



Nursing Facility Provider Fee Advisory Board Meeting Minutes

303 East 17th Avenue, Conference Room 11 A

August 19, 2015

1. Call to Order

Matt Haynes called the meeting to order at 01:05 p.m.

2. Roll Call

There were sufficient members for a quorum.

A. Members Present

Paul Landry, John Brammeier, Lonnie Hilzer, Dan Stenerson, Janet Snipes, Arlene Miles, Josh Fant, Doug Farmer

B. Members on the Phone

Chris Stenger, Cindy Bunting, Lori Nelson

C. Members Excused

Greg Traxler

D. Staff Present

Matt Haynes, Kevin Berg, Marnie Montano

3. Approval of Minutes

The minutes from the July 15, 2015 meeting were approved.

4. NPF Model Update

- FY 2015-16 model discussed at last month's meeting was finalized; but there was an error with calculation of Medicaid days due to a nuance in the MMIS system.
 - As a result the department was undercounting days.
 - The amounts of increase or decrease in payments will vary by provider. Some facilities will have decreases, some will see increases.
 - Changing days impacts the distribution of payments for cost over growth cap, True-up, Medicaid percentage payment.
 - Also affects the way the way we calculate the state wide weighted average.
 - Little to no impact on MMIS rates.



- Some components that affected the changes in the model for PASRR II were some facilities had zero paid claims due to change in ownership, and Xerox was holding up the process for their Medicaid certification and they weren't able to bill. These have been corrected as well.
- All of the revisions have been incorporated into the model now and, will be seen in the new letters going out.
 - There are approx. 100 facilities that are going to have lower supplemental payments than stated in the original letters that were sent out
 - 88 facilities that will see increases, 32 facilities that will have no change.
 - Average decrease around \$28,000, avg. increase \$32,557.

5. High level Supplemental Changes

- Decrease in MMIS rate by .20 cents, few facilities will see \$12.45 increase; with the biggest increase being \$14.00.
- The Medicaid % payment, acuity (adjusted) payment, and P4P increase
- PASSR-resident changed slightly due to change in state average by 1-2% (also added PASSR II days)
- Total amount needed for rate true-up payment increased \$3.7 million because of addition of days.
- Total amount needed for General Fund growth cap payment increases 5.2 million due to increase in days and rates.

6. Data Confirmation

- Need to stress the need to fill out the NDS correctly
- Noticed some anomaly situations such as change in ownership
- We need to have confirmation on Medicaid days out as soon as possible, same with PASSR II days
- 30 day window for changes and adjustments, need to start putting timeframe on getting the data

7. Other Business

- The 7/1 rates are based off of as filed cost reports without adjustments
- A few instances where significant changes needed to be made to as filed cost reports
- Is using the interim un-audited rate the right thing to do?
 - If you don't do that you are using data that is two years old
- Very few cost reports that are not having some sort of an adjustment
- Will look at differences and compare
- This is an ongoing issue but likely on a small scale
- **Lonnie Hilzer** - Ideally we would want to use audited data but by doing that it stretches everything out farther



- This is something we can clean up, in the instances where a facility is way over once we true up it brings them right back to their audited rate however those instances where providers under estimates they are not getting back up to their audited rate
- Want to be able to help individual provider when there are significant issues that will impact the provider and the care given while recognizing the need to minimize variances
- Possibly put some parameters around providers ability to amend and timeframes
 - If there is a significant error in cost report it needs to be amended and the request to make that change needs to be within the first 90 days after cost report submitted
 - If the change can't be met within that first 90 days then a 30 day extension needs to be requested in that first 90 days
 - Once the 30 day extension has past then that's it no more changes allowed
- States that don't have a timeline are getting amended cost reports for years

8. Public Comment

No public comments

9. Action Items

The Department will conduct a comparative analysis of audited and unaudited rates for presentation at the next meeting

10. The meeting was adjourned at 02:45 p.m.

Next meeting will be on October 21, 2015 at 1:00 p.m.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Matt Haynes at 303-866-3698 or matt.haynes@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

