Health Care Appropriations Committee

Meeting Packet

February 10, 2010
9:30 a.m. – 12:30 p.m.
212 Knott

Larry Cretul
Speaker

Denise Grimsley
Chair

AGENDA

Health Care Appropriations Committee
February 10, 2010
9:30 a.m. – 12:30 p.m.
212 Knott

I. Call to Order/Roll Call

II. Opening Remarks

III. Update on Medicaid Lawsuits by Justin Senior, General Counsel, AHCA and Dean Kowalchyk, General Counsel, DOEA

IV. Low Income Pool (LIP) Council Recommendations presentation by Phil Williams, Assistant Deputy Secretary for Medicaid Finance

V. Medical Information Systems for Rural Communities presentation by Dr. John A. Rock, M.D., Founding Dean & Sr. Vice President for Medical Affairs, Herbert Wertheim College of Medicine, Florida International University

V. Closing Remarks and Adjournment

Medicaid Lawsuits

Case Name: Florida Pediatric Society et al. v. Arnold, et al.

Case Location: U.S. District Court, Southern District of Florida

Issues Presented: Whether the Florida Medicaid program complies with 42 U.S.C. §1396a(a)(8), (a)(10), (a)(30)(A), and (a)(43) of the federal Medicaid law when it comes to services provided to children. Subsection (a)(8) requires state Medicaid programs to furnish "medical assistance" to Medicaid recipients with "reasonable promptness." Subsection (a)(10) describes the various services that are or can be covered by a state Medicaid program. Subsection (a)(30)(A) requires states to provide for payment for services in a manner "sufficient to enlist enough providers so that care and services are available under [Medicaid] at least to the extent that such care and services are available to the general population in the geographic area." Subsection (a)(43) requires state Medicaid program to inform recipients under 21 of the availability of early and periodic screening, diagnostic, and treatment (EPSDT) under the state plan.

In essence, the plaintiffs claim that Florida's reimbursement rates to pediatric practitioners is not sufficient to enlist enough providers to serve the children in the Medicaid program. This allegedly results in Florida's failure to provide the children with the services they need, and/or Florida's failure to provide the services they need with reasonable promptness. In addition, the plaintiffs claim that Florida does not do enough to inform Medicaid-eligible children of the EPSDT services available to them.

Procedural History: The case has proceeded through discovery, during which the parties took over 100 depositions and exchanged more than 1.8 million documents. The court recently certified a class and set the case for trial beginning on December 7, 2009. The state defendants have the option of immediately appealing the judge's decision to certify a class, and are weighing this option.

Case Schedule: The trial began on December 7, 2009, and the parties completed four days of trial in December. The trial judge then reconvened the trial on January 5, 2010, and the parties completed five additional days of trial from that date through January 11, 2010. **The trial is now scheduled to resume on February 9 through 11.** Because of speedy trial rights afforded to criminal defendants in federal court, the judge does not have a large block of time available to fully accommodate a long and complicated civil case like this one. Thus, he must try the case a week here and a week there, finding time in his schedule wherever he can. With the trial going only one week (or even a few days) at a time, it may be many months before the trial is complete. The case is unlikely to settle.

Case Name:	Smith v. Arnold
Case Location:	U.S. District Court, Southern District of Florida
Issues Presented:	Whether the Florida Medicaid program must provide for incontinence supplies (diapers) to children under 21 through the Medicaid state plan.
Court opinion:	The court recently issued an Order concluding that the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) provisions of the federal Medicaid Act require states to pay for diapers for children under 21 who have a medical condition that has led to incontinence (e.g. cerebral palsy, severe autism, mental retardation). In the Order, the court has essentially adopted an opinion from the U.S. Court of Appeal for the Fifth Circuit, which hears appeals from Texas, Louisiana, and Mississippi, which reaches the same conclusion. The Agency estimates that adding incontinence supplies to the Medicaid state plan for children under 21 will cost about $19,500,000.00 per year.
Procedural History:	Plaintiff filed this case in June 2009. This case turned primarily on questions of law, and thus prolonged proceedings were not necessary. The parties engaged in brief document exchanges and conducted a handful of depositions, and then made written arguments to the court regarding their respective legal positions. The court held an oral argument on the legal issues for January 22, 2010, and issued its Order less than a week later.
Case Schedule:	The Agency has 10 days from the date of the Order to ask for the court to alter or amend its judgment, and/or 30 days from the date of the Order to appeal to the U.S. Court of Appeal for the Eleventh Circuit.

