HOSPITAL MEETING

Friday, July 7, 2017
8:00 AM – 12:00 PM

Location: The Department of Health Care Policy & Financing, 303 East 17th Avenue, Denver, CO 80203. 11th Floor Rooms A&B.

For more information contact: Diana Lambe at 303.866.5526 or diana.lambe@state.co.us. & Elizabeth Quaife at 303.866.2083 or elizabeth.quaife@state.co.us
Overview of Meeting

- General Hospital Meeting 8:00-10:00
  - Break 10 min.
- General Hospital Meeting cont’d 10:10-noon
## HOSPITAL ENGAGEMENT MEETING TOPICS 7/7/2017  8am-12pm

### General Hospital Meeting
- Hospital Transformation *(Added Topic)*
- New Specialty Hospital Rates Methodology Update
- IPP-LARCs implementation timeline
- Update on GME Q2-2015 Payments
- Cost Settlement Updates
- EAPG Rate Update
- Innovative Medications *(Added Topic)*

### Rate Related System Issues Update
- ICD-10 10/1/2016 update on new Diagnosis Codes
- Transfer Claims Update (affects only Rehabs & LTACs)
- Baby Diagnosis on Mom's Claims
- Mass Adjustment Update for 3 Low Volume Payment Hospitals
- Ongoing Issues Impacting EAPGs
- EAPG Mass Adjustment Scheduling
GROUND RULES FOR WEBINAR

• **WE WILL BE RECORDING THIS WEBINAR**

• We are going to try to avoid muting the phone lines to encourage conversation, so please don’t:
  • Put us on hold
  • Drive in your car w/window open while listening
  • Sit in a noisy location

• Please speak clearly when asking a question and give your name and hospital
Welcome & Introductions

• Thank you for participating today!

• We are counting on your participation to make these meetings successful
Dates for Future Hospital Engagement Meetings in 2017

• 3/3/2017
  The agenda for upcoming meetings will be available on our external website in advance of each meeting.

• 5/5/2017
  [https://www.colorado.gov/hcpf/inpatient-hospital-payment](https://www.colorado.gov/hcpf/inpatient-hospital-payment)

• 7/7/2017
  Registration links for each session during the day will also be available prior to the meeting.

• 9/1/2017
  Just click on the links to register for each session and you will receive the link to connect to the webinar.

• 11/3/2017
Colorado Hospital Transformation Program

Colorado’s Delivery System Reform Incentive Payment (DSRIP) Program

Matt Haynes
Special Finance Projects Manager
2017
On the Road to Better Health
How the Department of Health Care Policy and Financing is Driving Improved Health Care Delivery and Payment Systems in Colorado

1. Taxpayers
   - Clients

2. WHY? Because almost one of four Coloradans is covered by Health First Colorado, HCPF has the ability to move the market.

3. WHO? HCPF partners with key stakeholders.

4. HOW? HCPF works with stakeholders to build a value-based system.


Quadruple Aim
- Lowered Costs
- Improved Quality
- Improved Health
- Provider Satisfaction

Desired Outcome
1. LTSS
2. RAES
3. PCPs
4. FQHCs

Payment Reform Models
Who Gets Payments for Services

Hospitals
$2.8 Billion
32.6%

Pharmacies
$848.9 Million
9.9%
(-$409 Million in rebates)

HCBS Waiver Providers
$842.4 Million
9.9%

Managed Care Organizations
$529.8 Million
6.2%

Physicians, Clinicians, Specialists and Other Providers
$769.7 Million
9.0%

Durable Medical Equipment Providers
$149.4 Million
1.8%

Specialty Facilities
$58.3 Million
0.7%

Laboratories and X-Ray Providers
$76.1 Million
0.9%

Regional Care Collaboration Organization
$107.3 Million
1.3%

Transportation Providers
$41.8 Million
0.5%

Dental Providers
$324.4 Million
3.8%

FQHCs and RHHCs
$189 Million
2.2%

Behavioral Health Organizations and Mental Health Facilities and Centers
$659 Million
7.7%

