



CENTRAL FLORIDA HEALTH CARE, INC.



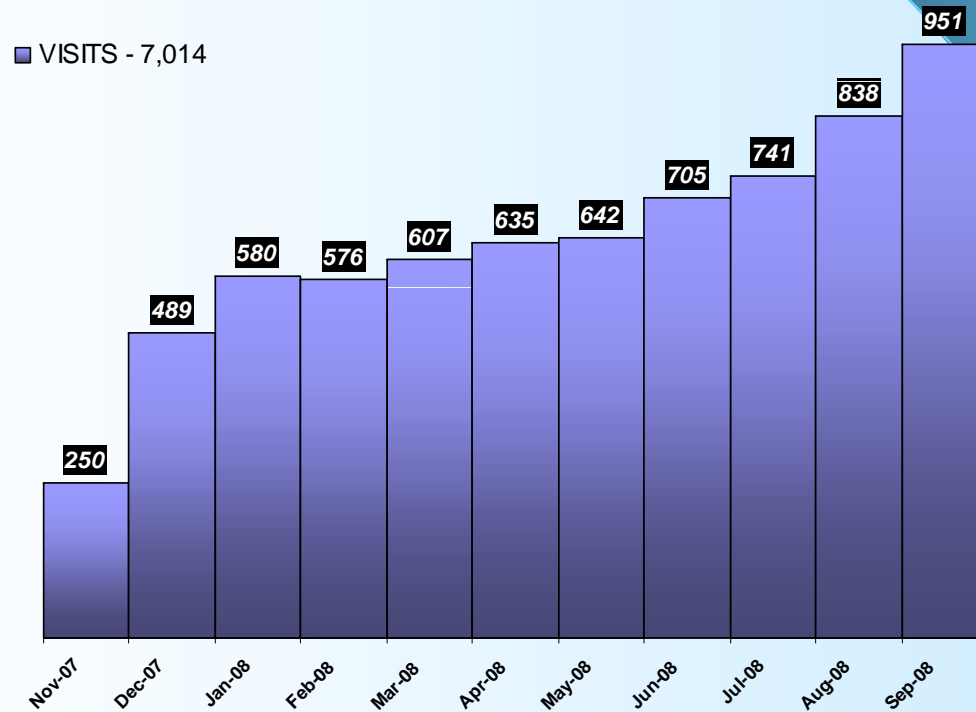
CITIZENS HEALTHCARE OVERSIGHT
COMMITTEE MEETING
NOVEMBER 21, 2008

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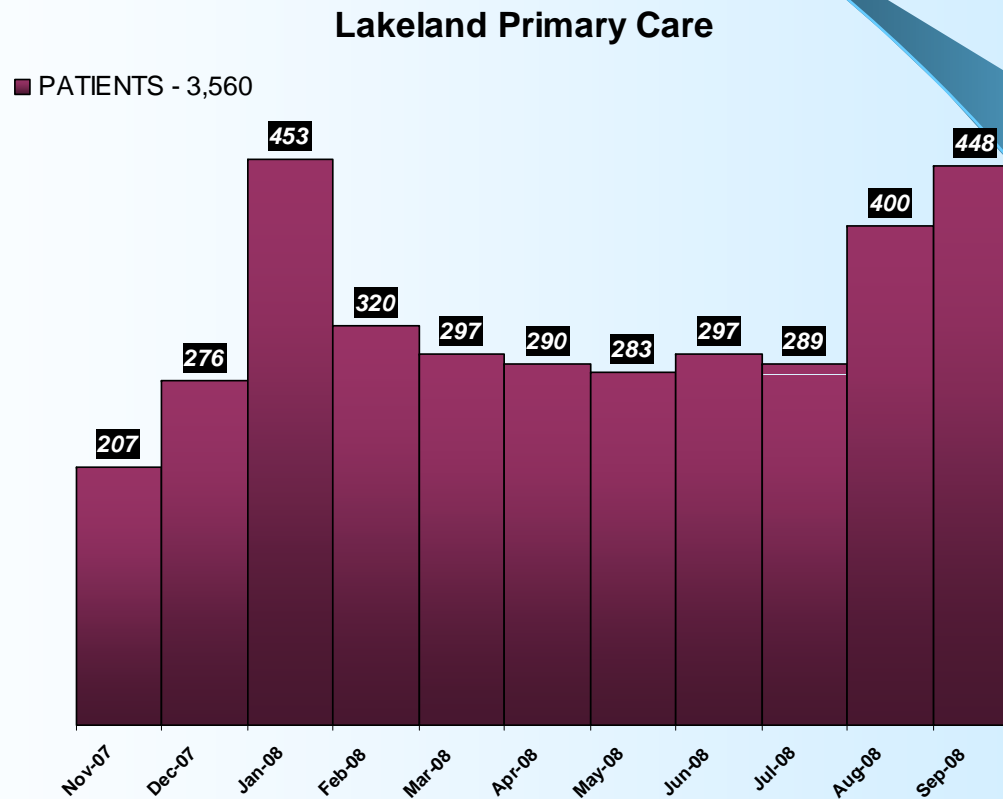
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Patients' Visits