Department of Elder Affairs
February 8, 2010

Long v. Benson –Settlement Update

- Long v. Benson is a federal class action lawsuit which names AHCA and DOEA as Defendants. It alleges that the State has violated the Americans with Disabilities Act by failing to transition members of the Plaintiff Class from nursing homes to Home and Community Based Services under the State's various Medicaid Waiver programs. It further alleges that the State has failed to inform nursing home residents that they can apply for HCBS services.

- In response to the proviso passed in the 2009 Special Session that authorized transfers from the Nursing Home line item to pay for HCBS services, DOEA began a process of transitioning nursing home residents into HCBS waivers. This program was undertaken with AHCA and now encompasses DCF and DOH as well as AHCA and DOEA. The development of this program resulted in the Florida Nursing Home Transition Plan, which was developed by the partner agencies. A new proviso designed to achieve the same goals was adopted during the 2009 Regular Session. The most important development with regard to this plan is that CMS has now approved Waiver Amendments for the TBI, ALE, ADA, and NHD waivers to allow Transition Case Management as a billable waiver service.

- Pursuant to the Settlement Agreement, DOEA has continued to identify, evaluate and transition nursing home residents: As of February 8, 2009 the results are:

  Total Clients Considered for Transition = 2,066
  Total Clients Assessed for Transition = 1,875
  Total Clients Transitioned (Not in NH or Hospital) = 864
  Total Clients Transitioned to DOEA Medicaid Waivers = 711 (as of January 29, 2010)

- If, at the end of the abatement period, the State has expended $27 million dollars, the Plaintiffs will seek court approval to dismiss the lawsuit. They will receive $400,000 in attorney's fees. Division of Risk Management would pay the fee.

- If, at the end of the abatement period, the State has not reached that spending goal, the Plaintiffs may still determine that State has acted in good faith, and seek court approval to dismiss the lawsuit. If dismissed, then they would receive $400,000 in attorney's fees. Again, Division of Risk Management would pay the fee.

- If the spending goal is not reached, or the case not otherwise dismissed, then it would go back onto the Court calendar with a new trial date set. No attorney's fees would be paid to the Plaintiffs.

- The Defendant agencies also agree to seek renewal of the proviso, and annualization of waiver costs for those transitioned, in the 2010 Regular Session.

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Low Income Pool Council Recommendations for SFY 2010-11

Phil E. Williams,
Assistant Deputy Secretary for Medicaid Finance

Presented to the House Health Care Appropriations Committee

February 10, 2010

Low Income Pool (LIP)

- The Low-Income Pool (LIP) program was implemented July 1, 2006 as part of the Medicaid Reform 1115 Research and Demonstration Waiver.
- Per Special Term and Condition (STC) #91 of the 1115 Wavier:
  - "A Low Income Pool will be established to ensure continued government support for the provision of heath care services to Medicaid, underinsured and uninsured populations. The low-income pool consists of a capped annual allotment of $1 billion total computable for each year of the 5-year demonstration period."

Low Income Pool Council

- Council Authority and Membership:
  - The Low Income Pool (LIP) Council is created by Section 409.911(10), F.S.
    - Twenty-four members including representatives from local governments, various public, teaching, rural, for-profit, not-for-profit hospitals, federally qualified health centers, the Department of Health, and the Agency for Health Care Administration (the Agency).
    - Twenty members are appointed by the Secretary of AHCA. Two members are appointed by the Senate President; two by the Speaker of the House of Representatives.
    - The Council is Chaired by the Agency's Secretary or designee. The Chair is a non-voting member.

