

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Nemours automatic rate enhancements within the Outpatient Prospective Payment System
2. Date of Submission: 02/02/2016
3. House Member Sponsor(s): Jason Brodeur

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 <i>(If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2016-17 <i>(If no new Recurring or Nonrecurring funding is requested, enter zeros.)</i>			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: Column A + Column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested <i>(Nonrecurring is one time funding & must be re-requested every year)</i>	Total Funds Requested Over Base Funding <i>(Recurring plus Nonrecurring: Column E + Column F)</i>
Input Amounts:					1,915,155	0	1,915,155

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Mary Kay Detzner
- b. Organization: Nemours Children's Hospital
- c. Email: MaryKay.Detzner@Nemours.org
- d. Phone #: (850)491-2433

6. Organization or Name of Entity Receiving Funds:

- a. Name: Nemours Children's Hospital
- b. County (County where funds are to be expended) Orange
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

Since Nemours Children's Hospital (NCH) opened it has been paid based on the average rate of Miami Children's Hospital (MCH) and All Children's Hospital (ACH) due to NCH's CON stipulations. This avg rate payment was based on the costs of ACH and MCH and, in essence, included the rate enhancements of ACH and MCH. When DRGs were put into place an average rate could not be administered for the coding portion but could for the rate enhancement portion. Therefore, NCH is paid an average of the ACH and MCH DRG add-on payment.

The proposed outpatient PPS methodology is comprised on 2 payments, similar to DRG methodology. The 1st is based on coding of the claim (EAPG payment) and cannot be administered as an average payment. The 2nd portion of the payment, which is based on the rate enhancement of ACH and MCH, can be administered as an average rate. Therefore, as with DRG payments, NCH should be paid the average of the MCH and ACH rate enhancement for outpatient payments.

Total Request: \$1,915,155. Total Recurring GR is \$746,719 and Total Medical Care Trust Fund is \$1,168,436. Associated proviso needed per AHCA: ?From the funds within Specific Appropriation XX, \$746,719 in recurring funds from the General Revenue Fund and \$1,168,436 in recurring funds from the Medical Care Trust Fund are provided to the Agency for Health Care Administration to fully fund Nemours Children's Hospital's automatic rate enhancements within the Outpatient Prospective Payment System.?

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 1,168,436

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

9. Is this a multi-year project requiring funding from the state for more than one year?

Yes