HOSPITAL MEETING

Friday, January 12, 2018
9:00 AM – 12:00 PM

Location: The Department of Health Care Policy & Financing, 303 East 17th Avenue, Denver, CO 80203. 7th Floor Rooms B&C.

Conference Line: 1-877-820-7831 Passcode: 294442#

For more information contact: Elizabeth Quaife at elizabeth.quaife@state.co.us

Overview of Meetings

• General Hospital Meeting	9:00-10:00
• Break	10 min.
• General Hospital Meeting cont'd	10:10-12:00
• Lunch Break	12:00-2:00
• EAPG Engagement Meeting	2:00-4:00

HOSPITAL ENGAGEMENT MEETING TOPICS 1/12/2018 9am-12pm
• **General Hospital Meeting**
- Specialty Hospital Update
- Claim Escalations Process
- Copays
- EAPG Update
- Type of Bill 12X
- Items Pending Additional Research
• **Rate Related System Issues Update**
- IPP-LARCs Update
- Mass Adjustment Update
- Z3 Diagnosis Code Issues
- FY 2018-19 Changes to Medicare Low Volume Payment

GROUND RULES FOR WEBINAR

- **WE WILL BE RECORDING THIS WEBINAR**
- **ALL LINES ARE MUTED. PLEASE UTILIZE WEBINAR CHAT WINDOW**
- Please speak clearly when asking a question and give your name and hospital
- If you wish to utilize the conference line for speaking, please submit the request through webinar chat window. We will temporarily mute the microphones and activate the conference line. This may take a few moments.

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 2018

- ~~1/12/2018~~
- 3/2/2018
- 5/4/2018
- 7/13/2018
- 9/7/2018
- 11/2/2018

The agenda for upcoming meetings will be available on our external website in advance of each meeting.
https://www.colorado.gov/pacific/hcpf/hospital-engagement-meetings

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

Just click on the links to register for each session and you will receive the link to connect to the webinar.

Meetings will now begin at 9am starting with 11/3/2017 meeting

Specialty Hospital Meetings

Specialty Hospital Engagement Meetings
~~1/12/2018 1pm-2pm~~ CANCELED
2/2/2018 1pm-2pm, Conference Room 7A
TBA

- Updates on Budget Neutral Proposal
- Volunteers for Onsite Visits
  Would like to meet with most LTACs and Rehabs at least once prior to end of the year.

Claim Escalation Process

What Rates is receiving during escalations:

Can you look at Claim number XXXXXXXXX.

Can you help me with EAPGs

The information is vague and we are having to do a full analysis with the claim or go back and forth with Provider to get more information on what is going on. This is taking up Analyst's and Provider's time unnecessarily. Impacting other tasks such as coordinating Mass Adjustments or writing of Transmittals.

Questions on claims or system should go through DXC first prior to escalation with few exceptions.

DXC Provider Services Call Center: 1-844-235-2387

Claim Escalation Process (cont)

Escalate Claims if:

1. Contacted DXC and received conflicting information from either DXC rep to DXC rep or State and DXC rep, obtain CTNs (call tracking number)
2. Contacted DXC and unable to resolve issue, obtain CTN (call tracking number)
3. Department has asked for specific case examples. Can bypass DXC and contact representative specified for topic
4. Issue previously escalated to Department and not resolved
    - Example: Part of Mass Adjustment Test. Test went through and another denial has occurred and reporting back to Department results of Mass Adjustment.
5. Topics generally outside of Rates Department (if received, typically forwarded to correct Department)
    - Timely Filing
    - Enrollment
    - Portal issues
    - Transportation

Note: If escalated to Rates Department, issue may be forwarded to a different department to obtain resolution if outside of Rates' knowledge. Example: Issues with the Portal will be forwarded to Systems

Provider Checklist for Escalation:

When escalating a claim make sure to:

1. Check Known Issues Page
2. Confirm that no one else in Provider Hospital is escalating the same claim/question
3. Provide CTN (Call Tracking Number) from DXC
4. Provide advice received from DXC
5. Provide ICN /Claim number
6. Provide explanation for the escalation
   - Claim under/over paid
   - Claim denied. What was the denial reason?
   - Responding to a previous issue
7. Provider's calculation of the claim, what was paid vs what should have been paid. OR
   Denial codes received OR
   Steps taken to resolve previously escalated claim with new denial code(s)/reason(s) for re-escalation

Escalation Examples

Can you help me with Claim XXXXXXXX. I contacted DXC, CTN YYYYYYYYY, they do not know why the claim was denied. Denial reason EOB 1234 and EOB 5678. Thank you for any assistance.

