

Hospital Provider Fee Oversight and Advisory Board Update for the Medical Services Board

Friday, September 11, 2015

Hospital Provider Fee Oversight and Advisory Board (OAB)

At its August 25, 2015 meeting, the OAB approved the Hospital Quality Incentive Payment (HQIP) subcommittee's recommended quality measures for the 2015-16 hospital provider fee model. The 2015-16 base measures include emergency department process, culture of safety, cesarean births, 30-day hospital readmissions, and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) top box scores. The 2015-16 optional measures (for hospitals where one or more base measures are not applicable) include active participation with the Regional Care Collaborative Organization (RCCO), advance care planning, and tobacco screening.

The Department is currently compiling data for calculation of the 2015-16 hospital provider fee model, which it expects to present to the OAB at its October 27, 2015 meeting.

Until the 2015-16 model is developed and fully approved by the OAB, the Medical Services Board, and the Centers for Medicare and Medicaid Services (CMS), hospitals will continue to pay fees and receive payments at the 2014-15 amounts.

Hospital Provider Fee Population Expansion Update

In May 2010 the population expansions for Medicaid Parents to 100% of the federal poverty level (FPL) and for Child Health Plan *Plus* (CHP+) to 250% FPL were implemented. In March 2012, the Medicaid Buy-In Program for Working Adults with Disabilities to 450% FPL was implemented, and in July 2012 the Medicaid Buy-In Program for Children with Disabilities to 300% FPL was implemented. In April 2012, Medicaid coverage for Adults without Dependent Children (AwDC) up to 10% FPL with enrollment capped at 10,000 individuals was implemented. Subsequently, in April 2013, the Department increased the AwDC enrollment cap by 3,000 individuals, then by 1,250 additional individuals each month. On January 1, 2014, pursuant to Senate Bill 13-200, coverage for Medicaid Parents and AwDC was increased to 133% FPL and the waitlist for AwDC clients was eliminated. On March 1, 2014, 12-month continuous eligibility for children enrolled in Medicaid was implemented.

The caseload reported as of July 31, 2015 was as follows:

- 89,976 Medicaid Parents,
- 15,797 CHP+ children and pregnant women,
- 5,670 working adults and children with disabilities, and
- 283,080 Adults without Dependent Children.

Minutes from the June 23, 2015 OAB meeting are attached.

Please contact Chris Underwood at 303-866-4766 or Nancy Dolson at 303-866-3698 if you have questions regarding this update.