

SFY 2022-23 LIP Model Summary

Self-Funded Tiers Model	
\$1,349,887,253	Total
0.6625	FMAP
0.3375	SMAP
\$894,239,847	Federal
\$0	State GR
\$455,647,405	Local

Model includes the following assumptions:

LIP Program pays providers based on their charity care cost. Hospitals are ranked from high to low based on their percentage of charity care costs to commercial costs as well as statutory designations and ownership status. Providers are divided into tiers based on the level of charity care cost to commercial costs and are paid a prescribed percentage of their charity care cost.

Hospital charity care costs are calculated using 2020 Healthcare Provider Cost Reporting Information System data from worksheet S-10 (Hospital Uncompensated and Indigent Care).

Per the Special Terms and Conditions (STCs), hospitals are required to have at least 1% Medicaid utilization to be eligible for LIP.

Group 1 - Hospitals

Tier 1 - Private Hospitals with a Uncompensated Care (UC) ratio greater than or equal to 17% and less than 51.5%

Tier 2 - All Public Hospitals, All Children's Hospitals, RPICC Hospitals, Statutory Teaching Hospitals with UC ratio greater than or equal to 6.5%, and Private Hospitals with UC ratio greater than or equal to 51.5%.

Tier 3 - High UCC Statutory Teaching Hospitals w/UCC greater than 6.5% & not in a tiers above

Tier 4 - Low UCC Statutory Teaching Hospitals, w/UCC 6.5% or less

Tier 5 - All remaining hospitals with minimum 1% Medicaid utilization

Group 2 - Medical School Physician Practices

Tier 1 - Medical Schools

Group 3 - Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs)

Tier 1 - FQHCs/RHCs

Group 4 - Behavioral Health Providers

Tier 1 - Central Receiving Systems

Tier Payments:

Group 1 - Self-Funded Model

Tier 1 - paid 8.5% of charity care cost

Tier 2 - paid 100% of charity care cost

Tier 3 - paid 100% of charity care cost

Tier 4 - paid 8.5% of charity care cost

Tier 5 - paid 1% of charity care cost

Group 2

Tier 1 - paid 100% of charity care cost

Group 3

Tier 1 - paid 26.94% of charity care cost

Group 4

Tier 1 - paid 100% of charity care cost

**SFY 2022-23
PROJECTED NET PAYMENTS FOR LIP**

Medicaid ID	Medicaid ID	Provider	Charity Care Cost	Medicaid Days	Medicaid Utilization	Ratio of Charity Care Costs to Commercial Costs	Tier	% Gross Charity Payment	Total LIP Payment	LIP IGTs Provided to Fund Tier	Self-Funded Tiers Model			
											Additional LIP IGTs Provided for 1% Minimum, Tier 1, and Tier 4	Total LIP IGTs Provided	Net (Total LIP Payment - LIP IGTs)	% of Net Payment to Charity Care Cost
	0111030400	Aspire Health Partners	\$ 5,334,109				1	100.00%	\$ 5,334,109	\$ 1,800,262	\$ -	\$ 1,800,262	\$ 3,533,847	66.25%
	060291400	Circles of Care, Inc.	\$ 3,272,000				1	100.00%	\$ 3,272,000	\$ 1,104,300	\$ -	\$ 1,104,300	\$ 2,167,700	66.25%
	060280905	Centerstone of Florida	\$ 737,514				1	100.00%	\$ 737,514	\$ 248,911	\$ -	\$ 248,911	\$ 488,603	66.25%
	060272800	Gracepoint	\$ 1,960,166				1	100.00%	\$ 1,960,166	\$ 661,556	\$ -	\$ 661,556	\$ 1,298,610	66.25%
	060338400	Henderson Behavioral Health	\$ 275,502				1	100.00%	\$ 275,502	\$ 92,982	\$ -	\$ 92,982	\$ 182,520	66.25%
	016556800	Lifestream Behavioral Health	\$ 1,822,645				1	100.00%	\$ 1,822,645	\$ 615,143	\$ -	\$ 615,143	\$ 1,207,502	66.25%
	017645900	Park Place Behavioral	\$ 467,059				1	100.00%	\$ 467,059	\$ 157,632	\$ -	\$ 157,632	\$ 309,427	66.25%
	060293113	Mental Health Resource Center	\$ 4,440,623				1	100.00%	\$ 4,440,623	\$ 1,498,710	\$ -	\$ 1,498,710	\$ 2,941,913	66.25%
	017706400	SMA Behavioral	\$ 888,888				1	100.00%	\$ 888,888	\$ 300,000	\$ -	\$ 300,000	\$ 588,888	66.25%
		Citrus Behavioral Health	\$ 957,046				1	100.00%	\$ 957,046	\$ 323,003	\$ -	\$ 323,003	\$ 634,043	66.25%
	60650200	Cove - DACCO Behavioral Health	\$ 255,329				1	100.00%	\$ 255,329	\$ 86,174	\$ -	\$ 86,174	\$ 169,155	66.25%
		Tri County Behavioral Health	\$ 2,152,893				1	100.00%	\$ 2,152,893	\$ 726,601	\$ -	\$ 726,601	\$ 1,426,292	66.25%
		Peace River Behavioral Health	\$ 811,564				1	100.00%	\$ 811,564	\$ 273,903	\$ -	\$ 273,903	\$ 537,661	66.25%
		Totals Group 4 - Behavioral Health Providers	\$ 24,200,878						\$ 24,200,878	\$ 8,167,797	\$ -	\$ 8,167,797	\$ 16,033,081	
		Grand Totals	\$ 2,932,680,377						\$ 1,349,887,253	\$ 442,231,488	\$ 13,415,917	\$ 455,647,405	\$ 894,239,847	

LIP IGT projections are based on historical IGT amounts.

For Group 1 Hospitals, of the \$13,415,917 in additional IGTs from Tier 2, \$3,209,815 is used to fund a minimum of 1% base payment, \$3,468,521 to fund Tier 4, and the remaining \$6,737,581 is used for additional funding for Tier 1. Estimated payments may vary based on providers meeting all LIP participation requirements and IGT availability. The proposed payments may be adjusted and disbursed to eligible providers up to 100% of charity care costs.