Low Income Pool Council

- The Council is an advisory body responsible for:
  - Providing recommendations on the financing of and distribution of funds for the LIP and Disproportionate Share Hospital (DSH) programs.
  - Advising the Agency on the development of the LIP Plan required by the waiver.
  - Advising the Agency on the distribution of hospital funds used to adjust inpatient hospital rates, rebase rates, or otherwise exempt hospitals from reimbursement limits as financed by intergovernmental transfers.
  - Submitting its findings and recommendations to the Governor and the Legislature no later than February 1 each year.

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Council Challenges

- Declining state revenues, less state match for Medicaid and cuts to Medicaid reimbursement rates for hospitals.
- Addressing the service costs of the increasing number of uninsured in Florida and targeting resources to need.
- Uncertainty of the continuation of the enhanced Federal Medical Assistance Percentage (FMAP) as authorized via the American Recovery and Reinvestment Act of 2009, scheduled to end December 31, 2010.
- Uncertainty of approval by the federal Centers for Medicare and Medicaid Services of the request to amend STC #105 specific to the availability of $300 million of LIP funding for SFY 2010-11.

LIP Council Recommendations

Following are the LIP Council recommended funding levels for SFY 2010-11 (in millions):

Low Income Pool -	$1,000.3
Exemptions Program -	$714.1
Disproportionate Share -	$260.6
PSN/Children's/Rural/Trauma Buy-Backs -	$271.9
Total	**$2.25 billion**

Comparison of SFY 2009-10 Appropriation to SFY 2010-11 LIP Council Recommendations (in millions)

Low Income Pool:	SFY 2009-10	SFY 2010-11
➢ LIP	$ 846.4	$839.3
➢ Special LIP	102.6	104.7
➢ LIP Non-Hospital	51.3	56.3
➢ Total LIP (millions)	$1,000.3	$1,000.3
Related Programs:		
➢ Disproportionate Share Hospital	$ 260.6	$260.6
➢ Exemptions	776.9	714.1
➢ Medicaid "Buy-Back" Program	87.3	271.9
➢ Total LIP Related (millions)	$ 1,124.8	$1,246.6
➢ Total LIP and Related Programs	$2,125.1	$2,246.9

Summary of Funding Sources

Where do the dollars come from?

State General Revenue	$ 27.0 million
Local Taxes & Other Agencies	$ 750.1 million
Federal Funds	$1,469.8 million
Total	**$2,246.9 million**

Sources of Matching Funds

Matching funds (all programs):

- $27.0 million in total state GR match.
- $750.1 million in local Intergovernmental Transfers (IGTs) are provided using local tax dollars, other Agencies' funds and public hospital operating funds. Twenty-four local governments contribute these funds (along with four other local governments with available additional funds).
- The Council recommendations for SFY 2010-11 include an increase of $36 million in local IGTs.

Hospital IGT Contributors

Local Government/ Special Taxing Authority	IGTs Contributed
Bay County	4,850,770
Citrus County Hospital Board	6,294,426
Collier County	2,332,661
Duval County	20,323,124
Gulf County	836,340
Halifax Hospital Medical Center Taxing District	29,579,506
Health Care District of Palm Beach County	18,183,458
Health Central	2,149,860
Hillsborough County	29,056,792
Indian River Taxing District	8,085,657
Lake Shore Hospital Authority	2,332,661
Lee Memorial Health System	11,302,886
Manatee County	4,200,955
Marion County	3,180,783
Miami-Dade County	312,004,250
North Brevard Hospital District	957,671
North Broward Hospital District	129,754,816
North Lake Hospital Taxing District	10,210,235
Orange County	10,502,488
Pinellas County	20,394,722
Sarasota County Public Hospital Board	17,443,214
South Broward Hospital District	78,087,646
South Lake Taxing Hospital Taxing District	3,506,530
St. Johns County	298,208
TOTAL	**725,869,659**

Recommended LIP Program

LIP Allocated and Proportional Distributions –

Recommended funding of $839.3 million

- Uses the LIP model approved in the 2009 GAA with minor policy modifications.
- Allocation factor remained at 15%.
- Proportional allocations were funded at a level of $120.7 million with an allocation policy of Medicaid, charity and 50% of bad debt and a threshold qualification level of 10%.

