion potential, and health care innovations that are replicable and with a three-year limit on low-income pool funding. The total low-income pool payments provided in this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds.

From the funds in Specific Appropriation 191, \$1,153,800 from the Grants and Donations Trust Fund and \$1,846,200 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the Department of Health to provide funding for hospitals with hospital based primary care initiatives.

From the funds in Specific Appropriation 191, \$96,150 from the Grants and Donations Trust Fund and \$153,850 from the Medical Care Trust Fund are provided to make health insurance premium payments for low-income residents enrolled in the Miami-Dade Premium Assistance Program. These funds are contingent on a local government contribution of \$96,150.

From the funds in Specific Appropriation 191, \$6,102,454, from the Grants and Donations Trust Fund and \$9,764,560 from the Medical Care

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Trust Fund are provided to make Medicaid low-income pool payments for premium assistance programs operated by Palm Beach County Health Care District. These funds are contingent on a local government contribution from the Health Care District of Palm Beach County in the amount of \$13,367,014.

From the funds in Specific Appropriation 191, \$1,220,261 from the General Revenue Fund and \$1,952,544 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the Department of Health to provide funding for hospitals providing poison control programs.

From the funds in Specific Appropriation 191, \$461,520 from the General Revenue Fund and \$738,480 from the Medical Care Trust Fund are provided to continue the primary care and emergency room diversion program in Manatee, Sarasota and DeSoto counties.

From the funds in Specific Appropriation 191, \$384,600 from the General Revenue Fund, \$615,400 from the Medical Care Trust Fund are provided for the support of existing and expansion of new primary care residency slots, not funded by Medicare, at existing primary care residency programs in the rural area of AHCA District 1 sub-district 2 as defined in Florida Administrative Code section 59C-2.100 Acute Care Sub districts.

From the funds in Specific Appropriation 191, \$4,615,400 from the General Revenue Fund, \$5,000,000 from the Grants and Donations Trust Fund and \$15,385,640 from the Medical Care Trust Fund are provided to increase access to primary care services in the state to reduce and prevent unnecessary emergency room visits and inpatient hospitalizations. In developing a plan to increase access to primary care services and the funding of these primary care services, the agency shall solicit proposals from general acute care hospitals, county health departments, faith based and community clinics, and Federally Qualified Health Centers in order to establish new primary clinics for the uninsured and underinsured. Of the funds provided, the agency shall use \$25,001,040, which includes \$4,615,400 in general revenue and \$5,000,000 in local funding pay for the increased access to primary care services. The use of general revenue is contingent upon an equal amount of local funds being provided in cash. The agency shall award grants to those programs most capable of reducing health spending and improving the health status of uninsured and underinsured persons in their community and meeting the requirements of this section. The programs receiving these grants shall reduce unnecessary emergency room visits and preventable hospitalizations by providing disease management; improving patient compliance; and coordinating services. The agency shall contract with an entity having experience in evaluating the Medicaid program to develop reporting requirements for grant recipients and to measure the effectiveness of the grant-funded programs. The specific reporting requirements shall be incorporated into the competitive solicitation which will also identify the evaluation methodology and establish a time-table for publishing results. The agency shall develop a plan for expanding primary care services by October 1, 2010, and submit the plan to the Legislative Budget Commission for approval before expending any grant funding.

From the funds in Specific Appropriation 191, the agency is authorized to transfer a hospital's low-income pool payments between the various low-income programs listed in this specific appropriation if it is required to obtain approval of the low-income pool payment methodology from the Centers for Medicare and Medicaid Services. Any transfer of funds, however, is contingent on the hospital's net low-income pool payments under the low-income pool plan remaining unchanged.

From the funds in Specific Appropriation 191, in the event that the amount of approved nonfederal share of matching funds is not provided by local governmental entities, the agency may re-allocate low-income pool funds between programs described within this specific appropriation as necessary to ensure sufficient nonfederal matching funds. No re-allocation, under this provision, of low-income pool funds may occur if the level of program increase for any provider access system exceeds the amount of the additional increases in the local nonfederal share match that their local governments transfer to the state Medicaid program, and for which the provider access system would have otherwise received.

From the funds in Specific Appropriation 191, the agency may make

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low-income pool Medicaid payments to hospitals in an accelerated manner that is more frequent than on a quarterly basis subject to the availability of state, local and federal funds.

Funds provided in Specific Appropriation 191 are contingent upon the nonfederal share being provided through grants and donations from state, county or other governmental funds. In the event the nonfederal share provided through grants and donations is not available to fund the Medicaid low-income payments for eligible Medicaid providers, known as provider access systems, the agency shall submit a revised low-income pool plan to the Legislative Budget Commission for approval. Distribution of such funds provided in Specific Appropriation 191 is contingent upon approval from the Centers for Medicare and Medicaid Services.

192 SPECIAL CATEGORIES

FREESTANDING DIALYSIS CENTERS

FROM GENERAL REVENUE FUND	7,776,323	
FROM MEDICAL CARE TRUST FUND		12,442,925

Funds in Specific Appropriation 192 are for the inclusion of freestanding dialysis clinics in the Medicaid program. The agency shall limit payment to \$100.00 per visit for each dialysis treatment. Freestanding dialysis facilities may obtain, administer and submit claims directly to the Medicaid program for End-Stage Renal Disease pharmaceuticals subject to coverage and limitations policy. All pharmaceutical claims for this purpose must include National Drug Codes (NDC) to permit the invoicing for federal and/or state supplemental rebates from manufacturers. Claims for drug products that do not include National Drug Code information are not payable by Florida Medicaid unless the drug product is exempt from federal rebate requirements.