Can you help me with Claim XXXXXXXX. I contacted DXC, CTN YYYYYYYYY, they said the claim was paid correctly. We were paid $1234.56 I calculated our payment at $4567.89 using the following methodology …. It appears to have grouped correctly but I am not sure why the payment discrepancy. Any guidance appreciated.

Why this is helpful:

Providing complete information allows timely responses/investigation from the Department. Can pull the claim, review issues and review resolutions. When appropriate, Department will then forward information to DXC for additional training opportunities to assist with future calls.

→Co-payments

→In accordance to SB17-267

The emergency status of an Emergency Department visit must be determined by the hospital/provider. The Colorado interChange will deduct a $6 co-payment amount, for all co-payment eligible members, from the UB-04 (837I) claim, based on the presence of Revenue Code 0456 or Revenue Code 0459 on the claim.

Service	Dates of service on and prior to December 31, 2017	Dates of service on and after January 1, 2018
Outpatient Hospital visit	$3	$4
Outpatient Hospital non-emergent emergency room visit	$3	$6

EAPG Updates

- New Grouper Update – released 12/27
  - Accommodates CPT/HCPCS Updates
  - Distinct Procedure Modifiers

- Mass adjustments began mid-November – still finishing work, assessing results

- No solidified schedule for EAPG claims processed in Xerox system

EAPG Bi-Weekly Meetings

2018 Meetings, Conference Room 7B, 2:00pm-4:00pm		
01/12/2018	01/26/2018	02/09/2018
03/02/2018	03/16/2018	03/30/2018
04/13/2018	05/04/2018	05/18/2018
06/01/2018	06/15/2018	06/29/2018

Please Note: Future 2018 Meetings will be held at 303 E. 17th Ave Denver Conference Room 7B

Type of Bill 12X

- Inpatient Hospital (Medicare Part B only)
- Initial Department plan to pay these claims using crossover claim payment policies
- Proposed solution from various sources
  - Automatic Denials

Pending Additional Research

The following items have been discussed at previous meetings and are pending while additional research/processes are being completed

- Baby on Mom's Claim
- Admin Date/From Date
- Interim Billing
- Professional Fees

Delay in IPP-LARC Implementation

- Approval for the IPP-LARC payment carve-out has been delayed.

- Methods are being developed for interChange claims system modifications to support IPP-LARC carve-out from identified DRGs.

- The Department continues to seek regulatory approval for IPP-LARC related Rule and State Plan Amendment (SPA) changes and plans on implementing this payment change once final approvals are received.

For questions – please contact Melanie Reece at melanie.reece@state.co.us

Mass Adjustments Updates

Inpatient Claims reduced by Nursing Home Patient Liability

372 Claims were affected and were reprocessed on 1/5/2017.

Please note that some claims did apply patient liability again since the claims contain patient liability submitted by the provider.

ClaimType	ClaimStatus	Count	Total	% Claim Status
Inpatient Xover	Paid	223		
Inpatient	Paid	130	353	94.9%
Inpatient Xover	Suspend	9		
Inpatient	Suspend	10	19	5.1%
TOTAL		**372**		**100.0%**

If you still see any problems with these claims, please contact Diana Lambe with the ICNs at diana.lambe@state.co.us.

MASS ADJUSTMENT TESTING UPDATE

~40 Legacy Xerox Claims w/Detail Dates <> 1/1/1900

- Denying for edits related to Bundling of Procedures occurring 24 hours before/after admit/discharge from hospital.
  - System fixes will be instituted in the next two weeks to allow for bundling of procedures. After that fix, we will run another test to determine whether there are other edits that will prevent payment before targeting the ~4,000 claims affected.
- Testing is done to prevent harm to providers if the claim is denied and payment is withdrawn.

Numbers are subject to change due to adjustments made by Providers or Department staff

Legacy Xerox Claims still needing to be Mass Adjusted

Legacy Xerox Claims w/discharge dates on or before 2/28/2017:	
Claim Detail Line Dates = 1/1/1900	~ 48% of claims
Hospital has new Medicaid ID on new system which prevents claims from Old MMIS correctly processing.	All Legacy Claims are Affected
Medicare Paid Date = 1/1/1900 preventing the new system from recognizing Medicare Payment for Inpatient & Outpatient Cross-over claims.	Relatively small number of claims

We are in continuing discussions with DXC regarding resolution strategies and timing.