Special Hospital LIP

Recommended funding of $104.7 million for the following initiatives:

▪ Rural	$ 6.3 m
▪ Primary Care	$ 10.1 m
▪ Specialty Pediatric	$ 1.6 m
▪ Trauma	$ 9.7 m
▪ Safety Net	$ 77.0 m
Total Special LIP	**$ 104.7 m**

Disproportionate Share Hospital Program (DSH)

Recommended funding $260.6 million

- The DSH Program provides financial support to hospitals serving a significant number of low-income patients.
  - Federally capped program with limited allotments to each state.
  - Sixty-five hospitals including the rural hospitals are recommended for Medicaid DSH payments.
- The DSH Program distribution method remains the same as SFY 2009-10.

Exemption Program

Recommended funding of $714.1 million

- Qualifying hospitals are eligible for Medicaid reimbursement that is exempt from specific ceilings and targets
- Uses the policy parameters as approved for SFY 2009-10.
- Qualification thresholds remain at 11% for most hospitals and 7.3% for trauma hospitals. Sixty-six hospitals would qualify plus 25 rural hospitals.
- Authority for public hospitals to self-exempt rates using qualifying local funds.

Buy-Back Program

Recommended funding of $271.9 million

- Authority was granted in the 2008 Legislative Session to allow qualifying hospitals to "Buy Back" required rate reductions. This results in increased reimbursement paid by Medicaid. The Authority was modified and expanded in the 2009 Session.
- Rate Buy-Backs - Medicaid trend adjustments (current year rate cuts) and rate reductions are partially restored for certain hospitals.
- Hospitals with qualifying IGTs will be allowed to maximize funds to restore reimbursement rate reductions.

LIP Non-Hospital Programs

Recommended funding of $56.3 million

- Initiatives focused on primary care, emergency room diversion, disease management, poison control, and continued initiatives related to premium assistance programs.
- Federally Qualified Health Centers, County Health Departments, Hospital based Primary Care Programs benefit from continued funding.
- The Council's recommendations for SFY 2010-11 include an increase of $5 million for LIP Non-Hospital programs.

Low Income Pool Independent Consultant

- The 2009-10 General Appropriations Act, Specific Appropriation 171, directed the Agency to contract with an independent consultant to prepare recommendations on the financing and the distribution of funds for the Low Income Pool and Disproportionate Share Hospital program.
- The Agency issued a Request for Quotes (RFP) for these services to entities on the state's vendor list on 9/9/09, with a 9/23/09 response deadline.
- There were two RFQ responses for these services.
- The Agency secured North Highland to evaluate the Low Income Pool Council's recommendations.
- The consultant's findings and recommendations are to be submitted within 15 days after the Low Income Pool Council's recommendations are submitted for Fiscal Year 2010-2011.

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Questions?

Medical Information Systems
for Rural Communities

PantherLink

Network

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Vision

- This presentation summarizes an information technology solution for an internet-based consultation program that will allow the rural physician to request various types of consultation as required. The program allows for immediate access to PantherLink's Network physicians for consultation and supports physicians in rural practice.

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Abstract

- Due to recent advances in health information technology and the emphasis on greater attention to problems associated with quality and efficiency of healthcare delivery, the PantherLink Network was designed to seek new opportunities to improve the health and healthcare for the underserved population within the State of Florida.

- The strategic use of information technology via PantherLink Network will present a "win-win" for all stakeholders involved.

- This web-based portal to health information exchange allows rural physician's to gain access to PantherLink's Healthcare Network (PHCN) physicians in accordance with local, state and national initiatives to improve access to state-of-the-art patient care for rural health care providers.

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Background

What is PantherLink Network?