Funds in Specific Appropriation 192 reflect an increase of \$163,118 from the General Revenue Fund and \$261,006 from the Medical Care Trust Fund as a result of increasing the payment to Medicaid freestanding dialysis clinics from \$95.00 to \$100.00 per visit.

193 SPECIAL CATEGORIES

HOSPITAL INSURANCE BENEFITS

FROM GENERAL REVENUE FUND	62,380,500	
FROM MEDICAL CARE TRUST FUND		99,815,287

194 SPECIAL CATEGORIES

HOSPITAL OUTPATIENT SERVICES

FROM GENERAL REVENUE FUND	186,883,055	
FROM GRANTS AND DONATIONS TRUST FUND		136,513,865
FROM MEDICAL CARE TRUST FUND		685,653,159
FROM PUBLIC MEDICAL ASSISTANCE TRUST FUND		105,000,000
FROM REFUGEE ASSISTANCE TRUST FUND		1,596,221

From the funds in Specific Appropriation 194, \$19,653,060 from the Grants and Donations Trust Fund and \$31,446,942 from the Medical Care Trust Fund are appropriated so that the agency may amend its current facility fees and physician services to allow for payments to hospitals providing primary care to low-income individuals and participating in the Primary Care Disproportionate Share Hospital (DSH) program in Fiscal Year 2003-2004 provided such hospital implements an emergency room diversion program so that non-emergent patients are triaged to lesser acute settings; or a public hospital assumed the fiscal and operating responsibilities for one or more primary care centers previously operated by the Florida Department of Health or the local county government. Any payments made to qualifying hospitals because of this change shall be contingent on the state share being provided through grants and donations from counties, local governments, public entities, or taxing districts, and federal matching funds. This provision shall be contingent upon federal approval of a state plan amendment.

Funds in Specific Appropriation 194 reflect a reduction of \$20,969,114 from the General Revenue Fund, \$33,718,620 from the Medical Care Trust Fund, and \$103,655 from the Refugee Assistance Trust Fund as a result of implementing a reduction in outpatient hospital reimbursement rates. The agency shall implement a recurring methodology in the Title XIX Outpatient Hospital Reimbursement Plan to achieve this

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reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget. Hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in section 395.602, Florida Statutes are excluded from this reduction.

From the funds in Specific Appropriation 194, \$24,789,981 from the Grants and Donations Trust Fund and \$39,666,548 from the Medical Care Trust Fund are provided to increase the outpatient cap for adults from \$1,000 to \$1,500 per year and to eliminate the outpatient reimbursement ceilings for teaching, specialty, Community Health Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the certificate of need program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in section 13, chapter 2007-326, Laws of Florida.

From the funds in Specific Appropriation 194, \$4,678,761 from the Grants and Donations Trust Fund and \$7,486,505 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose charity care and Medicaid days as a percentage of total adjusted hospital days equals or exceeds 11 percent. For any public hospital or any leased public hospital found to have sovereign immunity or hospital with graduate medical education positions that does not qualify for the elimination of the outpatient ceilings under this provision of proviso or any other proviso listed, such hospitals shall be exempt from the outpatient reimbursement ceilings contingent on the public hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available. Any hospital that was exempt from the outpatient reimbursement ceiling in the prior state fiscal year, due to their charity care and Medicaid days as a percentage to total adjusted hospital days equaling or exceeding 11 percent, but no longer meet the 11 percent threshold, because of updated audited DSH data shall remain exempt from the outpatient reimbursement ceilings for a period of two years.

From the funds in Specific Appropriation 194, \$82,610 from the Grants and Donation Trust Fund and \$132,185 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.

From the funds in Specific Appropriation 194, \$4,609,114 from the Grants and Donations Trust Fund and \$7,375,061 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose Medicaid days, as a percentage of total hospital days, exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2010 or become a designated or provisional trauma center during Fiscal Year 2010-2011. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in section 13, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

Funds provided for the elimination of hospital outpatient ceilings in Specific Appropriation 194 are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. The agency shall submit a revised hospital

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outpatient reimbursement plan to the Legislative Budget Commission for approval if the state share is not available to fund the removal of hospital outpatient ceilings or if the Centers for Medicare and Medicaid Services does not approve amendments to the Medicaid Hospital Outpatient Reimbursement Plan to eliminate the reimbursement ceilings for certain hospitals.

From the funds in Specific Appropriation 194, \$4,702,344 from the Grants and Donations Trust Fund and \$7,524,239 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for the following three categories of hospitals. Of these funds \$3,372,389 is provided to the first category of hospitals, which are those hospitals that are part of a system that operate a provider service network in the following manner: \$570,978 is for Jackson Memorial Hospital; \$458,668 is for hospitals in Broward Health; \$840,958 is for hospitals in the Memorial Healthcare System; and \$256,166 to Shands Jacksonville and \$1,245,619 to Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$4,221,468 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$4,632,726 shall be used for the third category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for rural hospitals. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the outpatient rate for those individual hospitals. For this section of proviso the agency shall use the average of 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

From the funds in Specific Appropriation 194, \$25,505,883 from the Grants and Donations Trust Fund and \$40,812,066 from the Medical Care Trust Fund are provided for public hospitals, including any leased public hospital found to have sovereign immunity, teaching hospitals as defined in ss. 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians, hospitals with graduate medical education positions that do not otherwise qualify, and designated trauma hospitals to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid outpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 194, \$31,138,172 from the Grants and Donations Trust Fund and \$49,824,313 from the Medical Care Trust Fund are provided for hospitals, not previously included in the proviso above, to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buy back of reductions to outpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid outpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 194, \$5,769,000 from the Grants and Donations Trust Fund and \$9,231,000 from the Medical Care Trust Fund are provided for hospitals not previously included in the proviso above to allow for exemptions from outpatient reimbursement

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limitations for any hospital that has local funds available for intergovernmental transfers. The payments under this proviso are contingent upon the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buy back of exemptions to outpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds.