Newborn Diagnosis Codes

Two Issues:

1. Three Newborn Diagnosis codes disallowed as Principal/Primary Diagnosis on interChange system.

2. 3M APR-DRG Grouper limits allowance of Newborn Diagnosis Codes based on age in days of child upon admission.

We will be in discussions the next few weeks to determine how to best communicate to providers the parameters expected by the 3M APR-DRG Grouper Version 33.

Newborn Diagnosis Codes

CDE_DIAG	DSC_SHORT
Z38	LIVEBORN INFANTS ACCORDING TO PLACE OF BIRTH AND TYPE OF DEL
Z380	SINGLE LIVEBORN INFANT, BORN IN HOSPITAL
Z3800	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY
Z3801	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN
Z381	**SINGLE LIVEBORN INFANT, BORN OUTSIDE HOSPITAL**
Z382	SINGLE LIVEBORN INFANT, UNSPECIFIED AS TO PLACE OF BIRTH
Z383	TWIN LIVEBORN INFANT, BORN IN HOSPITAL
Z3830	TWIN LIVEBORN INFANT, DELIVERED VAGINALLY
Z3831	TWIN LIVEBORN INFANT, DELIVERED BY CESAREAN
Z384	**TWIN LIVEBORN INFANT, BORN OUTSIDE HOSPITAL**
Z385	TWIN LIVEBORN INFANT, UNSPECIFIED AS TO PLACE OF BIRTH
Z386	OTHER MULTIPLE LIVEBORN INFANT, BORN IN HOSPITAL
Z3861	TRIPLET LIVEBORN INFANT, DELIVERED VAGINALLY
Z3862	TRIPLET LIVEBORN INFANT, DELIVERED BY CESAREAN
Z3863	QUADRUPLET LIVEBORN INFANT, DELIVERED VAGINALLY
Z3864	QUADRUPLET LIVEBORN INFANT, DELIVERED BY CESAREAN
Z3865	QUINTUPLET LIVEBORN INFANT, DELIVERED VAGINALLY
Z3866	QUINTUPLET LIVEBORN INFANT, DELIVERED BY CESAREAN
Z3868	OTHER MULTIPLE LIVEBORN INFANT, DELIVERED VAGINALLY
Z3869	OTHER MULTIPLE LIVEBORN INFANT, DELIVERED BY CESAREAN
Z387	**OTHER MULTIPLE LIVEBORN INFANT, BORN OUTSIDE HOSPITAL**

Diagnosis Codes Z381, Z384 and Z387 were not accepted as primary diagnoses starting 3/1/2017.

Their status will be updated ASAP to be accepted as Primary Diagnosis Codes.

Newborn Diagnosis Codes

MDC 15 Newborns and other neonates with conditions originating in the perinatal period

All Patient Refined Diagnosis Related Groups (APR DRG) Classification System defines MDC (Major Diagnostic Category) 15 as:

1	Age at admission = 0-7 days; or
2a	Age at admission = 8-14 days and birthweight <1,000 grams; or
2b	Age at admission = 8-14 days, birthweight 1,000-1,999 grams, and procedure from MDC 15 List of Major O.R. (operating room) Procedures; or
2c	Age at admission = 8-14 days, birthweight 1,000-1,999 grams, and mechanical ventilation (procedure codes 9670, 9671 and 9672); or
2d	Age at admission = 8-14 days and principal diagnosis of an acute perinatal problem. *Refer to the list of principal diagnoses on page 93*; or
3a	Age at admission = 15-28 days and principal diagnosis of a specific perinatal complications. *Refer to the list of principal diagnoses on page 101*; or
3b	Age at admission = 15-28 days with a secondary diagnosis of a specific perinatal complication with certain operating room or non-operating room procedures. *Refer to the list of secondary diagnoses and operating room and non-operating room procedures on page 101*.

Overall, the approach of the classification system is to include newborns and other neonates with problems arising at or shortly after birth in MDC 15, and to place older neonates who are generally readmissions from home and treated in different patient care units, to more disease specific groups in the other body system specific MDCs.

