

DRAFT – WORKING DOCUMENT FOR LOW INCOME POOL COUNCIL
OCTOBER 20, 2006 CONFERENCE CALL

Provider Access System definition:

Provider Access System – Entities such as hospitals, clinics or other provider types which incur uncompensated medical care costs in providing medical services to the uninsured and underinsured, and which receive a Low Income Pool (LIP) payment shall be known as a Provider Access System. Provider Access Systems funded from the LIP shall provide services to Medicaid recipients, the uninsured and the underinsured. Provider Access Systems shall be required to report data related to the number of individuals served and the types of services provided from LIP funding.

The Special Terms and Conditions (STCs) provide reference to Provider Access Systems. These references are provided below.

94. **Low Income Pool Permissible Expenditures.** Funds from the LIP may be used for health care expenditures (medical care costs or premiums) that would be within the definition of medical assistance in Section 1905(a) of the Act. These health care expenditures may be incurred by the State, by hospitals, clinics, or by other provider types for uncompensated medical care costs of medical services for the uninsured, Medicaid shortfall (after all other Title XIX payments are made) may include premium payments, payments for provider access systems (PAS) and insurance products for such services provided to otherwise uninsured individuals, as agreed upon by the State and CMS.

101. **Demonstration Year 1 Milestones.** The State agrees that within 6 months of implementation of the demonstration it will submit a final document including CMS comments on the Reimbursement and Funding Methodology document (referenced in item 91). The final document shall detail the payment mechanism for expenditures made from the LIP to pay for medical expenditures for the uninsured and qualified aliens including expenditures for 10 percent of the LIP used for other purposes as defined in paragraph 94. This document shall also include a reporting methodology for the number of individuals and types of services provided through the LIP. This methodology shall include a projection of these amounts for each current year of operation, and final reporting of historical demonstration periods. Providers with access to the LIP and services funded from the LIP shall be known as the provider access system. Any subsequent changes to the CMS approved document will need to be submitted as an amendment to the demonstration as defined in item six in Section III, “General Program Requirements.”