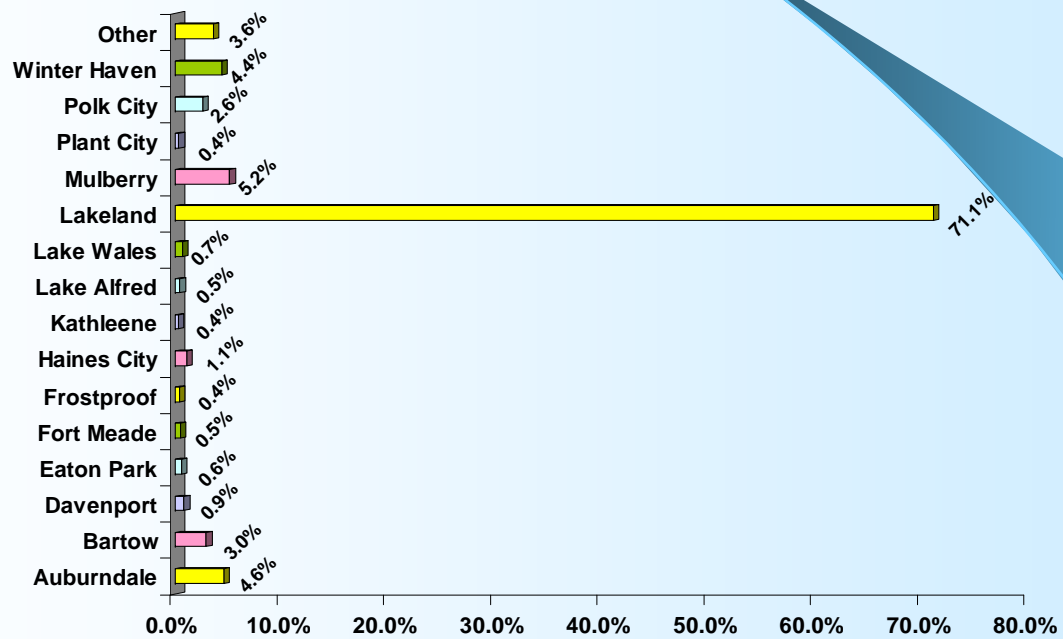
Lakeland Primary Care



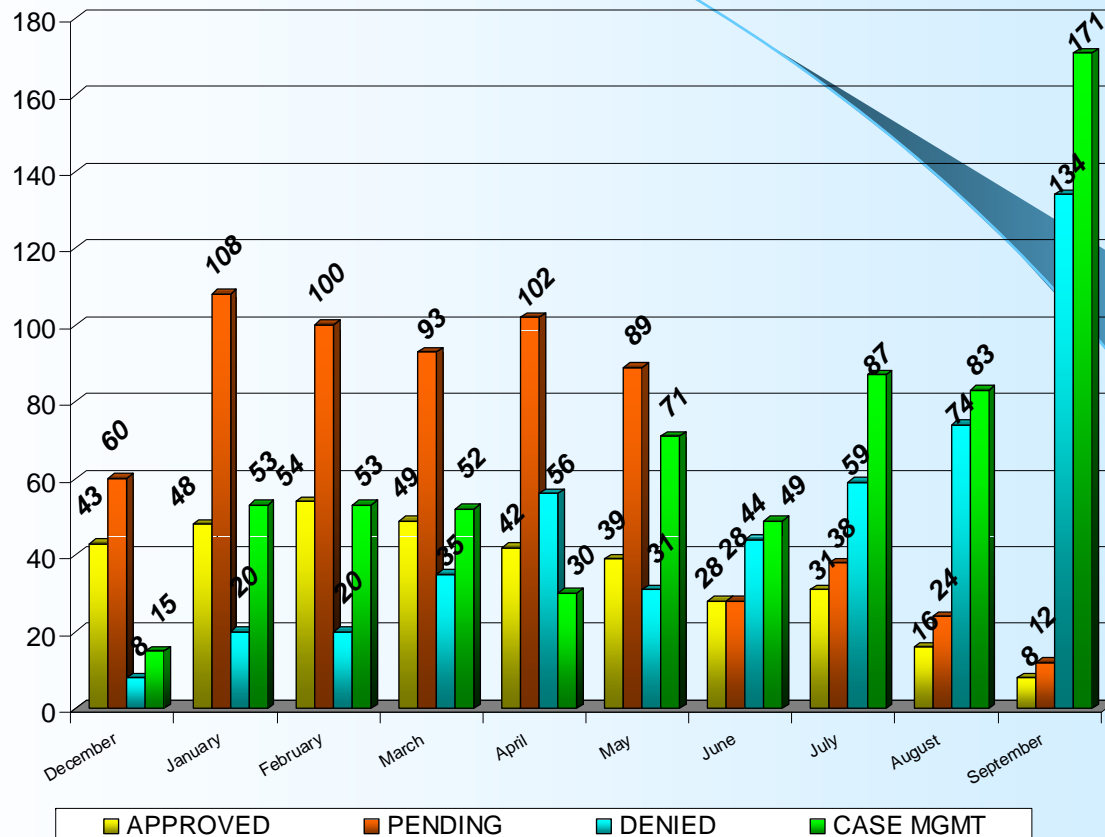
Unduplicated Patients



Patients by Zip Code