Nursing Facility and Hospice Providers
$822.6 Million
9.6%

Hmo Health Providers
$345.7 Million
4.0%

FY15-16 data
SB 17-267 - Enterprise

- Establishes the Provider Fee program as a state enterprise
- Directive to pursue Delivery System Reform Incentive Payments
  - Planning Phase
  - Goals
  - Focus Areas
Next Steps

- Stakeholder Re-engagement
  - Program and Community Engagement Process Development
  - Measures and Metrics
  - Application Process and Documents
  - Project Scoring and Valuation
  - Program Evaluation
The Sweet Spot

HCPF Major Initiatives and Priorities

Community Identified Needs and

Sweet Spot

Hospital Priorities and Initiatives
Questions and Discussion
Contact Information

Matt Haynes
Special Finance Projects Manager
Matt.Haynes@state.co.us
New Specialty Hospital Rates
Methodology Update

• Specialty Hospital Analyst: Elizabeth Quaife

• Reviewing Budget Neutral Options to be effective in 2018

• Comparing different options for long-term solution

• Any feedback or questions please contact Elizabeth Quaife at 303.866.2083 or elizabeth.quaife@state.co.us
APR-DRG Weight Changes due to Removal of IPP-LARC

• Utilization of Immediate Post-Partum Long-Acting Reversible Contraceptives (IPP-LARCs / IUDs and Implants) prior to hospital discharge is efficacious in preventing unintentional follow-up pregnancies.

• IPP-LARCs are currently paid as part of the global OB payment, through the APR-DRG system.

• A method to “carve-out” IPP-LARCs from the APR-DRG system has been developed and will be submitted to CMS for approval.

• The Department is planning on instituting this change in payment on July 1, 2017 provided that approval is received from CMS.
IPP-LARCs Implementation

Estimated Timeline

7/1/2017

~October 2017

CMS approval for FY2017-18 rates is received

Mass Adjustment of all claims back to 7/1/2017 to reflect FY2017-18 CMS approved rates and Adjusted Birth DRG weights as proposed.

Please Note: The State has no control over when CMS approves State Plan changes.

CMS approval for IPP-LARCs State Plan change is received

Mass Adjustment of Claims with correct coding will receive payment for IPP-LARCs at this time
### APR-DRG Weight Changes due to Removal of IPP-LARC (7/1/2017)

<table>
<thead>
<tr>
<th>DRG-SOI</th>
<th>Affected Birth DRGs FY2015-16</th>
<th>Weight w/ LARCs</th>
<th>Weight w/LARCs removed</th>
<th>Difference in Weights</th>
</tr>
</thead>
<tbody>
<tr>
<td>540-1</td>
<td>3,277</td>
<td>0.5893</td>
<td>0.5853</td>
<td>0.0040</td>
</tr>
<tr>
<td>540-2</td>
<td>less than 30</td>
<td>0.9434</td>
<td>0.9394</td>
<td>0.0040</td>
</tr>
<tr>
<td>540-3</td>
<td>less than 30</td>
<td>1.3456</td>
<td>1.3416</td>
<td>0.0040</td>
</tr>
<tr>
<td>540-4</td>
<td>141</td>
<td>3.1956</td>
<td>3.1916</td>
<td>0.0040</td>
</tr>
<tr>
<td>542-1</td>
<td>1,238</td>
<td>0.3787</td>
<td>0.3747</td>
<td>0.0040</td>
</tr>
<tr>
<td>542-2</td>
<td>less than 30</td>
<td>0.5629</td>
<td>0.5589</td>
<td>0.0040</td>
</tr>
<tr>
<td>542-3</td>
<td>less than 30</td>
<td>1.0438</td>
<td>1.0398</td>
<td>0.0040</td>
</tr>
<tr>
<td>542-4</td>
<td>9,286</td>
<td>4.8252</td>
<td>4.8212</td>
<td>0.0040</td>
</tr>
<tr>
<td>560-1</td>
<td>719</td>
<td>0.4795</td>
<td>0.4755</td>
<td>0.0040</td>
</tr>
<tr>
<td>560-2</td>
<td>6,850</td>
<td>0.5601</td>
<td>0.5561</td>
<td>0.0040</td>
</tr>
<tr>
<td>560-3</td>
<td>99</td>
<td>0.7559</td>
<td>0.7519</td>
<td>0.0040</td>
</tr>
<tr>
<td>560-4</td>
<td>1,718</td>
<td>2.2333</td>
<td>2.2293</td>
<td>0.0040</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>23,393</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Maternity Immediate Post-Partum Long-Acting Reversible Contraceptives

