



**HB09-1293 Oversight and Advisory Board  
Hospital Provider Fee  
December 15, 2009  
Meeting Minutes**

<b>PRESENT</b>	<b>ABSENT</b>	<b>GUESTS</b>
Bruce Alexander – Chair		Sean Huse – PCG - phone
Mimi Roberson – Vice-Chair		
Phil Kalin		
Jeremiah Bartley		
James Shmerling		
Randy Safady		
Flora Russel		
Ann King		
Chris Underwood		
Menda Warne – Phone		
Thomas Henton - Phone		
Robert Omer - Phone		
Janet Pogar - Phone		
Anne Holton – Staff		
Nancy Dolson – Staff		

<b>AGENDA</b>	<b>PRESENTERS</b>	<b>TIME</b>
Welcome & Opening Remarks Review and Approve Minutes from 11/17/09 Meeting	Bruce Alexander	3:00 pm – 3:05 pm
Draft Board By-Laws	Anne Holton Attorney General’s Office	3:05 pm – 3:35 pm
Updates Revised Model for Consideration	Nancy Dolson Safety Net Programs, HCPF	3:35 pm – 3:50 pm
Public Comment	Public	3:50 pm – 4:05 pm
Draft Annual Report Review	Nancy Dolson Safety Net Programs, HCPF	4:05 pm – 4:35 pm
Additional Public Comment	Public	4:35 pm – 4:45 pm
Additional Discussion	Board Members	4:45 pm – 5:00 pm
Adjournment	Bruce Alexander	5:00 pm

The minutes from the November 17, 2009 meeting were approved.

## Presentations:

- **Anne Holton** started a discussion on the Draft Board By-Laws
  - Some areas were brought up to get direction from the board
    - The time frame for the election of officers
      - The Chair is nominated by the Governor and vice-chair in nominated by the Oversight and Advisory Board, there will be no secretary
    - Are the meetings of the board a regular schedule or are they determined along the way
      - Will have monthly meeting and others as seen fit by the board
  - The meetings voting procedure was left out and it should state that anything that is voted on should be a majority vote
  - A discussion about the conflict of interest clause and the code of ethics clause was started
    - A question was brought up if it is in statute that the board needs to have by-laws
      - It is not in statute but it simplifies things and sets out rules and procedures
    - Some board members felt that there was original conflict of interest statements signed when they became appointed to the board
      - The Department will look into finding these
    - Stated that each board member must file a conflict of interest form every year and announce at the top of every vote that they have a conflict
    - Also stated that a financial conflict does not have to be a personal benefit to be a conflict of interest
  - Will take out the clause that says the board will get the meeting handouts five days before the meeting
  - Anne will look at the by-laws again and look for ways to simplify based on the comments the board gave
  
- Nancy started a discussion regarding the revised models
  - Clarified that the changes were made in response to the information CMS gave the department about the inpatient fee structure and their concerns
    - Both the payment and the fee have to be seen as hold harmless before CMS will give their approval
  - The biggest change in the revised models is with the rural hospitals
  - A discussion about how these changes were determined was started
    - If the fee is a flat fee will end up with many rural in the red
    - If we start increasing their rate then they become inflated
    - The challenge is to distinguish the rural hospitals but in a manner that CMS will still be ok with
    - The Department has been tinkering to figure out what the right number is and that is still within the UPL and with no more rural hospital losers

- Also noted that there were issues on the fee side of the model that made a big impact on the end result
- Question was brought up if they should we mix the Medicaid rate cuts in the model or leave it separate
- Consensus to get back to the comfort level of where the Board was before in terms of the benefit to the Rural Hospitals
- Areas the board questioned and made comments on
  - Change the bed number for rural hospital from 25 to 30 or 50 or some other number
  - Look at a level IIIa, b and c to see if that helps – do not feel that there are too many level III NICUs
  - Is there a different way to look at critical access hospitals
  - Look at some area besides critical access
  - Would meeting more often with the consultants help
  - Maybe a fresh set of eyes to look at the model - a new consultant
  - Get more information between meetings

#### **Open for public comment:**

- Tom Nash – CHA
  - Has been working with the Department on a weekly basis
  - Last model that he saw in detail was the November 30<sup>th</sup> model
  - Just saw this version when it was sent out on Friday but has been looking at it since and looking for new ideas
  - Feels that communicating more frequently may be appropriate either between the Board and the Department or just the Department and the consultants

#### **Closed public comment**

- Nancy Dolson started a discussion on the draft annual report
  - The Board can email suggestions of changes or additions to the Department before December 28, 2009 and then the Department will send out revised versions before the next meeting
  - Was commented on that they should not include specific numbers in the cover letter

#### **No public comment on the draft annual report**

#### **The meeting was adjourned at 4:30 pm.**

The next meeting is scheduled for Tuesday, January 12, 2010, from 3:00 pm – 5:00 pm. It will be held at 225 E 16<sup>th</sup> Ave, Room 6a/b, Denver, CO 80203.

"The mission of the Department of Health Care Policy & Financing is to improve access to cost-effective, quality health care services for Coloradans."