



**Conference Committee on  
Health & Human Services Appropriations/  
Health Care Appropriations**

**Senate Offer #1**

**New Proviso**

**Wednesday, April 21, 2010  
12:00 p. m.  
212 Knott Building (Webster Hall)**

Medicaid Eligibility Screening

The Agency for Health Care Administration in conjunction with the Department of Children and Families shall address Medicaid applicant and recipient fraud and abuse by implementing a Medicaid eligibility screening solution that will tap into and consolidate third party data broker information that will identify unreported income and resources that are withheld by applicants during the Medicaid application process. DCF eligibility worker timely access to external data sources like bank accounts, credit reports and other third party public data sources will improve the quality of the Medicaid application process and ensure that Medicaid benefits are provided only for eligible Florida residents.

**Rural Primary Care proviso – page 60 (line item 191)**

***Version 1***

In addition, the agency shall provide \$1,000,000 for the support of existing and expansion of new primary care residency slots, not funded by Medicare, at existing primary care residency programs in rural areas of AHCA District 1 (sub-district 1 and sub-district 2, as defined in Florida Administrative Code section 59C-2.100 Acute Care Sub districts).

***Limits proviso to four counties (Escambia, Santa Rosa, Okaloosa, Walton)***

***Version 2***

In addition, the agency shall provide \$1,000,000 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.

***Limits proviso to two counties (Okaloosa, Walton)***

**Propviso Amendment to SB 7084**

**Insert in Specific Appropriation 189 Hospital Inpatient Services:**

From the funds in Specific Appropriation 189, \$56,590,897 from the Grants and Donations Trust Fund, and \$90,551,319 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 the Medicaid inpatient rates and to allow for exemptions from reimbursement limitations for any hospital that has local funds available for IGTs. This is contingent upon the state share being provided for a specified hospital through grants and donations from state, county or other governmental funds, which do not increase the current requirement for state general revenue or tobacco settlement funds and federal approval.

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 required state share for including these funds in the calculation of the capitation rates are provided through grants and donations from county or other local governmental funds.

**\*\*Estimated Increased Appropriations:**

\$15,200,000 needs to be added to Grants and Donations Trust Fund  
\$24,800,000 needs to be added to Medical Care Trust Fund



**Conference Committee on  
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**Senate Offer #1**

**Federal Medical Assistance Percentage (FMAP) Extension Funds,  
Low Income Pool, and Hospital Exemptions and Buybacks**

**Wednesday, April 21, 2010  
12:00 p. m.  
212 Knott Building (Webster Hall)**

## Health and Human Services Appropriations / Health Care Appropriations Fiscal Year 2010-2011

### Low Income Pool and Hospital Exemptions and Buybacks

Non-FMAP Extension Model		
#	Issue	Comments
1	LIP - Primary Care Services Initiative	\$10m General Revenue; \$10m Local Matching Funds; \$32m Trust Funds
2	LIP - Allocation Factor	14.60%
3	LIP - Reduced GR Funding	Eliminates \$13.75m for the Community Hospital Education Program
4	LIP - Manatee ER Diversion	1,200,000
5	LIP - Rural Residency Primary Care Program	1,000,000
6	Buy Backs	Continue same policy as Fiscal Year 2009-2010; Provider Service Networks - buy back through historical rate cut 2; and Children's and Rural Hospitals - full buy back

FMAP Extension Model		
#	Issue	Comments
1	Jackson Memorial Hospital	\$25m nonrecurring general revenue
2	Shands Gainsville Hospital	\$5m nonrecurring general revenue
3	All Children's Hospital	1,475,000
4	Miami Children's Hospital	1,750,000
5	LIP - Primary Care Services Initiative	\$10m General Revenue; \$10m Local Matching Funds; \$32m Trust Funds
6	LIP - Allocation Factor	14.60%
7	LIP - Reduced GR Funding	Eliminates \$13.75m for the Community Hospital Education Program
8	LIP - Manatee ER Diversion	1,200,000
9	LIP - Rural Residency Primary Care Program	1,000,000
10	Trauma Buy Backs	Buy back \$152.7m of \$205.7m LIP Council Recommendation
11	Buy Backs	Continue same policy as Fiscal Year 2009-2010; Full buy back for Provider Service Networks, Children's Hospitals, and Rural Hospitals historical rate cuts.

**Health and Human Services Appropriations / Health Care Appropriations**  
**Fiscal Year 2010-2011**

**Federal Medicaid Assistance Percentage (FMAP) Extension Funds**

Contingent upon the Extension of FMAP through June 30, 2011			
#	Issue	Sentate	Comments
1	Low Income Pool	30,000,000	\$25m nonrecurring general revenue for Jackson Memorial; \$5m nonrecurring general revenue Shands Gainesville Hospital
2	Sylvester Cancer Center at the University of Miami	10,000,000	Nonrecurring general revenue
3	Shands Cancer Hospital	10,000,000	Nonrecurring general revenue
<b>4</b>	<b>Total:</b>	<b>50,000,000</b>	