Polk Plan Activity



Polk Plan Eligibility Requirements

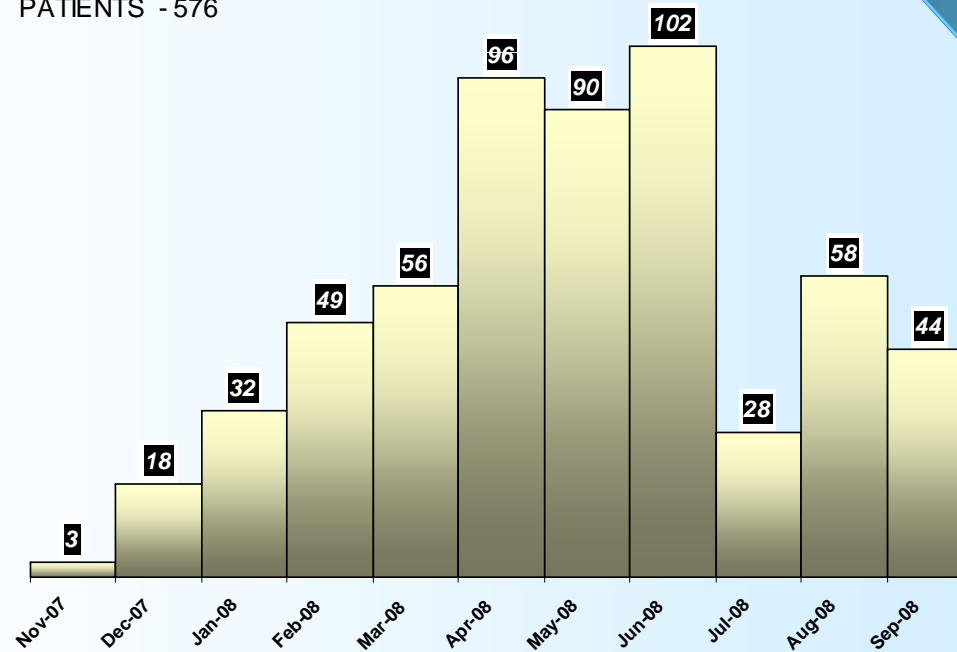
Effective April 2008
Effective October 2008

