



UNCOMPENSATED CARE POOL

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WHAT IS THE UNCOMPENSATED CARE POOL?

- The UCP is part of a larger federal Medicaid waiver request submitted by New York State
 - This waiver is still pending federal approval
- The pool will offset a portion of losses from uncompensated care experienced by:
 - Many D&TCs licensed by the Dept. of Health
 - Mental Health Clinics licensed by OMH and not affiliated with hospitals
 - Some D&TCs Mental Health Clinics not eligible to participate in the DOH pool.



HOW DO CLINICS BECOME ELIGIBLE FOR THE UNCOMPENSATED CARE POOL?

- Clinic agencies will submit data to the OMH through the Mental Health Provider Data Exchange (MHPD).
 - Clinics that do not submit data through MHPD will be excluded from the pool for that year.
- If the clinic provides uncompensated care visits equal to 5% or more of its total visit volume it will qualify for inclusion in the pool.



WHAT TYPES OF VISITS QUALIFY AS UNCOMPENSATED CARE?

- Visits will be counted toward UC visit volume if they meet the following conditions:
 - Self-pay, including partial pay or no-pay visits
 - Required or optional mental health clinic procedures provided but not covered under a clinic's agreement with an insurer.
- **NOTE:**
 - If payment was received (excluding self-pay) for any procedure provided to a client in a day, the clinic cannot add that visit to UC visit volume.
 - Denial of payment attestation is required – every time



WHAT TYPES OF VISITS QUALIFY AS UNCOMPENSATED CARE? CONTINUED...

- Visits will be counted toward UC visit volume if they meet the following conditions:
 - Unreimbursed visits provided by clinic staff members not approved for payment by 3rd party payor in contract with the clinic, but allowed under Medicaid rules.
 - Unreimbursed visits by 3rd party payor not in contract with the clinic.
- **NOTE:**
 - If payment was received (excluding self-pay) for any procedure provided to a client in a day, the clinic cannot add that visit to UC visit volume.
 - Denial of payment attestation is required – every time
 - Must comply with Medicaid reimbursement rules
 - Uncompensated care data and reimbursement are auditable.



WHAT TYPES OF VISITS DO NOT QUALIFY AS UNCOMPENSATED CARE?

- Visits will not be counted if:
 - Paid in whole or part by a 3rd party payor (whether the payor is in contract with the clinic or not)
 - Not authorized (considered not medically necessary) by an insurer or managed care plan
 - Delivered by a person outside of their scope of practice.



HOW ARE UC VISITS REIMBURSED?

- When fully implemented, payments will be on a 2 year lag. For example, 2014 distributions will be based on uncompensated care delivered in 2012.
 - Until we catch up to the pool's 2 year lag, MH clinics will submit data on the following schedule:
 - CY 2010 – based on annualized UC visit volume and total care visit volume delivered July 1, 2009 through December 31, 2009
 - CY 2011 – UC visit volume January 1, 2010 – June 30, 2010
 - NYC 2012 – based on July 1, 2009 – June 30, 2010
 - Rest of state 2012 – based on upstate data from CY 2010
- Periodic partial payments will be made by the Dept. of Health. (Currently payments are made monthly)
- If the amount of UC visits exceed the funding available, the payments to providers will be proportionately reduced.



WHAT IS THE VALUE OF AN UNCOMPENSATED CARE VISIT?

- 2010 & 2011: UC reimbursement will be based on the appropriate peer group Medicaid rate for a 45-minute psychotherapy service.
- 2012 and after: UC reimbursement will be based on the current peer group average value of total Medicaid APG payments (excluding the blend).



HOW IS THE REIMBURSEMENT AMOUNT CALCULATED?

- Assuming sufficient funds in the pool and that the clinic has at least 5% uncompensated care:
 - First 15% of the uncompensated care visits are reimbursed at 50% of the Medicaid value (minus self-pay revenue)
 - Second 15% are reimbursed at 75% of Medicaid value (minus self-pay revenue)
 - Uncompensated visits exceeding 30% are reimbursed at 100% of Medicaid value (minus self-pay revenue)



REQUIRED DATA

- When calculating UC visit volume:
 - A visit = all procedures provided in a day.
 - Self-pay visits (even if the visit is paid in full) can be included in UC visit volume
 - However, self-pay revenue will offset the costs eligible for uncompensated care reimbursement.
 - Revenues are reported on an accrual basis
 - If you expect reimbursement but it hasn't been received, it should still be counted.
 - Visit volume is based on date of service rendered.



DATA SUBMISSION ON MHPD

- First round of data submission took place earlier this year.
- Due to the questions, comments and data received, OMH has revised the form.
 - [See example.](#)
- The changes will:
 - Ensure more accurate submissions and
 - Make the data collection process easier for clinics
- The form mirrors the CFR OMH-4



DATA SUBMISSION ON MHPD

- Next round of data collection on MHPD begins Nov. 11, 2010 and runs through Dec. 31, 2010.
- Webinar on how to submit data on MHPD is scheduled for October 26, 1:00 p.m. – 2:00 p.m.
 - Registration information can be found on the OMH [clinic restructuring website](#).





QUESTIONS?

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