From the funds in Specific Appropriation 194, the agency shall develop efficiency and outcome measures in order to assess the value for patients including both outcomes and costs over the full cycle of care.

195	SPECIAL CATEGORIES		
	RESPIRATORY THERAPY SERVICES		
	FROM GENERAL REVENUE FUND	7,442,206	
	FROM MEDICAL CARE TRUST FUND		11,910,376
196	SPECIAL CATEGORIES		
	NURSE PRACTITIONER SERVICES		
	FROM GENERAL REVENUE FUND	3,108,870	
	FROM MEDICAL CARE TRUST FUND		4,974,646
	FROM REFUGEE ASSISTANCE TRUST FUND		7,499
197	SPECIAL CATEGORIES		
	BIRTHING CENTER SERVICES		
	FROM GENERAL REVENUE FUND	569,999	
	FROM MEDICAL CARE TRUST FUND		912,061
198	SPECIAL CATEGORIES		
	OTHER LAB AND X-RAY SERVICES		
	FROM GENERAL REVENUE FUND	33,500,775	
	FROM MEDICAL CARE TRUST FUND		53,605,457
	FROM REFUGEE ASSISTANCE TRUST FUND		467,271

From the funds in Specific Appropriation 198, the agency shall continue a program to assess HIV drug resistance for cost-effective management of anti-retroviral drug therapy.

199	SPECIAL CATEGORIES		
	PATIENT TRANSPORTATION		
	FROM GENERAL REVENUE FUND	49,979,360	
	FROM MEDICAL CARE TRUST FUND		79,972,174
	FROM REFUGEE ASSISTANCE TRUST FUND		32,964
200	SPECIAL CATEGORIES		
	PHYSICIAN ASSISTANT SERVICES		
	FROM GENERAL REVENUE FUND	1,348,337	
	FROM MEDICAL CARE TRUST FUND		2,157,781
	FROM REFUGEE ASSISTANCE TRUST FUND		5,272
201	SPECIAL CATEGORIES		
	PERSONAL CARE SERVICES		
	FROM GENERAL REVENUE FUND	16,599,442	
	FROM MEDICAL CARE TRUST FUND		26,568,420

From the funds in Specific Appropriation 201, the Agency for Health Care Administration shall direct a beneficiary who is medically able to attend a prescribed pediatric extended care facility and whose needs can be met by such center, to a prescribed pediatric extended care facility for patient care within a reasonable distance from the pick-up or drop-off location for the child. Prescribed pediatric extended care facility services must be approved by the Medicaid program or its designee. Private duty nursing may be provided as a wrap around alternative for an individual needing additional services when a prescribed pediatric extended care facility is not available.

202	SPECIAL CATEGORIES		
	PHYSICAL REHABILITATION THERAPY		
	FROM GENERAL REVENUE FUND	3,452,681	
	FROM MEDICAL CARE TRUST FUND		5,525,038
	FROM REFUGEE ASSISTANCE TRUST FUND		502

while preserving the total funding level anticipated within this Act, and any subsequent amendments thereto. In the event an affected agency does not have sufficient trust fund budget authority to implement the provisions of this section, the affected agency is directed to include the request for increased trust fund authority in its budget amendments.

(2) If budget amendments offered pursuant to subsection (1) are approved pursuant to the provisions of Chapter 216, Florida Statutes:

(a) The provisos following Specific Appropriations 189, 191, and 194 are repealed and the following provisos shall apply to those specific appropriations respectively:

SPECIAL CATEGORIES HOSPITAL INPATIENT SERVICES
(Specific Appropriation 189)

From the funds in Specific Appropriation 189, \$61,382,891 from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to fund services for children in the Statewide Inpatient Psychiatric Program. The program shall be designed to permit limits on services, prior authorization of services, and selective provider enrollment. The program must also include monitoring and quality assurance, as well as discharge planning and continuing stay reviews, of all children admitted to the program. The funding is contingent upon the availability of state matching funds in the Department of Children and Family Services in Specific Appropriations 315 and 340.

From the funds in Specific Appropriation 189, \$168,300 from the General Revenue Fund is provided to Lee Memorial Hospital for the Regional Perinatal Intensive Care Center (RPICC) Program.

Funds in Specific Appropriation 189, reflect a reduction of \$89,249,983 from the General Revenue Fund, \$142,971,624 from the Medical Care Trust Fund, and \$162,370 from the Refugee Assistance Trust Fund as a result of modifying the reimbursement for inpatient hospital rates. The agency shall implement a recurring methodology in the Title XIX Inpatient Hospital Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget. Hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in section 395.602, Florida Statutes are excluded from this reduction.