- Proposed method for extra “carve-out” payment of Immediate Post Partum LARCs (Long Acting Reversible Contraceptives)

### Requirements for Inpatient Hospital IPP-LARCs Claims

<table>
<thead>
<tr>
<th>Diagnosis Codes</th>
<th>JCODE</th>
<th>Modifier</th>
<th>NDC</th>
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</thead>
<tbody>
<tr>
<td>Z30.430</td>
<td>J7298</td>
<td>FP</td>
<td>5041942101</td>
</tr>
<tr>
<td>Z30.49</td>
<td>J7307</td>
<td>FP</td>
<td>00052027401</td>
</tr>
</tbody>
</table>

**LARCS Supplement Paid**

<table>
<thead>
<tr>
<th>Diagnosis Codes</th>
<th>JCODE</th>
<th>NDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z30.430</td>
<td>J7298</td>
<td>5041942101</td>
</tr>
</tbody>
</table>

**LARCS Supplement Not Paid**

Any claims submitted without the FP modifier or any other required codes will not receive payment for the LARCS supplement.

*Please note, The Department is only recommending what needs to appear on a claim in order to receive credit for inserting an IPP-LARCs*
APR-DRG Weight Changes due to Removal of IPP-LARC

• After adjusting the APR-DRG weights for 540, 542 & 560, new CMIs were created for each hospital and entered into the base rate setting calculations.

• Hospitals base rates increased by an average of $0.23 ($0.18 - $0.46) which translates to a reduction in the overall budget for FY2017-18 of $574,865.

• In FY2015-16, DRGs 540, 542 & 560 accounted for 23,393 discharges out of a total of 95,262 total discharges or nearly 25% of all discharges.
**APR-DRG Weight Changes due to Removal of IPP-LARC**

<table>
<thead>
<tr>
<th>LARC DEVICE NAME</th>
<th>HCPCS/CPT CODE</th>
<th>NDC</th>
<th>Current Nov-2016 FFS Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skyla IUD- Levonorgestrel IUS 13.5mg - 3 years</td>
<td>J7301</td>
<td>50419042201</td>
<td>$715.85</td>
</tr>
<tr>
<td>Mirena IUD- Levonorgestrel IUS 52mg - 5 years</td>
<td>J7298 changed as of 1/1/16 / J7302 discontinued code</td>
<td>50419042101</td>
<td>$892.99</td>
</tr>
<tr>
<td>Nexplanon - etonogestrel 68mg Implant - 3 years</td>
<td>J7307</td>
<td>52027401/52027201 - for Implanon (being phased out as July 2016)</td>
<td>$777.37</td>
</tr>
<tr>
<td>Paragard - (CuT38A)- 10 years</td>
<td>J7300</td>
<td>51285020401</td>
<td>$742.70</td>
</tr>
<tr>
<td>Liletta IUD- Levonorgestrel IUS 52mg - 3 years</td>
<td>J7297 new code as of 1/1/16</td>
<td>Two-handed inserter: 5254403554/52544003554 One-handed inserter: 0023585801/0023585801</td>
<td>$656.25</td>
</tr>
<tr>
<td>Kyleena - NEW IUD - Levonorgestrel IUS 19.5mg - 5years</td>
<td>Q9984 - NEW code as of 7/1/17</td>
<td>50419-424-01 50419-424-08 50419-424-71</td>
<td>Per invoice/Suggested Manuf Retail $858.33</td>
</tr>
</tbody>
</table>

