

Phase 2 Overview for Impact of Projects on the Medicaid and Indigent Populations

This document will give providers a conceptual overview of what is expected when providers address the impact of projects on the Medicaid/indigent population and will explain how Medicaid/indigent impact data for each DSRIP project will be collected and/or verified as a part of Phase 2 of DSRIP project revisions. More detailed instructions about how providers will fill out spreadsheets designed to capture Medicaid/indigent impact information will accompany these spreadsheets, which will be sent to RHP anchors.

Background

Because this is a Medicaid waiver, the Centers for Medicare and Medicaid Services (CMS) has requested that performing providers submit information about the anticipated impact of each project on the Medicaid and low-income uninsured (indigent) populations. This information will be used by CMS as it determines by September 1, 2013, whether it approves each project's proposed valuation for DY 4 and 5. It also will be important for ongoing reporting and monitoring on the status of projects.

NOTE: In the CMS letter to each RHP with the results of its review, CMS refers to Medicaid and uninsured populations. This document refers to Medicaid and indigent populations. For purposes of this exercise, the assumption is that the terms "indigent" and "low-income uninsured" are interchangeable (i.e. those below 200% of the federal poverty level who are uninsured).

Verifying / Adding Estimated Medicaid/Indigent Impact for Every DSRIP Project

By a specified date in June, HHSC needs each RHP anchor to work with all of its DSRIP performing providers to verify the Medicaid/indigent impact information HHSC already has captured for the project, modify the information to accurately reflect the Medicaid/indigent impact of the project, or add information on what percent of patients served by the project are expected to be Medicaid/indigent, if no Medicaid/indigent impact was provided in the version of the RHP Plan that HHSC submitted to CMS.

Verifying / adding estimated Medicaid/indigent impact will be done via a spreadsheet (providers will not re-submit full projects at this time), but the information that the provider reports on the spreadsheet will become part of the RHP plan and must be included in the project by October 1, 2013, when other priority technical corrections are due.

1. Each RHP anchor will receive a pre-populated spreadsheet that includes the Medicaid/indigent information that HHSC has captured for each project. Providers will confirm that what HHSC has entered into the Medicaid/Indigent/Uninsured columns is correct based on the definitions below.
Determining the Medicaid Population:
 - a. Include Medicaid recipients including those with both Medicaid and Medicare coverage (i.e. dual eligibles).
 - b. Do not include recipients of CHIP, Medicare-only or other publicly funded care.

- c. The preference is that CHIP not be included if the provider is able to break out CHIP from Medicaid.
2. Defining the Indigent Population:
- a. Ideally, only include individuals defined in your project narrative as uninsured, underinsured, charity, unfunded, self-pay, etc., if the individuals **are at or below 200% of Federal Poverty Level (FPL)**. Do not, for example, include an uninsured individual, unless that individual is also living below 200% of FPL.
 - b. If you are unable to calculate the indigent population based upon 200% of FPL, please identify how you define this group (e.g., 100% FPL, annual income below \$X, free or reduced school lunch, etc.) Please be as specific as possible. If the only information you have is that individuals are uninsured/self-pay, please note that.

The detailed instructions about how providers should verify, correct, or add Medicaid/indigent impact to the pre-populated spreadsheet provided by HHSC will be included in the instructions that accompany that spreadsheet.