From the funds in Specific Appropriation 189, \$50,475,307 from the Grants and Donations Trust Fund and \$105,505,245 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals whose charity care and Medicaid days, as a percentage of total adjusted hospital days, equal or exceed 11 percent. For any public hospital or any leased public hospital found to have sovereign immunity or hospital with graduate medical education positions that does not qualify for the elimination of the inpatient ceilings under this section of proviso or any other proviso listed, such hospitals shall be exempt from the inpatient reimbursement ceilings contingent on the hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available. Any hospital that was exempt from the inpatient reimbursement ceiling in the prior state fiscal year, due to their charity care and Medicaid days as a percentage to total adjusted hospital days equaling or exceeding 11 percent, but no longer meet the 11 percent threshold, because of updated audited DSH data shall remain exempt from the inpatient reimbursement ceilings for a period of two years.

From the funds in Specific Appropriation 189, \$1,533,068 from the Grants and Donations Trust Fund and \$3,204,471 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.

From the funds in Specific Appropriation 189, \$38,375,670 from the Grants and Donations Trust Fund and \$80,214,163 from the Medical Care Trust Fund are provided to eliminate the inpatient hospital reimbursement ceilings for hospitals whose Medicaid days as a percentage of total hospital days exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2010, and any hospitals that becomes a designated or provisional trauma center during Fiscal Year 2010-2011. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in Section 12, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited Disproportionate Share Hospital (DSH) data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited Disproportionate Share Hospital (DSH) data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

Funds in Specific Appropriation 189 are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. In the event the state share provided through grants and donations is not available to fund the removal of inpatient ceilings for hospitals, the Agency for Health Care Administration shall submit a revised hospital reimbursement plan to the Legislative Budget Commission for approval.

From the funds in Specific Appropriation 189, \$3,213,995 from the Grants and Donations Trust Fund and \$6,718,005 from the Medical Care Trust Fund are provided to make Medicaid payments to hospitals. These payments shall be used to pay approved liver transplant facilities a global fee for providing transplant services to Medicaid beneficiaries.

From the funds in Specific Appropriation 189, \$5,000,000 from the General Revenue Fund, \$120,941,561 from the Grants and Donations Trust Fund and \$263,247,441 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for teaching, specialty, Community Hospital Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the Certificate of Need Program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in Section 12, chapter 2007-326, Laws of Florida.

From the funds in Specific Appropriation 189, \$4,197,807 from nonrecurring General Revenue funds, \$56,506,260 from the Grants and Donations Trust Fund, and \$126,885,758 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for the following four categories of hospitals. Of these funds \$48,128,343 is provided to the first category of hospitals, which are those hospitals that are part of a system that operates a provider service network in the following manner: \$18,773,903 is for Jackson Memorial Hospital; \$3,293,203 is for hospitals in Broward Health as follows: Broward General \$629,439, Coral Springs \$1,389,685, Imperial Point \$705,060, and North Broward \$569,019; \$6,917,948 is for hospitals in the Memorial Healthcare System as follows: Memorial Hospital \$3,285,744, Memorial Hospital Pembroke \$555,753, Memorial Hospital Miramar \$1,091,940, and Memorial Hospital West \$1,984,511; \$760,226 is for Shands Jacksonville and \$18,383,063 is for Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the inpatient rate. Of the above funds, \$12,139,819 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. Of the above funds, \$5,475,985 shall be used for the third category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates to rural hospitals. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. Of the above funds, \$121,845,676 shall be used for the fourth category to buy back the

Medicaid trend adjustment that is being applied against the Medicaid inpatient rates to teaching hospitals as defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians and for designated trauma hospitals on or before February 1, 2010. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. For this section of proviso the agency shall use the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

From the funds in Specific Appropriation 189, \$70,121,480 from the Grants and Donations Trust Fund and \$146,570,363 from the Medical Care Trust Fund are provided for public hospitals, including any leased public hospital found to have sovereign immunity, teaching hospitals as defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians, hospitals with graduate medical education positions that do not otherwise qualify, and for designated trauma hospitals to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid inpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 189, \$83,208,892 from the Grants and Donations Trust Fund and \$173,926,127 from the Medical Care Trust Fund are provided for hospitals, not previously included in the proviso above, to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buyback of reductions to inpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid inpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 189, \$12,944,000 from the Grants and Donations Trust Fund and \$27,056,000 from the Medical Care Trust Fund are provided for hospitals not previously included in the proviso above to allow for exemptions from inpatient reimbursement limitations for any hospital that has local funds available for IGTs. The payments under this proviso are contingent upon the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buyback of exemptions to inpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds.

From the funds in Specific Appropriations 189 and 203, \$1,941,600 from the Grants and Donations Trust Fund and \$4,058,400 from the Medical Care Trust Fund are provided to make Medicaid payments for multi-visceral transplant and intestine transplants in Florida. The agency shall establish a reasonable global fee for these transplant procedures and the payments shall be used to pay approved multi-visceral transplant and intestine transplant facilities a global fee for providing transplant services to Medicaid beneficiaries. Payment of the global fee is contingent upon the non-federal share being provided through grants and donations from state, county or other governmental funds. The agency is authorized to seek any federal waiver or state plan amendment necessary to implement this provision.

From the funds in Specific Appropriation 189, \$283,150 from the Grants and Donations Trust Fund and \$591,850 from the Medical Care Trust Fund are provided to adjust the Medicaid rate for any rural hospital that moved into a replacement facility during calendar year 2009 to reflect Medicaid costs for the period of time from moving into the replacement facility to when the rate would reflect the costs of the replacement facility through the routine rate setting process. To qualify for this adjustment a hospital must have a combined Medicaid and charity care

utilization rate of at least 25 percent based on the most recent information reported to the Agency for Health Care Administration prior to moving into the replacement facility. This rate adjustment is contingent upon the nonfederal share being provided through grants and donations from state, county or other governmental funds that do not increase the current requirement for state general revenue or tobacco settlement trust funds.