Decreased from 200% to 150%
Decreased from 150% to 125%

Polk Plan Enrolled Patients

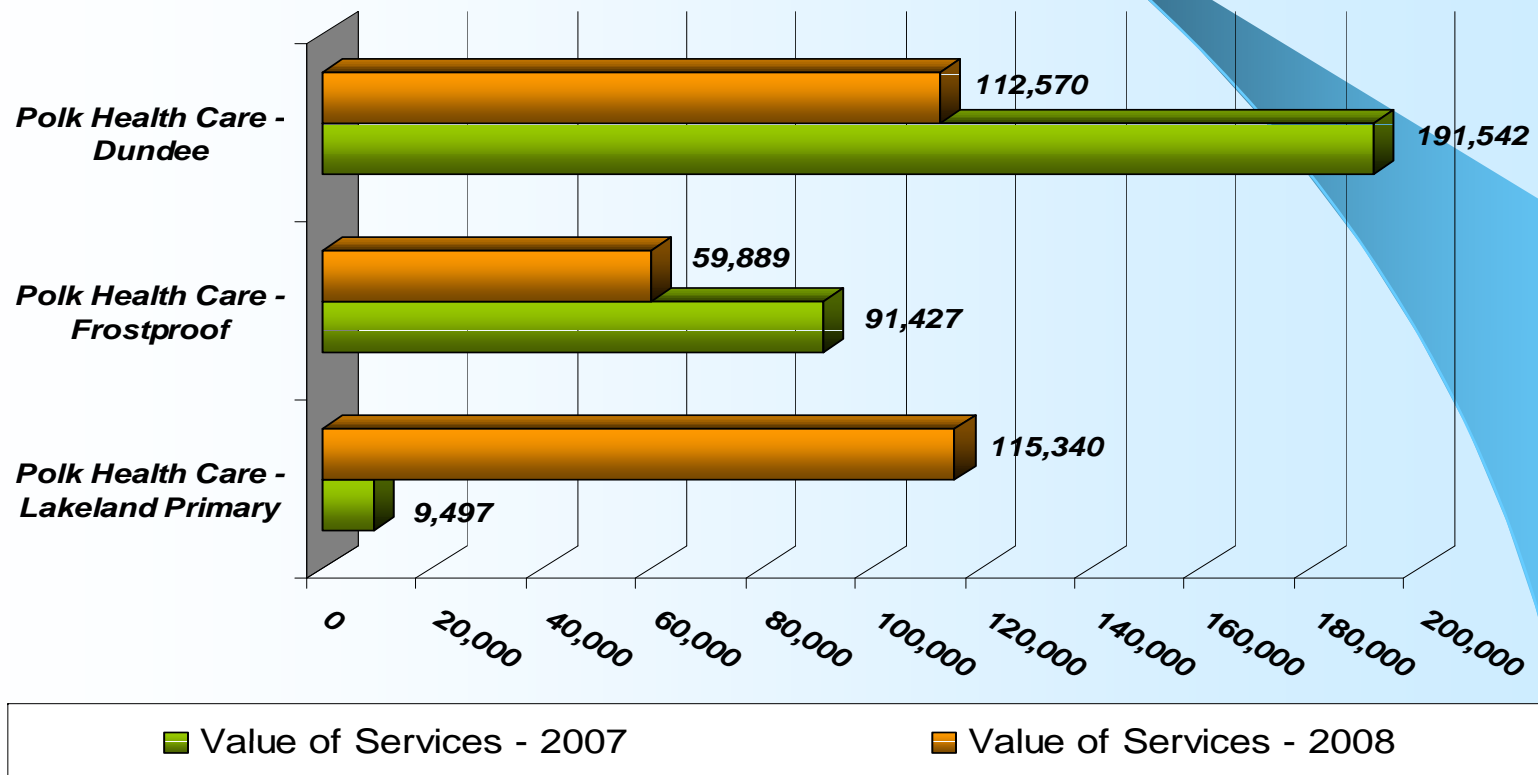
Lakeland Primary Care

■ POLK HEALTH CARE
PATIENTS - 576



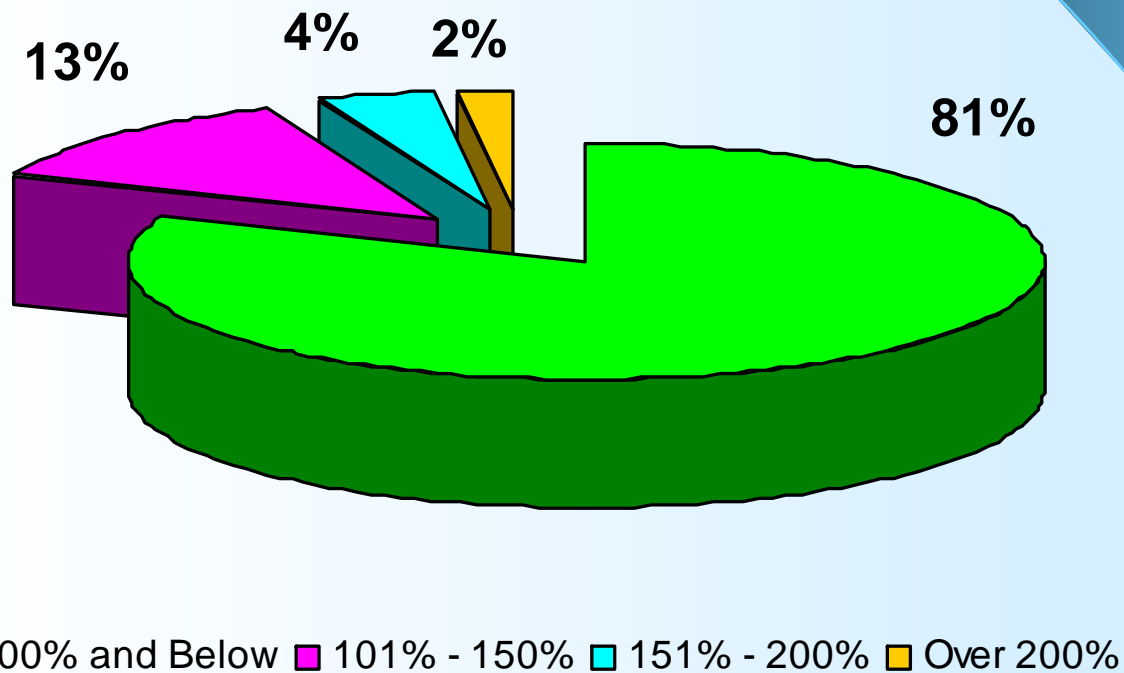
Polk Plan Value of Services

VALUE OF SERVICE - POLK HEALTH PLAN



Income Based on Poverty Guidelines

November 2007 – September 2008



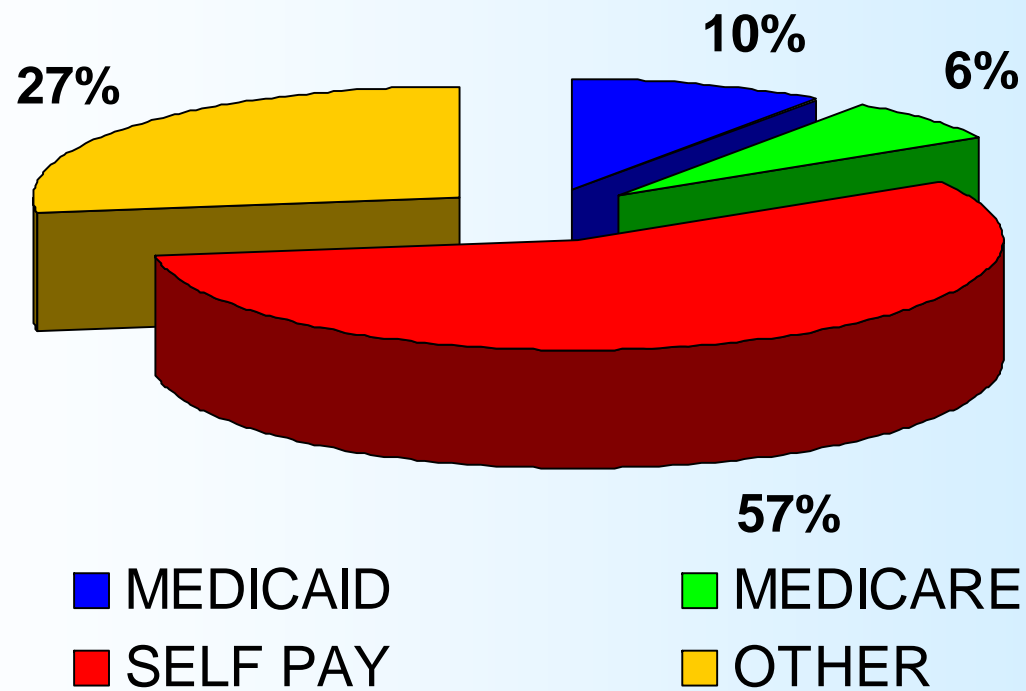
Sliding Fee Scale

Central Florida Health Care, Inc.									
MONTHLY INCOMES									
2008 FAMILY SIZE	PERCENT PAYABLE						FULL PAY 100%	PRESUMPTIVE MEDICAID ELIGIBILITY	PRIORITY MEDICAID TARGET GROUP
	0%	17%	33%	50%	67%	83%			
1	867	868	1,041	1,214	1,388	1,561	1,734	1,603	1,153
