



Nursing Facility Provider Fee Advisory Board
August 14, 2012
Meeting Minutes

PRESENT	
John Brammeier	Janet Snipes
Cindy Bunting	Dan Stenerson
Arlene Miles	Chris Stenger
Paul Landry	Greg Traxler
Lori Nelson	
Matt Haynes- HCPF	
Audra Burkhardt- HCPF	
ABSENT	

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|-------------|---|--|
| 3:00 – 3:10 | <input type="checkbox"/> Welcome and Introductions | <i>Matt Haynes, HCPF</i> |
| 3:10 – 3:35 | <input type="checkbox"/> Overview and Purpose of the PFAB <ul style="list-style-type: none"> ○ Goal of Representing Diverse Community Interests ○ Difference between the PFAB and the LTC and NF Advisory Councils <input type="checkbox"/> Member Responsibilities and Expectations <ul style="list-style-type: none"> ○ Meeting Format | <i>Matt Haynes, HCPF</i> |
| 3:35 – 4:00 | <input type="checkbox"/> Member Terms, Refreshing Members, Filling Vacancies, New Member Interest | <i>Matt Haynes, HCPF</i> |
| 4:00 – 4:25 | <input type="checkbox"/> Meeting Schedule
<input type="checkbox"/> FY 2012-13 Provider Fee Update
<input type="checkbox"/> Open Discussion/Question and Answer Period | <i>Matt Haynes, HCPF</i>

<i>Board Members</i> |
| 4:25-4:30 | <input type="checkbox"/> Public Comment, Wrap-Up and Adjournment | |

Presentations:

Introductions were made by all members and staff.

Matt Haynes went over the overview and purpose of the Board, member serving terms, and scheduling.

- The Department wishes to have more open and informative communication with the providers involved in the Nursing Facility Provider Fee program. Gaining multiple perspectives of various types of facilities should lead to a more successful program. The Department would like to keep providers up to date and knowledgeable about the decisions being made and the reasoning behind those decisions. The members of the Board will be able to provide a broad and diverse range of opinions and interests. Members of the Board are asked to be an advocate for the group they are representing. Meetings will follow a consensus model and try to make the best recommendations even when decisions are not unanimous.
- While there are multiple other Boards already in existence that incorporate varying aspects of Nursing Facilities, this Board will specifically focus on one program. The Nursing Facility Provider Fee. This Board will not usurp decisions made by other Boards, such as the Nursing Facility Advisory Committee or the Long Term Care Advisory Committee. In fact, discussions and decisions coming from this Board will be regularly reported to other Boards.
- Overall, the Department would like to build better relationships with providers, discuss challenges with the program, and have a Board who can maintain and improve the current program as well as help steer direction in the case that major changes arise for the program.
- Members were asked to consider for future discussion how they would suggest handling the following:
 - o Member Terms
 - o Board Vacancies
 - o Scheduling Needs

Matt Haynes presented a FY 2012-13 Provider Fee update.

- The FY 2012-13 model was to begin on July 1st, but has not yet been finalized. There have been delays in receiving case mix data used to set rates. The data has recently been received and work has continued to finalize the model. There was also a 1.5% rate cut to MMIS rates per HB 12-1340 that requires a State Plan Amendment change to be approved by CMS. The Department will be submitting the change to CMS soon. In the interim, MMIS rates will stay the same as the FY 2011-12 model and a mass adjustment will be made upon finalizing the new model. There may also be requests from facilities asking for days reconsideration which will need to be done before the model can be finalized and payments can be adjusted. The Department predicts rates will be done in October.
- Upon questioning from Board members, Matt Haynes went in depth on the reconsideration process. When a reconsideration is requested Department staff

calculate how much should be reconsidered as a dollar amount and subtract the amount from the current year's modeled fee obligations. Currently, there are approximately 532,000 days being reconsidered and those facilities could be both paying and receiving less money based upon the outcome. Reconsiderations effect all of the facilities and not solely the ones making the requests. A reduction in fee results in a loss of supplemental payments equal to the fee amount plus the federal match. Colorado has a 50% match, so the decrease in supplemental payments is double the reduced fees from days reconsiderations.

Board Members had an open discussion on what they expect out of the Board.

- Members would like to stay up to date on the model, and be more involved in the modeling process. Hopefully, the Board will result in a better understanding of the program among providers. It is important to have discussions and involvement from providers before making decisions as well as better communication when these decisions are made. Members are pleased to have the opportunity to advocate for specific interests and will as hear the insight and perspective of other parties.

Board Recommendations

- No recommendations were made at this meeting.

The meeting was adjourned at 4:30 pm.

Members will receive communications to help determine the next meeting date.