LARCs insertions will be paid between $656 - $893 Average = $774
APR-DRG Weight Changes due to Removal of IPP-LARC

- IPP-LARCs insertions will be paid an average of $774
- Using the LARCs average above, and based on the 712 claims we were able to identify in 2015, the Department would pay $551,088 for IPP-LARCs insertions.
Newborn on Mother’s Claim

- Proper billing procedures for Newborn on Mother’s Claim can be found in the Inpatient/Outpatient Billing Manual.

- If the Mother is in the hospital, the mother and baby's charges (procedure and diagnosis codes) are billed on one claim as one stay. Services should be billed on the mother’s claim until the time the mother is discharged.

- If procedures for the newborn were performed during the mother’s stay, they should only appear on the mother’s claim. They should not appear on the newborn’s claim after the mother was discharged. If they do appear on the newborn’s claim, the claim will deny.

- Mother’s claims with a newborn diagnosis or procedure that has an age or gender restriction are currently encountering errors. The Department is working on a solution to this problem.
Innovative Medications

• The prevalence of innovative drugs is increasing
  ➢ Spinraza
  ➢ Brineura

• These drugs often treat a small population at a high price

• Since current hospital payment methodologies are based on costs it takes several years to incorporate these costs into the payments
Innovative Medications

• We have been researching various options but this is a very resource intensive process

• Addressing individual drugs is not a sustainable option

• The larger issue that needs to be addressed is how to update payment methodologies with data that is more recent than ~3 years in the past
GME Q2-2015 Payments

• Payments to Hospitals awaiting their GME Q2-2015 payments were made prior to the fiscal year end close on 6/30/2017.

• GME Hospitals should receive the payments very soon if they haven’t already received them.

• Letters sent to hospitals detailing the payments were sent in December 2016. If you need another copy of the letter please contact diana.lambe@state.co.us or 303.866.5526. Thank you for your patience.
OVERVIEW OF MASS ADJUSTMENTS

9,501 Claims

8,484 ICD10 New Diagnosis/New Surgical Procedure Codes Claims
10/1/2016 - 2/28/2017
- 3,948 Paid Claims
- 4,536 Denied Claims

722 claims CMS Rural Demonstration Hospitals – LVP restored, paid dates >= 7/1/2016 & <= 5/5/2017

214 Claims processed after 3/1/2017 using wrong DRG version

122 LTAC/Rehab Transfer Claims
3/1/2017 – 5/2/2017

*Numbers are subject to change due to adjustments made by Providers or Department staff
The old MMIS system was not able to recognize the new ICD10 Diagnosis and Surgical Procedure Codes that were instituted on 10/1/2016. The New MMIS was able to correctly process these claims as of 3/1/2017.

