Free Clinic Patients Who Could Be Eligible for Medicaid under Health Reform
A Planning Tool

VIRGINIA
HEALTH CARE
FOUNDATION
Partnerships in Action

Introduction

Among the provisions of the Patient Protection and Affordable Care Act is the expansion of Medicaid eligibility to all adults with incomes ≤ 133% FPL effective in January 2014. This expansion would affect large numbers of free clinic patients as well as the clinics where they currently receive care.

This tool provides an approach for estimating the number of patients at your free clinic who could be eligible for Medicaid under health reform. At your option, you can develop profiles of these patients by service utilization, disease state, and age. You can also request information about the number of current Medicaid providers and patients in your service region from the Department of Medical Assistance Services (DMAS). This information will help you anticipate overall community capacity for serving Medicaid patients under the Medicaid expansion.

The tool is intended for free clinics of all sizes and types, and technical assistance for using the tool is available from Community Health Solutions. To request technical assistance please contact Community Health Solutions at 804.673.0166 or chs@chsresults.com.

We hope the results of this tool will help inform your strategic discussions about the future of your free clinic under health reform.

Requirements for Using the Tool

There are two basic requirements for using the tool:

- An operating definition of active patients; and
- The ability to count your active patients by age and income level.

Defining Active Patients

The tool requires information on active patients at your free clinic as of 2012. To provide this information you will need a working definition of an 'active patient.' There are no hard and fast rules for defining an active patient. If you do not already have an established definition, we suggest one of these options:

- Patients with at least one visit in the past six months; or
- Patients with at least one visit in the past 12 months.

The second option (one visit in the past 12 months) will yield a larger number of active patients. If for some reason this option is not feasible for your organization, the first option (one visit in the past six months) will suffice for planning purposes.

Counting Active Patients

The tool requires information on the number of active patients who are between the ages of 18 and 64 (inclusive), with income less than 138 percent of the federal poverty level (see footnote [1]). Ideally you should base your analysis on an actual count of such patients. If you have difficulty producing an actual count there are options for producing an estimate. Community Health Solutions can provide technical support if you need to use an estimate.

---

[1] The law requires that states disregard 5 percent of an applicant's individual or family income when evaluating eligibility for Medicaid. Thus, the effective income-eligibility threshold is 138 percent of the federal poverty line.

The Worksheet

This User Guide includes a simple worksheet as shown on page 4. A Microsoft Excel version of the worksheet is also available. The worksheet is organized around five steps as outlined below.

Step 1. Number of Potential Medicaid Patients

The first step is to count the number of active patients who could be eligible for Medicaid if the Medicaid expansion were in place today.

- Begin by choosing your definition of an active patient (e.g. one visit in past 6 months or one visit in past 12 months).

- Next, identify and count the number of the active patients age 18 to 64 with income below 138 percent of poverty. This is your estimate of potential Medicaid patients. If you have difficulty producing an actual count, Community Health Solutions can provide technical support to help you produce an estimate.

Optional Step 2. Service Profile of Potential Medicaid Patients

At your option, you can use Step 2 in the worksheet to produce a service profile of potential Medicaid patients. This profile could help inform your discussions about the potential impact of the Medicaid expansion on your patients and your service lines. To get started:

- Notice that Step 2 of worksheet provides a list of services. Your free clinic may provide some or all of these services. Even if you do not have utilization data on every service your free clinic provides, it might still be helpful to examine utilization for your major service lines. You can also add to the worksheet any important services your clinic provides that are not already listed.

- To complete this section, count how many of your patients identified in Step 1 have used each service, then fill in the numbers in the right-hand column. If you have difficulty producing counts, contact Community Health Solutions for technical assistance.

Optional Step 3. Chronic Disease Profile of Potential Medicaid Patients

At your option, you can use Step 3 in the worksheet to produce a disease profile for potential Medicaid patients. This profile could help inform your discussions about the particular impact of the Medicaid expansion on your patients with serious health problems, as well as the implications for your clinical services. To get started:

- Notice that Step 3 of the worksheet provides a list of common chronic conditions, some or all of which may be present among your potentially Medicaid-eligible patients. Even if you do not have data to identify patients with every condition, it might still be helpful to count the patients with the most common chronic conditions you see in your free clinic. You can also add to the worksheet any important conditions that are not already listed.

- To complete this section, count how many of your patients identified in Step 1 have each condition, then fill in the numbers in the right-hand column. If you have difficulty producing counts, contact Community Health Solutions for technical assistance

Optional Step 4. Age Profile of Potential Medicaid Patients

At your option, you can use Step 4 in the worksheet to produce a profile of potential Medicaid patients by age. This profile could help you anticipate age-related developments for your current patients. For example, your patients age 61-64 are nearing Medicare eligibility, and may be moving on from your clinic over the next few years regardless of what happens with Medicaid. Also, your patients age 45-54 are in a stage of life where they have an elevated risk for new or worsening chronic conditions, and they are likely to need more intensive services wherever they receive care. To get started:

- Notice that Step 4 of the worksheet provides four age groups. You can provide a more detailed age profile at your option.

