



COLORADO

Department of Health Care  
Policy & Financing

## HB09-1293 Oversight and Advisory Board Hospital Provider Fee Meeting Notes

225 East 16th Avenue, Conference Room 11 A/B/C

August 25, 2015

### 1. Call to Order

David Livingston called the meeting to order at 3:08 p.m.

### 2. Roll Call

There were sufficient members for a quorum.

#### A. Members Present

David Livingston, Jeremiah Bartley, Chris Underwood, Dan Rieber, Peg Burnette, Ann King, John Gardner

#### B. Members on the Phone

George O'Brien, Tom Rennell,

#### C. Members Excused

Kathryn Ashenfelter, Bill Heller, Dan Enderson, Mirna Castro

#### D. Staff Present

Nancy Dolson, Matt Haynes, Jeff Wittreich, Kevin Berg, Tracy Gonzales, Dan Pace, Katie Brookler, Gina DeCrescentis

### 3. Approval of Minutes

**John Gardner** motioned to approve the minutes of the June 23, 2015 meeting.  
**Peg Burnette** seconded the motion. Motion passed

### 4. Department Updates

- Hospital Provider Fee Cash Fund balance
  - State has not yet closed books for this year

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

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- Do not expect for there to be more funds than what is expected
- Another update in October
- Hospital Provider Fee program, Medicaid, and Child Health *Plus* expansion population caseload for fiscal year 2014-15 had an average of 343,728 individuals
- Overall caseload for the department is about 1.2 million

## 5. Hospital Quality Incentive Payment (HQIP) Updates

- Emailed all hospitals affected by readmission error
  - Email contained old rate, what effect this had on payment, and new rate and new payment in effect
  - 10 out of 86 hospital requested patient specific readmission data
  - Adjustments to the payments in all of the hospitals have been made and incorporated
- Will have an external person review the logic on the data pull that is done
- Measures for 2015
  - Base Measures-ER process measure, Early elective deliveries, Cesarean births, 30 day hospital readmissions, HCAHPS top box score (patient satisfaction)
  - Optional Measures-Culture of safety, Active participation with RCCO, Advance care planning, Tobacco screening
  - Maintenance Measures-CLABSI, PPE/DVT
- Proposing some changes for 2016 measures
  - Keep ER process measure
  - Remove Early elective deliveries, Colorado is currently at 2.5% rate, national average is 4%. Would be appropriate to move to maintenance measure
  - Would like to move Culture of safety from optional measure into base measure, found significant value in this measure that we would like to roll out to all hospitals
- HQIP payment calculation
  - Total Medicaid charges divided by inpatient Medicaid charges, multiply by Medicaid discharges to get adjusted discharges
  - Take adjusted discharges and multiply by quality points, then multiply by dollars per discharge point (take adjusted quality points and divide by dollars available by HQIP which gives the dollars per discharge point) to get the total incentive payments
- **Peg Burnette** - This is a Medicaid payment so to award a large amount of dollars completely based on the safety score doesn't seem appropriate
- There are hospitals with a small number of Medicaid clients
- Measures are all weighted the same
- All except readmissions are from entire population not just Medicaid population



## 6. Board Action 2015-16 HQIP Measures

- **Peg Burnette** motioned to approve the proposed changes to the HQIP measures. **John Gardner** seconded the motion. Motion passed

## 7. Regulatory Efficiency Review

- State wide effort to review all rules and regulations
- Cycles through different sections of the rule
- The Hospital Provider Fee is now up for review, Sections 8.2000-8.2004
- Provider Fee Unit conducted a review based on the standard of review we are using as a department
- Asked and answered a series of questions designed to focus on whether we are meeting the standards
  - Are the rules duplicative, outdated, overly burdensome, in line with statute
- Findings
  - Section 8.2000 was re-written over the past year
  - 8.2000 Purpose section, is this section even necessary
  - 8.2001 Definitions section, multiple definitions that are outdated. If we are no longer collected data from these programs so does it make sense to still have these definitions
  - 8.2002 Data Reporting section is overly burdensome and outdated. The program has evolved and continues to evolve, we are thinking of better ways to structure payments and to make sure we are meeting the principles that this Board has established. We could probably restructure these rules in a way to still hit the spirit and integrity of the data reporting but still give us the flexibility we need to administer the program as effectively and efficiently as possible.
- **Peg Burnette** – I would agree that the data reporting section seems more like instructions in something the department would put out. The purpose seems to be standard in regulations and it helps the reader to understand.
- The purpose is similar to the legislative intent section of a bill. It doesn't actually have any regulatory authority.
- **Chris Underwood** – Has there been any conversation with the Medical Services Board about their need to continue to approve some of the rates that are in these regulations on a yearly basis? Could it be a presentation every year where they vote on it in a way that there doesn't need to be an update to the regulations every year?
- A lot of the payment rates are no longer in the rule but we instead publish them in the Provider Bulletin for both the state plan and the rule
- **Ann King** – Wording that says we would bring these elements back to the Board so that the Board is still checking on those



## 8. Public Comment

- No public comment

## 9. The meeting was adjourned at 4:22 p.m.

The next scheduled meeting is at 3:00 p.m. on Tuesday, October 27, 2015 at 303 E 17th Avenue, Denver, CO in conference room 11 A/B/C.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Nancy Dolson at 303-866-3698 or [nancy.dolson@state.co.us](mailto:nancy.dolson@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting.