<table>
<thead>
<tr>
<th>HOSPITAL SYSTEM</th>
<th>HOSPITAL NAME</th>
<th>COUNT(CLM_TCN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denver Health Medical Center, Hospital</td>
<td>Denver Health Medical Center, Hospital</td>
<td>1070</td>
</tr>
<tr>
<td>UC HEALTH</td>
<td>University of Colorado Hospital</td>
<td>895</td>
</tr>
<tr>
<td>UC HEALTH</td>
<td>Memorial Hospital</td>
<td>767</td>
</tr>
<tr>
<td>SCL Health</td>
<td>Exempla Saint Joseph Hospital, Inc.</td>
<td>456</td>
</tr>
<tr>
<td>Centura Health</td>
<td>Centura Health-Penrose-St. Francis Health Services</td>
<td>368</td>
</tr>
<tr>
<td></td>
<td>Parkview Medical Center</td>
<td>343</td>
</tr>
<tr>
<td>SCL Health</td>
<td>Exempla Lutheran Medical Center</td>
<td>338</td>
</tr>
<tr>
<td>HealthOne</td>
<td>HealthOne The Medical Center of Aurora</td>
<td>276</td>
</tr>
<tr>
<td>UC HEALTH</td>
<td>Poudre Valley Hospital</td>
<td>250</td>
</tr>
<tr>
<td>Banner</td>
<td>Banner Health-North Colorado Medical Center</td>
<td>237</td>
</tr>
<tr>
<td>HealthOne</td>
<td>HealthOne Swedish Medical Center</td>
<td>220</td>
</tr>
<tr>
<td>Centura Health</td>
<td>Centura Health-St. Anthony North Hospital</td>
<td>196</td>
</tr>
<tr>
<td>HealthOne</td>
<td>HealthOne North Suburban Medical Center</td>
<td>192</td>
</tr>
<tr>
<td>HealthOne</td>
<td>HealthOne Presbyterian/St. Luke's Medical Center</td>
<td>164</td>
</tr>
<tr>
<td>Centura Health</td>
<td>Centura Health-St. Anthony Central Hospital</td>
<td>163</td>
</tr>
<tr>
<td>Centura Health</td>
<td>Centura Health-Avista Adventist Hospital</td>
<td>158</td>
</tr>
<tr>
<td>The Children's Hospital</td>
<td>The Children's Hospital</td>
<td>152</td>
</tr>
<tr>
<td>HealthOne</td>
<td>HealthOne Rose Medical Center</td>
<td>150</td>
</tr>
<tr>
<td>SCL Health</td>
<td>Exempla Good Samaritan</td>
<td>149</td>
</tr>
<tr>
<td>UC HEALTH</td>
<td>Medical Center of the Rockies</td>
<td>144</td>
</tr>
<tr>
<td>SCL Health</td>
<td>St. Mary's Hospital and Medical Center, Inc.</td>
<td>142</td>
</tr>
<tr>
<td>Centura Health</td>
<td>Centura Health-St. Mary Corwin Medical Center</td>
<td>138</td>
</tr>
<tr>
<td>Centura Health</td>
<td>Centura Health-Longmont United Hospital</td>
<td>118</td>
</tr>
<tr>
<td>Centura Health</td>
<td>Centura Health-Parker Adventist Hospital</td>
<td>116</td>
</tr>
<tr>
<td>HealthOne</td>
<td>HealthOne Sky Ridge Medical Center</td>
<td>112</td>
</tr>
</tbody>
</table>

8,484 ICD10 New Diagnosis/Surgical Procedure Codes Claims 10/1/2016 - 2/28/2017
CMS Rural Demonstration Hospitals

- Mass adjustment of inpatient claims for three rural providers whose Low Volume Payments were restored for FY Rates effective 7/1/2016 due to participation in the CMS Rural Hospital Demonstration Program.

722 claims CMS Rural Demonstration Hospitals – LVP restored, paid dates >= 7/1/2016 & <= 5/5/2017

<table>
<thead>
<tr>
<th>HOSPITAL NAME</th>
<th>COUNT(ICN_NBR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STERLING REGIONAL MEDCENTER</td>
<td>228</td>
</tr>
<tr>
<td>YAMPA VALLEY MEDICAL CENTER</td>
<td>167</td>
</tr>
<tr>
<td>DELTA COUNTY MEMORIAL HOSPITAL</td>
<td>327</td>
</tr>
<tr>
<td>TOTAL</td>
<td>722</td>
</tr>
</tbody>
</table>
Transfer Payments to LTACs and Rehabs

- It was brought to our attention that transfers for LTACs and Rehabs were receiving a cutback payment (payment on DRG Per Diem if less than ALOS) when these hospitals should receive full reimbursement and outlier days where appropriate.