- To complete this section, count how many of your patients identified in Step 1 fall within each age group, then fill in the numbers in the right-hand column. If you have difficulty producing counts, contact Community Health Solutions for technical assistance.

Optional Step 5. Local Medicaid Providers and Enrollees

At your option you can contact the Department of Medical Assistance Services (DMAS)to request information on the current number of Medicaid primary care providers and enrollees in your service region. This information will help you anticipate overall community capacity for serving Medicaid patients under the Medicaid expansion. Ideally you would be able to obtain the following information as listed in Optional Step 5 of the worksheet:

1. *Current Medicaid Primary Care Providers for Adults.* A list of Medicaid primary care providers currently serving adults age 18-64 in your service region.
2. *Medicaid Adult Enrollees with Recent Claims*. The total number of Medicaid enrollees age 18-64 and residing in your service region, who recently received services from each primary care provider.
3. *Current Medicaid Adult Enrollees.* The total number of Medicaid enrollees age 18-64 and residing in your service area (including those who did not receive services).

To obtain this information, you must submit a written request to DMAS under Virginia's Freedom of Information Act (*FOIA*). It can be submitted via email or regular mail. Don't be concerned that making a request of this nature under FOIA might establish an adversarial relationship with DMAS. It will not. This is simply the system that DMAS has established to keep track of all requests for information that it receives. You should receive a response within 2 weeks (*?*). You may use the following as a template:

TO: Nancy Malczewski
Public Information Officer
Department of Medical Assistance Services (DMAS)
600 East Broad Street, Suite 1300
Richmond, Virginia 23219
Phone: 804-371-6391
FAX: 804-371-4981
Nancy.malczewski@dmas.virginia.gov

From: Joan Doe, Executive Director
We Care Free Clinic

SUBJECT: Medicaid Provider Data

Pursuant to the Virginia Freedom of Information Act (FOIA), I am requesting the following information about Medicaid services in (specify city/county jurisdictions) :

- *Item 1. A current, individualized list of primary care providers who are serving Medicaid enrollees age 18-64 who reside in (specify city/county jurisdictions).*
- *Item 2. For each provider listed in Item 1, the unduplicated number of Medicaid enrollees age 18-64 and residing in (specify city/county jurisdictions), who had at least one office visit to the provider during the most recent 12 month period for which data are available.*
- *Item 3. The most recently available figure on the total number of adult Medicaid enrollees age 18-64 and residing in (specify city/county jurisdictions).*

Thank you very much.

Worksheet

Step 1. Number of Potential Medicaid Patients	Units	Number
Total Active Free Clinic Patients Age 18-64 with Income < 138% Poverty	Number of Patients	

Optional Step 2. Service Profile of Potential Medicaid Patients	Units	Number
Medical Services provided by the Clinic	Number of Patients Who Utilized the Service	
Dental Services provided by the Clinic	Number of Patients Who Utilized the Service	
Mental Health Services provided by the Clinic	Number of Patients Who Utilized the Service	
Vision Services provided by the Clinic	Number of Patients Who Utilized the Service	
Prescription Medications provided by or through the Clinic	Number of Patients Who Utilized the Service	
Other Professional Health Care Services provided by or through the Clinic	Number of Patients Who Utilized the Service	
Other Patient Support Services provided by the Clinic*	Number of Patients Who Utilized the Service	
* E.g. Case Management, Translation, Transportation, etc.		

Optional Step 3. Disease Profile of Potential Medicaid Patients	Units	Number
Asthma	Number of Patients with this Diagnosis	
COPD	Number of Patients with this Diagnosis	
Diabetes	Number of Patients with this Diagnosis	
Hypertension	Number of Patients with this Diagnosis	
Hyperlipidemia	Number of Patients with this Diagnosis	
Mental Health Diagnosis	Number of Patients with this Diagnosis	
Substance Use Diagnosis	Number of Patients with this Diagnosis	
Other Chronic Conditions	Number of Patients with this Diagnosis	
Multiple Chronic Conditions	Number of Patients with this Diagnosis	

Optional Step 4. Age Profile of Potential Medicaid Patients	Units	Number
Total Age 18-44	Number of Patients in this Age Group	
Total Age 45-54	Number of Patients in this Age Group	
Total Age 55-60	Number of Patients in this Age Group	
Total Age 61-64	Number of Patients in this Age Group	

Optional Step 5. Local Medicaid Providers and Enrollees	Units	Number
Current Medicaid Primary Care Providers for Adults	Number of Physicians	
Medicaid Adult Enrollees with Recent Claims	Unduplicated Number of Enrollees with Recent Claims	
Current Medicaid Adult Enrollees in Clinic Service Area	Unduplicated Number of Enrollees	