		1,040	1,213	1,387	1,560	1,733	+		
2	1,167	1,168	1,401	1,634	1,868	2,101	2,334	2,158	1,552
		1,400	1,633	1,867	2,100	2,333	+		
3	1,467	1,468	1,761	2,054	2,348	2,641	2,934	2,713	1,951
		1,760	2,053	2,347	2,640	2,933	+		
4	1,767	1,768	2,121	2,474	2,828	3,181	3,534	3,268	2,350
		2,120	2,473	2,827	3,180	3,533	+		
5	2,067	2,068	2,481	2,894	3,308	3,721	4,134	3,823	2,749
		2,480	2,893	3,307	3,720	4,133	+		
6	2,367	2,368	2,841	3,314	3,788	4,261	4,734	4,378	3,148
		2,840	3,313	3,787	4,260	4,733	+		
7	2,667	2,668	3,201	3,734	4,268	4,801	5,334	4,933	3,547
		3,200	3,733	4,267	4,800	5,333	+		
8	2,967	2,968	3,561	4,154	4,748	5,341	5,934	5,488	3,946
		3,560	4,153	4,747	5,340	5,933	+		
9	3,267	3,268	3,921	4,574	5,228	5,881	6,534	6,043	4,345
		3,920	4,573	5,227	5,880	6,533	+		
10	3,567	3,568	4,281	4,994	5,708	6,421	7,134	6,598	4,744
		4,280	4,993	5,707	6,420	7,133	+		
PERCENT POVERTY	<100%	101-120%	121-140%	141-160%	161-180%	181-200%	>200	<185%	<133%
The current nominal fee for service is \$15.00									
For family size over 10 members, add \$300 for each additional family member									
PRESUMPTIVE ELIGIBILITY: For family size over 10 members, add \$555 for each additional family member									
TARGET GROUP: For family size over 10 members, add \$399 for each additional family member									