- PantherLink Network is a web based Referral Program, providing an easy to use communication channel between rural/primary care practitioners and specialists within the PantherLink Healthcare Network (PHCN), located in Miami, Florida.
- The PHCN is committed to promoting the wellness of all of Florida citizens by enhancing access to health information and clinical experts through resources available within the PantherLink Network covering the State of Florida.
- Pantherlink represents one of many PHCN programs designed to maximize efficiency for rural and community practitioners to collaborate with clinical specialists in the Pantherlink network.

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Cont...

- PantherLink aids rural and community practitioners, who often have limited access to specialty medical services in their communities, in exchanging communications and consulting with PantherLink clinical specialists on a variety of topics pertinent to the care of their patients though an **easy-to-access and easy-to-use web based portal.**

- PantherLink enables rural and community practitioners to access the clinical knowledge resources available within the specialty, and discuss diagnostic and treatment challenges with clinical specialists, request referral of their patients for services unavailable in their community, or submit a request for **"virtual" consultation to all of the 24 clinical specialties.**

- **PantherLink services are available 24/7 via secure web based communication channel and are provided at no cost** to rural and community physician partners across the State of Florida.

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Proposed Rural Funding

- A "capture station" which consist of a desktop/laptop, digital camera, and scanner.

- Two triage nurse to monitor the PantherLink Network consult queue

Description	Price Per Unit	Quantity	Total
Capture Station	$3,500	10	$35,000
Triage Nurse (*salary)*	$40,000	2	$80,000

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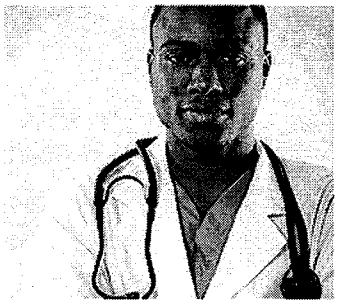
PantherLink Network

professional approach

- HOME
- ABOUT US
- SERVICES
- PATIENT CARE
- CAREER
- CONTACTS



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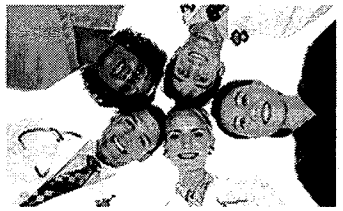
- Developmental
- Emergency Medicine
- Endocrinology
- Gastroenterology
- General Pediatrics
- Hematology
- Oncology
- Orthopedics
- Infectious Diseases
- Mental Retardation
- Neonatology
- Nephrology
- Neurology

+ Featured Services



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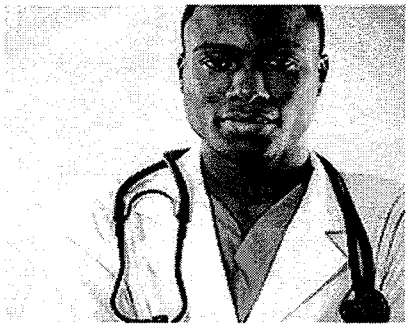

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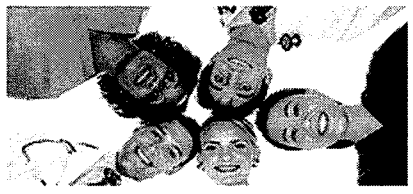
- Neonatology
- Nephrology