SPECIAL CATEGORIES LOW INCOME POOL (Specific Appropriation 191)

From the funds in Specific Appropriation 191, \$5,052,235 from the Grants and Donations Trust Fund and \$10,560,360 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals operating as designated or provisional trauma centers and rural hospitals. Hospitals that are designated or provisional trauma centers shall be paid \$9,449,574. Of that amount, \$4,135,321 shall be distributed equally among hospitals that are a Level I trauma center; \$3,391,586 shall be distributed equally among hospitals that are either a Level II or pediatric trauma center; and \$1,922,667 shall be distributed equally among hospitals that are both a Level II and pediatric trauma center. Rural hospitals participating in the Rural Hospital DSH Program shall be paid \$6,163,021 distributed in the same proportion as the DSH payments.

From the funds in Specific Appropriation 191, \$25,000,000 from nonrecurring general revenue funds, \$212,882,282 from the Grants and Donations Trust Fund and \$497,229,839 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals provider access systems. The funding shall be distributed in a two-step allocation process. The first phase of the allocation process shall distribute payments to qualified hospitals based on the amount of local government funding provided for the uninsured and underinsured. Payments to qualified hospitals shall be capped at 114.6 percent of the amount of local government funding it would have received for the uninsured and underinsured without the Low Income Pool program. The second phase of the allocation process is to distribute the remaining funds based on a hospital's Medicaid days, charity care days, and 50 percent of bad debt days to the total Medicaid days, charity care days, and 50 percent of bad debt days of all qualifying hospitals. To receive funds in this distribution, the hospital's Medicaid days, charity care days and 50 percent of bad debt days divided by the hospital's total days must equal or exceed 10 percent. Of the funds allocated in the second phase, \$2,419,573 shall be allocated to the rural hospitals and the remaining funds shall be allocated to the remaining hospitals that qualify for a distribution. All hospitals with accepted 2008 Financial Hospital Uniform Reporting System (FHURS) data are eligible for the second phase of the allocation process.

From the funds in Specific Appropriation 191, \$499,867 from the Grants and Donations Trust Fund and \$1,044,839 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to specialty pediatric facilities. To qualify for a Medicaid low-income pool payment under this section, a hospital must be licensed as a children's specialty hospital and its combined Medicaid managed care and fee-for-service days as a percentage to total inpatient days must equal or exceed 30 percent. The agency shall use the 2003 Financial Hospital Uniform Reporting System (FHURS) data to determine the combined Medicaid managed care and fee-for-service days. The total Medicaid low-income pool payments made shall be distributed equally to the qualifying hospitals.

From the funds in Specific Appropriation 191, \$700,000 from the General Revenue Fund, \$43,337,646 from the Grants and Donations Trust Fund and \$92,049,025 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals that serve as a safety net in providing emergency, specialized pediatric trauma services and inpatient hospital care to low-income individuals. These amounts shall be paid to the following:

Jackson Memorial Hospital.....	55,695,470
Shands Hospital Jacksonville.....	31,974,629
All Children's Hospital.....	6,335,483
Shands Teaching Hospital.....	4,680,810
Tampa General Hospital.....	12,677,037
Orlando Regional Medical Center.....	4,059,162
Lee Memorial Hospital/CMS.....	865,467
St. Mary's Hospital.....	191,070
Miami Children's Hospital.....	5,674,550
Broward General Medical Center.....	2,528,454
Tallahassee Memorial Healthcare.....	39,993

St. Joseph's Hospital.....	15,469
Florida Hospital.....	40,486
Baptist Hospital of Pensacola.....	314,117
Mt. Sinai Medical Center.....	6,669,200
Bayfront Medical Center.....	142,076
Sacred Heart Hospital.....	319,919
Naples Community Hospital.....	183,784
Baptist Medical Center - Jacksonville.....	250,000
Bay Medical.....	958,726
Cape Coral Hospital.....	376,479
Gulf Coast Hospital - Ft Myers.....	271,000
Health Central.....	188,085
Imperial Point Hospital.....	58,864
Memorial Hospital - Sarasota.....	837,325
North Broward Medical Center.....	267,561
Parrish Medical Center.....	365,511
SW Florida Regional Medical Center.....	105,944