Sliding Fee Scale (cont)

Central Florida Health Care, Inc.									
ANNUAL INCOMES									
2008 FAMILY SIZE	PERCENT PAYABLE						FULL PAY 100%	PRESUMPTIVE MEDICAID ELIGIBILITY	PRIORITY MEDICAID TARGET GROUP
	0%	17%	33%	50%	67%	83%			
1	10,400	10,401 12,480	12,481 15,600	15,601 18,200	18,201 20,800	20,801 23,400	23,401 +	19,240	13,832
2	14,000	14,001 17,500	17,501 19,600	19,601 22,400	22,401 25,200	25,201 28,000	28,001 +	25,900	18,620
3	17,600	17,601 22,000	22,001 26,400	26,401 30,800	30,801 35,200	35,201 39,600	39,601 +	32,560	23,408
4	21,200	21,201 26,500	26,501 31,800	31,801 37,100	37,101 42,400	42,401 47,700	47,701 +	39,220	28,196
5	24,800	24,801 31,000	31,001 37,200	37,201 43,400	43,401 49,600	49,601 55,800	55,801 +	45,880	32,984
6	28,400	28,401 35,500	35,501 42,600	42,601 49,700	49,701 56,800	56,801 63,900	63,901 +	52,540	37,772
7	32,000	32,001 40,000	40,001 48,000	48,001 56,000	56,001 64,000	64,001 72,000	72,001 +	59,200	42,560
8	35,600	35,601 44,500	44,501 53,400	53,401 62,300	62,301 71,200	71,201 80,100	80,101 +	65,860	47,348
9	39,200	39,201 49,000	49,001 58,800	58,801 68,600	68,601 78,400	78,401 88,200	88,201 +	72,520	52,136
10	42,800	42,801 53,500	53,501 64,200	64,201 74,900	74,901 85,600	85,601 96,300	96,301 +	79,180	56,924
PERCENT POVERTY	<100%	101-125%	126-150%	151-175%	176-200%	201-225%	>225	<185%	<133%
The current nominal fee for service is \$15.00									
For family size over 10 members, add \$3,600 for each additional family member									
PRESUMPTIVE ELIGIBILITY: For family size over 10 members, add \$6,660 for each additional family member									
TARGET GROUP: For family size over 10 members, add \$4,788 for each additional family member									

Patient Payment Types



Staffing

● Physicians	=	3
● ARNP	=	2
● Nurses	=	4
● Referral Clerk	=	2
● Patient Coordinator	=	1
● PCTA	=	8
● Lab/X-ray Techs	-	<u>2</u>
Totals	=	22

Financial Costs - Year 1

Gross Cost:	\$2,547,847
LRMC Construction	\$861,529
Net Cost:	\$1,686,318
Cost per Visit:	\$240
Cost per Patient:	\$474

Program Initiatives/Expansion

- Pharmacy – January 2009
- Marketing (past and present)
- LRMC – E.R. Triage
- Dental
- Transportation