+ Featured Services



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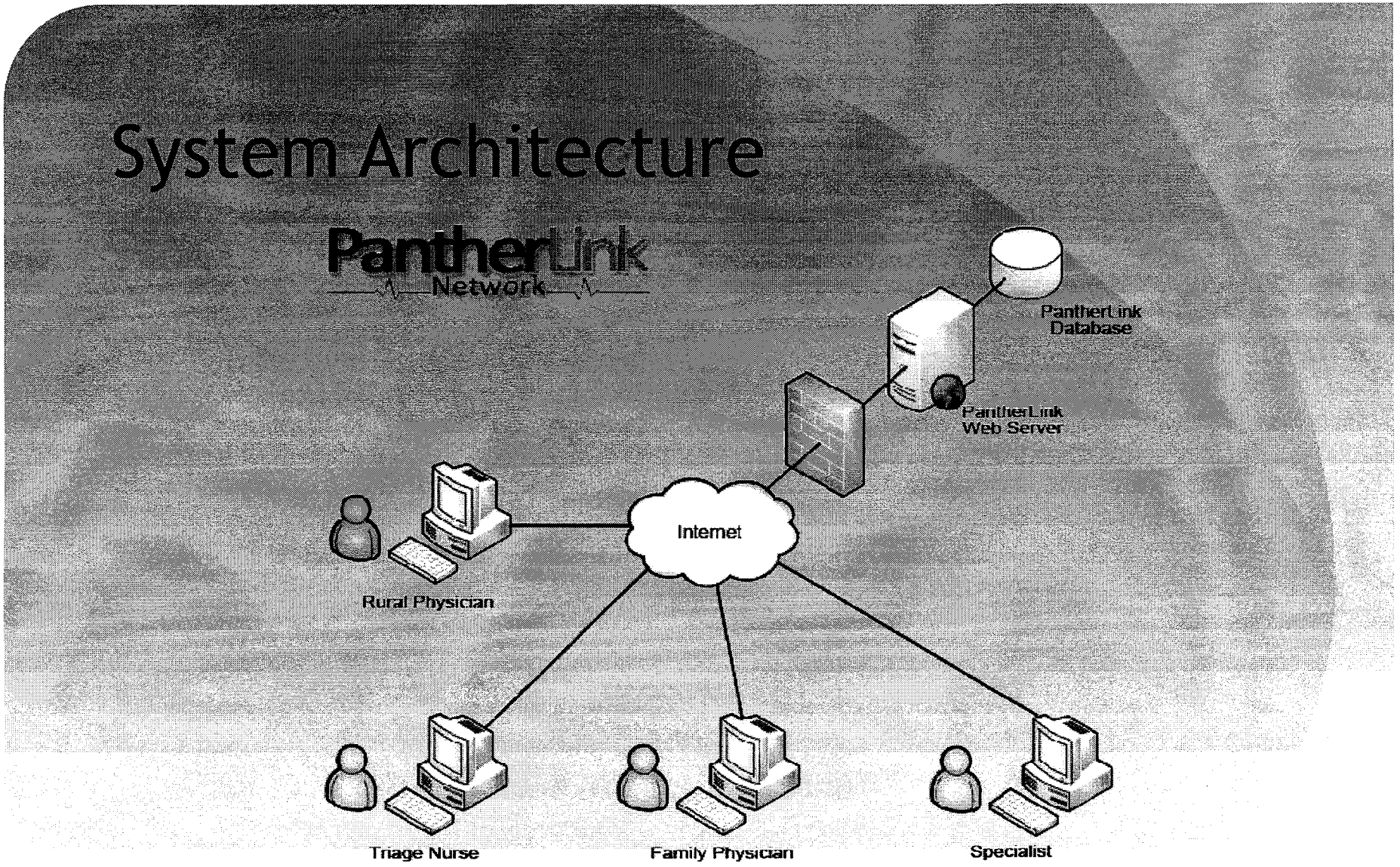
System Architecture



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PantherLink Network

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User Name:

Password:

Login Back to Home

PantherLink Network

professional approach

Home Sign Out

Physician Home

1 View My Consults

2 Search Patients

3 Update My Info

4 New Consult

Back to Services Home

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Home Sign Out

Consult Details | Attachments

New Request

Priority: Routine

Patient Info

SSN: Search
Name First:
Title:
Name Last:
Name Middle:

Street 1:
City:
Zip:
Street 2:
State:

Birth Date: (mm/dd/yyyy)
Race: White
Gender: Male

Insurance:
Ben No.:
Guarantor:
Address:

Agreements

- [ ] Patient Consent
- [ ] Registered with PL
- [ ] Liability Agreement

Consult Details

Question or Service Requested:

Patient Pertinent Information

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Home Sign Out

Consult Details | Attachments | Consult History | Follow up

View Consult History

Description	DateCreated	Physician
Request Completed	2/1/2010 9:49:36 AM	Steven Specialist
Follow up (Specialty Physician)	2/1/2010 9:49:34 AM	Steven Specialist
Transferred to Dr. Steven Specialist	2/1/2010 9:48:58 AM	Fred Family
Follow up (Family Physician)	2/1/2010 9:48:46 AM	Fred Family
Transferred to Dr. Fred Family	2/1/2010 9:46:46 AM	Tom Triage
Request submitted	2/1/2010 9:45:04 AM	Raul Rural

Back to Physician Home

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Home Sign Out

Consult Details | Attachments | Consult History | Follow up

Request Follow-Up

Date	Posted By	Comments
2/1/2010 9:48:46 AM	Dr. Fred Family	I will transfer this to Dr. Steven who specialize in cardiology.
2/1/2010 9:49:34 AM	Dr. Steven Specialist	Mr. Brown signs and symptoms are consistent with congestive heart failure. In diabetic patients with recent deterioration in their cardiac condition , a recent myocardial infarction and recurrent ischemia must be considered. Recommend immediate cardiology evaluation to obtain stress echocardiogram to evaluate both ejection fraction and coronary artery disease. Further medical management of hypertension with an increase in dose of amlodipine to 10 mg to maintain diastolic BP less
2/1/2010 10:06:07 AM	**rural@fiu.edu**	

Post

Back to Physician Home

Roles

- Rural Physician
- Triage Nurse
- Family Physician
- Specialist
- System Administrator

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Roles - Rural Physicians

- **Fill out the New Consult Request Form.** *Submit information about the patient. Rural physicians may attach an image to the consult request form.*
- **Access to responses provided from a Panther Link Network triage nurse or physician.**
- **Request a follow-up question.**
- **Receives Email Alert.** Receives email alerts when a reply is posted on a consult.

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Roles - Triage Nurse

- **Monitor the queue of requests.** *The triage nurse will be responsible for monitoring the queue of request submitted and ensure that each request will receive a response from a physician in a timely matter.*
- **Transfer request to a physician.**
- **Mark consult request as completed.**

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Roles - Family Physician

- **Accepts Consult Request.** The family physician will have provide a response to a consult request within four hours (emergency) or eight hours (routine).
- **Denies Consult Request.** *Triage nurse will be notified that the family physician would not be able to accept the consult request. The Triage nurse will have to send it to another physician.*
- **Transfer Consult Request.** *The family physician will be able to transfer the request to a specialist or back to the triage nurse.*
- **Receives Email Alert.** *Receives email alerts when a reply is posted on a consult.*

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Roles - Specialist

- **Accepts Consult Request.** *The specialist will have to provide a response to the consult request.*
- **Denies Consult Request.** *Triage nurse will be notified that the specialist would not be able to accept the consult request. The triage nurse will have to send it to another physician.*
- **Receives Email Alert.** Receives email alerts when a reply is posted on a consult.

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Roles – System Administrator

- **Manage security and user accounts on the system.** Create accounts, disable accounts, reset passwords, and transfer physician to different departments.

Manage Physicians

Physician	Specialty	Department	User Type	Is Active?
Dr. John Admin	Internal Medicine	Department of Internal Medicine	Administrator	Yes
Dr. John Family	Family Medicine	Department of Family Phisicians	Family Physician	Yes
Dr. John Rural	Rural Phyisician	Department of Rural Physicians	Rural Physician	Yes
Dr. John Specialist	Cardiology	Department of Cardiology	Specialty Physician	Yes
Dr. John Triage	General Triage	Department of General Triage	Triage Physician	Yes

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Summary

- The PantherLink Network is an easy-to-access and easy-to-use web-based portal.

- The PantherLink Network provides consultation in 24 clinical specialties to rural physicians throughout the State of Florida and promotes wellness of all Florida citizens by enhancing access to medical information.

- PantherLink services are available 24/7 via secure web-based communications channel at no cost.

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Questions?

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