

# Potential Options

- HSCRC staff draft recommendation reflects a blend of 50% fiscal year 2015 actual UCC and 50% predicted or estimated UCC
- Hospital members working with HSCRC staff to recommend a predicted or expected approach. Final analyses of four options underway:
  - 1) Similar to the MHAC logic, calculating “expected” UCC, by hospital, using an all-hospital average for a defined geographic area, payer type and patient type
  - 2) Predicting UCC by hospital, using a logistic regression and defined variables
    - a. Area Deprivation Index (ADI), payer
    - b. Area Deprivation Index (ADI), payer, patient type (inpatient, outpatient, emergency room)
    - c. Area Deprivation Index (ADI), payer, patient type (inpatient, outpatient, emergency room), undocumented immigrants (zip codes with a high percentage of emergency Medicaid)



# Outstanding Considerations

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- Financial Technical Work Group still analyzing the undocumented immigrant variable
- Out-of-state ADI percentages have not been updated
  - Evaluate the impact of out-of-state ADI, when available
- Data may be adjusted to reflect out-of-state Medicaid payment differences that are considered UCC (excluding D.C.)
- ADI variable: continuous (linear) versus discrete
- Complete overhaul from previous policy approach – new patient level data set, one year of post ACA actual UCC, etc.