From the funds in Specific Appropriation 191, \$3,422,008 from the Grants and Donations Trust Fund and \$7,152,799 from the Medical Care Trust Fund are provided to make Low Income Pool payments to hospitals meeting the criteria set forth below. Hospitals with Medicaid days divided by total days exceeding 35 percent shall receive \$4,574,807. These funds shall be distributed equally among the qualifying hospitals, but the amount received when added to the net Low Income Pool, exemption, disproportionate share and funded buy back payments for state Fiscal Year 2009-2010 shall not exceed \$20,000,000. Any payments limited by the \$20,000,000 cap will be redistributed to the remaining qualified hospitals. The following two categories of hospitals shall participate in the allocation of the remaining \$6,000,000. The first category of hospitals are those with Medicaid days divided by total days between 15 and 25 percent and whose charity care days divided by total days equals or exceeds 5 percent and who received less than \$10,000,000 dollars in net Medicaid Low Income Pool, exemption, disproportionate share and funded buyback payments in state Fiscal Year 2009-2010. The second category of hospitals are those hospitals that qualify as a 340B hospital under federal guidelines and whose Medicaid days divided by total days are greater than or exceed 10 percent and charity care days divided by total days equals or exceeds seven and one-half percent and who received less than \$10,000,000 dollars in net Medicaid Low Income Pool, exemption, disproportionate share and funded buy back payments in state Fiscal Year 2009-2010. Payments will be based on each hospital's proportional share of Medicaid and charity care days to the total Medicaid and charity days for the qualifying hospitals. Medicaid, charity care and total days shall be from the 2008 Florida Hospital Uniform Reporting System (FHURS). The net state fiscal year Low Income Pool payments shall not include any payments made due to the approval of the amendment to the Florida 1115 Medicaid reform waiver. Specialty, rural, statutory teaching and state owned and/or operated hospitals do not qualify for payments under this section of proviso. For state Fiscal Year 2010-2011, the following hospitals meet the qualifications described above, and are funded in the following manner. No additional hospitals shall be funded for state Fiscal Year 2010-11 under this section of proviso.

Bethesda Memorial Hospital.....	945,320
Brandon Regional Medical Center.....	726,938
Brooksville Regional Hospital.....	486,896
Columbia Hospital.....	374,133
Florida Hospital Deland.....	324,581
Health Central.....	391,290
Homestead Hospital.....	755,124
Lower Keys Hospital.....	184,008
Manatee Memorial Hospital.....	747,172
Memorial Hospital Miramar.....	244,899
Plantation General Hospital.....	3,285,125
St. Mary's Hospital.....	1,289,682
Wellington Regional Medical Center.....	312,834
Winter Haven Hospital.....	506,805

From the funds in Specific Appropriation 191, \$1,177,298 from the General Revenue Fund, \$4,736,898 from the Grants and Donations Trust Fund and \$12,362,060 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to Federally Qualified Health Centers. These payments may be used to provide funding for Federally Qualified Health Centers supporting primary care services in medically underserved areas.

From the funds in Specific Appropriation 191, \$3,090,684 from the Grants and Donations Trust Fund and \$6,460,255 from the Medical Care Trust Fund

are provided for county health initiatives emphasizing the expansion of primary care services, and rural health networks. The Department of Health will develop the funding criteria processes, which include assessing statewide benefits, sustainability, access to primary care improvements, ER diversion potential, and health care innovations that are replicable and with a three-year limit on low-income pool funding. The total low-income pool payments provided in this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds.

From the funds in Specific Appropriation 191, \$970,800 from the Grants and Donations Trust Fund and \$2,029,200 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the Department of Health to provide funding for hospitals with hospital based primary care initiatives.

From the funds in Specific Appropriation 191, \$80,900 from the Grants and Donations Trust Fund and \$169,100 from the Medical Care Trust Fund are provided to make health insurance premium payments for low-income residents enrolled in the Miami-Dade Premium Assistance Program. These funds are contingent on a local government contribution of \$80,900.

From the funds in Specific Appropriation 191, \$5,134,566, from the Grants and Donations Trust Fund and \$10,732,448 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments for premium assistance programs operated by the Palm Beach County Health Care District. These funds are contingent on a local government contribution from the Health Care District of Palm Beach County in the amount of \$13,367,014.

From the funds in Specific Appropriation 191, \$1,026,720 from the General Revenue Fund and \$2,146,085 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the Department of Health to provide funding for hospitals providing poison control programs.

From the funds in Specific Appropriation 191, \$388,320 from the General Revenue Fund and \$811,680 from the Medical Care Trust Fund are provided to continue the primary care and emergency room diversion program in Manatee, Sarasota and DeSoto counties.

From the funds in Specific Appropriation 191, \$323,600 from the General Revenue Fund, \$676,400 from the Medical Care Trust Fund are provided for the support of existing and expansion of new primary care residency slots, not funded by Medicare, at existing primary care residency programs in the rural area of AHCA District 1 sub-district 2 as defined in the Florida Administrative Code section 59C-2.100 Acute Care Sub Districts.

From the funds in Specific Appropriation 191, \$4,676,400 from the General Revenue Fund, \$11,180,673 from the Grants and Donations Trust Fund and \$33,145,007 from the Medical Care Trust Fund are provided to increase access to primary care services in the state to reduce and prevent unnecessary emergency room visits and inpatient hospitalizations. In developing a plan to increase access to primary care services and the funding of these primary care services, the agency shall solicit proposals from general acute care hospitals, county health departments, faith based and community clinics, and Federally Qualified Health Centers in order to establish new primary clinics for the uninsured and underinsured. Of the funds provided, the agency shall use \$38,947,353, which includes \$4,676,400 in general revenue and \$7,926,963 in local funding to pay for the increased access to primary care services. The use of general revenue is contingent upon an equal amount of local funds being provided. The agency shall award grants to those programs most capable of reducing health spending and improving the health status of uninsured and under insured persons in their community and meeting the requirements of this section. The programs receiving these grants shall reduce unnecessary emergency room visits and preventable hospitalizations by providing disease management; improving patient compliance; and coordinating services. The agency shall contract with an entity having experience in evaluating the Medicaid program to develop reporting requirements for grant recipients and to measure the effectiveness of the grant-funded programs. The specific reporting requirements shall be incorporated into the competitive solicitation which will also identify the evaluation methodology and establish a time-table for publishing results. The agency shall develop a plan for expanding primary care services by October 1, 2010, and submit the plan to the Legislative Budget Commission for approval before expending any funding. The agency shall use \$10,054,727 of these funds for hospitals providing primary care to low-income individuals and

participating in the Primary Care Disproportionate Share Hospital (DSH) program in Fiscal Year 2003-2004 shall be paid \$10,054,727 distributed in the same proportion as the Primary Care DSH payments for Fiscal Year 2003-2004, excluding Imperial Point Hospital, Memorial Regional Hospital, and Memorial Hospital Pembroke, who will receive individual amounts equal to \$536,489, \$1,620,659, and \$536,489 respectively. These funds are contingent on the state share being provided through grants and donations from counties, local governments, public entities, or taxing districts.