122 LTAC/ Rehab Transfer Claims
3/1/2017 – ~5/1/2017

<table>
<thead>
<tr>
<th>Hospital Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado Acute Long Term Hospital</td>
</tr>
<tr>
<td>Craig Hospital</td>
</tr>
<tr>
<td>HealthOne Spalding Rehabilitation Hospital</td>
</tr>
<tr>
<td>HealthSouth Littleton Rehabilitation</td>
</tr>
<tr>
<td>HealthSouth Rehabilitation Hospital of Colorado Springs</td>
</tr>
<tr>
<td>Kindred Hospital - Colorado Springs</td>
</tr>
<tr>
<td>Kindred Hospital - Denver South</td>
</tr>
<tr>
<td>Kindred Hospital Aurora/SCCI</td>
</tr>
<tr>
<td>Northern Colorado Long Term Acute Hospital</td>
</tr>
<tr>
<td>Northern Colorado Rehabilitation Hospital</td>
</tr>
</tbody>
</table>
ICD10 – Claims processed on new iC system with wrong APR-DRG Version

<table>
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<tr>
<th>HOSPITAL SYSTEM</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Banner</td>
<td>Banner Health-North Colorado Medical Center</td>
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<td>Boulder Community Health</td>
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<tr>
<td>Centura Health</td>
<td>Centura Health-Avista Adventist Hospital</td>
</tr>
<tr>
<td>Centura Health</td>
<td>Centura Health-Longmont United Hospital</td>
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<tr>
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<td>Centura Health-Porter Adventist Hospital</td>
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<td>Centura Health</td>
<td>Centura Health-St. Anthony Central Hospital</td>
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<td>Centura Health-St. Mary Conwin Medical Center</td>
</tr>
<tr>
<td>Centura Health</td>
<td>Centura Health-St. Thomas More Hospital</td>
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<tr>
<td>Denver Health Medical Center, Hospital</td>
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<tr>
<td>SCL Health</td>
<td>Exempla Good Samaritan</td>
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<td>HealthOne</td>
<td>HealthOne Swedish Medical Center</td>
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<td>HealthOne The Medical Center of Aurora</td>
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<td>HealthSouth</td>
<td>HealthSouth Rehabilitation Hospital of Co Spgs</td>
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<tr>
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<td>University of Colorado Hospital</td>
</tr>
</tbody>
</table>

214 Claims processed after 3/1/2017 w/wrong APR-DRG version
Engagement Opportunity

Requesting for one or two hospital systems whom are willing to be a partner in testing mass adjustments.
Cost Settlement Updates

• Departure of former Hospital Liaison

• Process being internally re-developed
  ➢ Communications May Appear Different

• Backlog being processed – may receive several letters for cost settlements

• Providers may only need to make procedural changes
EAPG Rate Update

• Rate Setting Methodology Review
  ➢ Pediatric Age Adjustor
  ➢ Rural Percentage Add-on
    ▪ Critical Access Hospitals?
  ➢ GME Add-on
  ➢ Regional Variances in Wage
  ➢ Anything else?
  ➢ May 5 Spreadsheet for Rate Methodology

• Pending CMS Approval, 1.4% Rate Update Effective July 1, 2017.
Scheduling of EAPG 10/31/2016 to 2/28/2017 Mass Adjustment

• interChange implementation delay from 10/31/16 to 3/1/17

• Claims paid using the interim payment methodology, but will need to be re-processed under EAPGS

• Potential Payment issues to be resolved (reviewed on next slide)

• Plan to provide two weeks notice – best ways to communicate?
Outstanding Issues Involving EAPG Payment

- Revenue Code 0250 (Pharmacy) Issue
  - Some codes are not being passed to EAPG Grouper during claims processing

- EAPG to EAPG Duplicate Edit Payments
  - Resulting in Overpayments

- Medicare Crossovers
  - Should only pay coinsurance and deductible with no comparison to Medicare payment
Outstanding Issues Involving EAPG Payment

• 3M Software / interChange differing payment logic causing variances in payment

• Other issues may be found on Known Issues & Updates
Questions and Discussion
Thank You!

Shane Mofford
Payment Reform Section Manager
Shane.Mofford@state.co.us

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