The agency is authorized to transfer a hospital's low-income pool payments between the various low-income programs listed in this specific appropriation if it is required to obtain approval of the low-income pool payment methodology from the Centers for Medicare and Medicaid Services. Any transfer of funds, however, is contingent on the hospital's net low-income pool payments under the low-income pool plan remaining unchanged.

In the event that the amount of approved non-federal share of matching funds is not provided by local governmental entities, the agency may re-allocate low-income pool funds between programs described within this specific appropriation as necessary to ensure sufficient non-federal matching funds. No re-allocation, under this provision, of low-income pool funds may occur if the level of program increase for any provider access system exceeds the amount of the additional increases in the local non-federal share match that their local governments transfer to the state Medicaid program, and for which the provider access system would have otherwise received.

Funds provided in Specific Appropriation 191 are contingent upon the non-federal share being provided through grants and donations from state, county or other governmental funds. In the event the non-federal share provided through grants and donations is not available to fund the Medicaid low-income payments for eligible Medicaid providers, known as provider access systems, the agency shall submit a revised low-income pool plan to the Legislative Budget Commission for approval. Distribution of such funds provided in Specific Appropriation 191 is contingent upon approval from the Centers for Medicare and Medicaid.

From the funds in Specific Appropriation 191, \$25,000,000 from nonrecurring general revenue funds and \$25,000,000 from the Medical Care Trust Fund provided to Jackson Memorial Hospital are contingent upon approval, by the Legislative Budget Commission, of the release of funds based upon submission of a joint resolution between the Board of the Jackson Memorial Public Health Trust and the Miami-Dade County Commission to establish and carry out a management review process for county oversight of the hospital's financial condition; evidence of a financial commitment by the county; documentation of other community support; and documentation of a comprehensive plan for containing costs and reducing expenditures including, but not limited to, the use of electronic negotiation and reverse auction technology to secure best prices for durable medical equipment, supplies, drugs, and other acquisitions.

SPECIAL CATEGORIES HOSPITAL OUTPATIENT SERVICES (Specific Appropriation 194)

From the funds in Specific Appropriation 194, \$16,535,960 from the Grants and Donations Trust Fund and \$34,564,042 from the Medical Care Trust Fund are appropriated so that the agency may amend its current facility fees and physician services to allow for payments to hospitals providing primary care to low-income individuals and participating in the Primary Care Disproportionate Share Hospital (DSH) program in Fiscal Year 2003-2004 provided such hospital implements an emergency room diversion program so that non-emergent patients are triaged to lesser acute settings; or a public hospital assumed the fiscal and operating responsibilities for one or more primary care centers previously operated by the Florida Department of Health or the local county government. Any payments made to qualifying hospitals because of this change shall be contingent on the state share being provided through grants and donations from counties, local governments, public entities, or taxing districts, and federal matching funds. This provision shall be contingent upon federal approval of a state plan amendment.

Funds in Specific Appropriation 194, reflect a reduction of \$20,969,114 from the General Revenue Fund, \$33,822,275 from the Medical Care Trust Fund, and \$103,655 from the Refugee Assistance Trust Fund as a result of implementing a reduction in outpatient hospital reimbursement rates. The agency shall implement a recurring methodology in the Title XIX Outpatient Hospital Reimbursement Plan to achieve this reduction. In

establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget. Hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in s. 395.602, Florida Statutes are excluded from this reduction.

From the funds in Specific Appropriation 194, \$20,858,133 from the Grants and Donations Trust Fund and \$43,598,396 from the Medical Care Trust Fund are provided to increase the outpatient cap for adults from \$1,000 to \$1,500 per year and to eliminate the outpatient reimbursement ceilings for teaching, specialty, Community Health Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the certificate of need program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in Section 13, chapter 2007-326, Laws of Florida.

From the funds in Specific Appropriation 194, \$3,936,680 from the Grants and Donations Trust Fund and \$8,228,586 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose charity care and Medicaid days as a percentage of total adjusted hospital days equals or exceeds 11 percent. For any public hospital or any leased public hospital found to have sovereign immunity or hospital with graduate medical education positions that does not qualify for the elimination of the outpatient ceilings under this provision of proviso or any other proviso listed, such hospitals shall be exempt from the outpatient reimbursement ceilings contingent on the public hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available. Any hospital that was exempt from the outpatient reimbursement ceiling in the prior state fiscal year, due to their charity care and Medicaid days as a percentage to total adjusted hospital days equaling or exceeding 11 percent, but no longer meet the 11 percent threshold, because of updated audited DSH data shall remain exempt from the outpatient reimbursement ceilings for a period of two years.

From the funds in Specific Appropriation 194, \$69,508 from the Grants and Donations Trust Fund and \$145,287 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.

From the funds in Specific Appropriation 194, \$3,878,079 from the Grants and Donations Trust Fund and \$8,106,096 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose Medicaid days, as a percentage of total hospital days, exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2010 or become a designated or provisional trauma center during Fiscal Year 2010-2011. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in section 13, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

Funds provided for the elimination of hospital outpatient ceilings in Specific Appropriation 194 are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. The agency shall submit a revised hospital outpatient reimbursement plan to the Legislative Budget Commission for approval if the state share is not available to fund the removal of hospital outpatient ceilings or if the Centers for Medicare and Medicaid

Services does not approve amendments to the Medicaid Hospital Outpatient Reimbursement Plan to eliminate the reimbursement ceilings for certain hospitals.

From the funds in Specific Appropriation 194, \$802,193 from non recurring General Revenue, \$10,757,143 from the Grants and Donations Trust Fund and \$24,161,727 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for the following four categories of hospitals. Of these funds \$6,966,724 is provided to the first category of hospitals, which are those hospitals that are part of a system that operate a provider service network in the following manner: \$570,975 is for Jackson Memorial Hospital; \$749,964 is for hospitals in Broward Health as follows Broward General \$145,860, Coral Springs \$412,974, Imperial Point \$92,319, and North Broward \$98,811; \$1,665,035 is for hospitals in the Memorial Healthcare System as follows Memorial Hospital \$235,557, Memorial Hospital Pembroke \$286,093, Memorial Hospital Miramar \$383,272, and Memorial Hospital West \$760,113; and \$256,166 to Shands Jacksonville and \$3,724,584 to Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$4,221,468 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$4,632,729 shall be used for the third category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for rural hospitals. Of the above funds, \$19,900,141 shall be used for the fourth category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates to teaching hospitals as defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians and for designated trauma hospitals on or before February 1, 2010. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the outpatient rate for those individual hospitals. For this section of proviso the agency shall use the average of 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

From the funds in Specific Appropriation 194, \$13,857,675 from the Grants and Donations Trust Fund and \$28,965,796 from the Medical Care Trust Fund are provided for public hospitals, including any leased public hospital found to have sovereign immunity, teaching hospitals as defined in sections 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians, hospitals with graduate medical education positions that do not otherwise qualify, and designated trauma hospitals to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid outpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 194, \$26,199,460 from the Grants and Donations Trust Fund and \$54,763,025 from the Medical Care Trust Fund are provided for hospitals, not previously included in the proviso above, to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buyback of reductions to outpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid outpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 194, \$4,854,000 from the Grants and Donations Trust Fund and \$10,146,000 from the Medical Care Trust Fund are provided for hospitals not previously included in the proviso above to allow for exemptions from outpatient reimbursement limitations for any hospital that has local funds available for IGTs. The payments under this proviso are contingent upon the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buyback of exemptions to outpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds.

(b) \$25,000,000 of nonrecurring funds from the General Revenue Fund is appropriated to the Agency for Health Care Administration to provide funds in addition to those appropriated in Specific Appropriation 191 of this Act for the Low Income Pool;

(c) \$4,197,807 of nonrecurring funds from the General Revenue Fund is appropriated to the Agency for Health Care Administration to provide funds in addition to those appropriated in Specific Appropriation 194 for Hospital Inpatient Services;

(d) \$802,193 of nonrecurring funds from the General Revenue Fund is appropriated to the Agency for Health Care Administration to provide funds in addition to those appropriated in Specific Appropriation 194 for Hospital Outpatient Services;

(e) \$9,500,000 of nonrecurring funds from the General Revenue Fund is appropriated to the Department of Health for the Sylvester Cancer Center at the University of Miami; and

(f) \$9,500,000 of nonrecurring funds from the General Revenue Fund is appropriated to the Department of Health for the Shands Cancer Hospital.

(g) \$1,000,000 of nonrecurring funds from the General Revenue Fund is appropriated to the Department of Health for the Braman Family Breast Cancer Institute at Sylvester.

(h) \$1,621,725 of nonrecurring funds from the General Revenue Fund and \$3,389,786 of nonrecurring funds from the Medical Care Trust Fund is appropriated to the Agency for Health Care Administration to restore a portion of the reduction specified in proviso immediately following Specific Appropriation 188 of this Act as a result of adjusting nursing home rates.

(i) \$18,436,917 of nonrecurring funds from the General Revenue Fund and \$38,537,486 of nonrecurring funds from the Medical Care Trust Fund is appropriated to the Agency for Health Care Administration to restore a portion of the reduction specified in proviso immediately following Specific Appropriation 219 of this Act as a result of adjusting nursing home rates.

SECTION 85. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B0645 as submitted on April 26, 2010, by the Governor on behalf of the Agency for Persons with Disabilities for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2009-2010 consistent with the amendment. This section shall become effective upon becoming law.

SECTION 86. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B0657 as submitted on April 26, 2010, by the Governor on behalf of the Agency for Persons with Disabilities for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2009-2010 consistent with the amendment. This section shall become effective upon becoming law.

SECTION 87. The sum of \$16,505,048 from unexpended funds appropriated from the Social Services Block Grant Trust Fund in Specific Appropriation 278B of chapter 2009-81, Laws of Florida, and transferred and released by the Legislative Budget Commission in approved Budget Amendment EOG #B0111 shall revert immediately and is appropriated for the purposes authorized in the budget amendment.

SECTION 88. (1) The appropriations and reductions in appropriations contained in this section are from the named funds for the 2009-2010 fiscal year to the state agency indicated. These appropriations and