This is the APR-DRG Website that 3M provides for non-clients.
Website: www.aprdrgassign.com
Login: COHosp
Passwd: aprdrg001

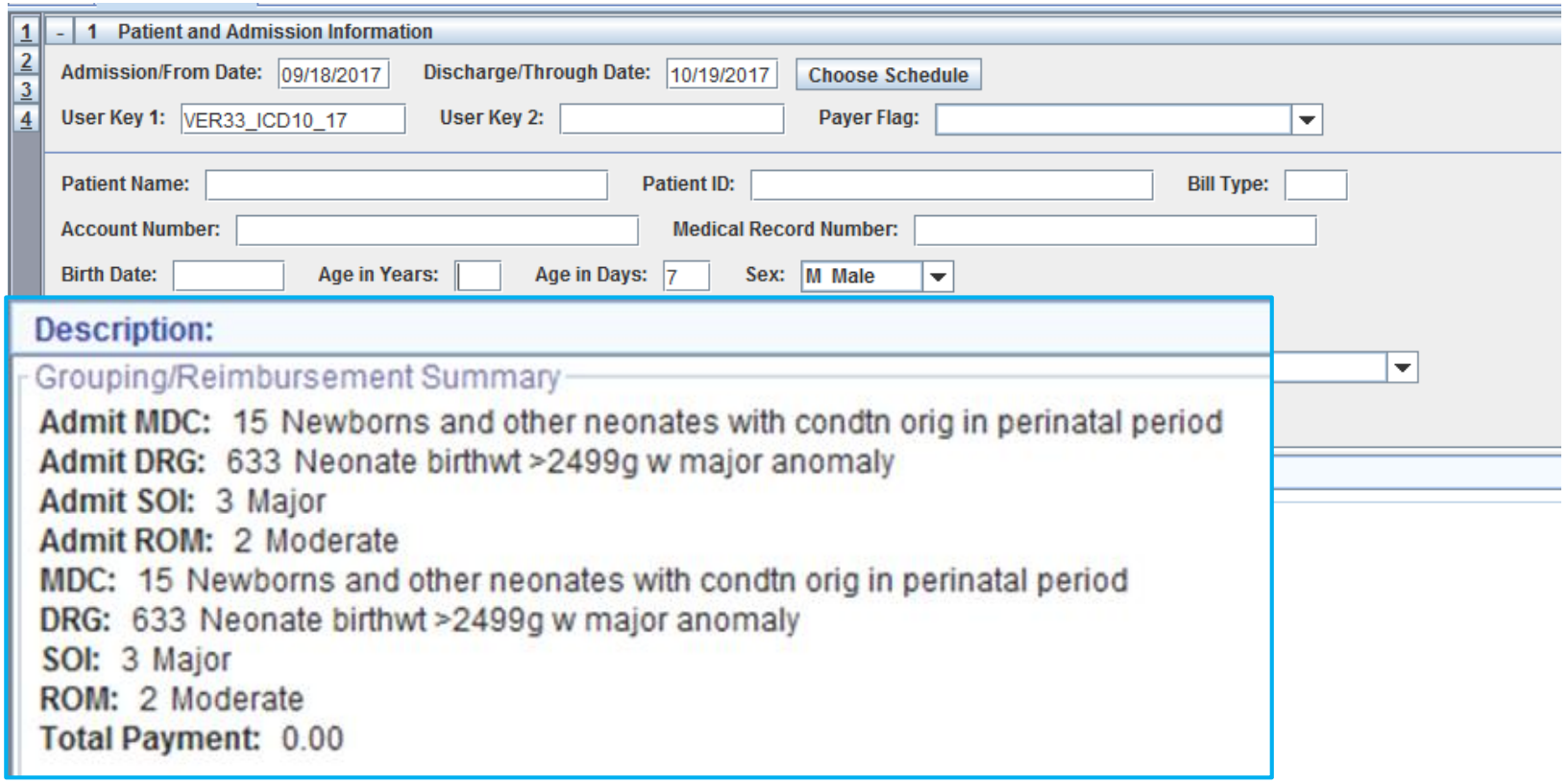
Newborn Diagnosis Codes

Demonstration of 3M APR-DRG Grouper, Version 33:

Admit & Principal Diagnosis = Z3801

Age in Days (Admit Date – Birth Date): 7 days

Groups to APR-DRG 633-3 Neonate birthwt>2499g w/major anomaly



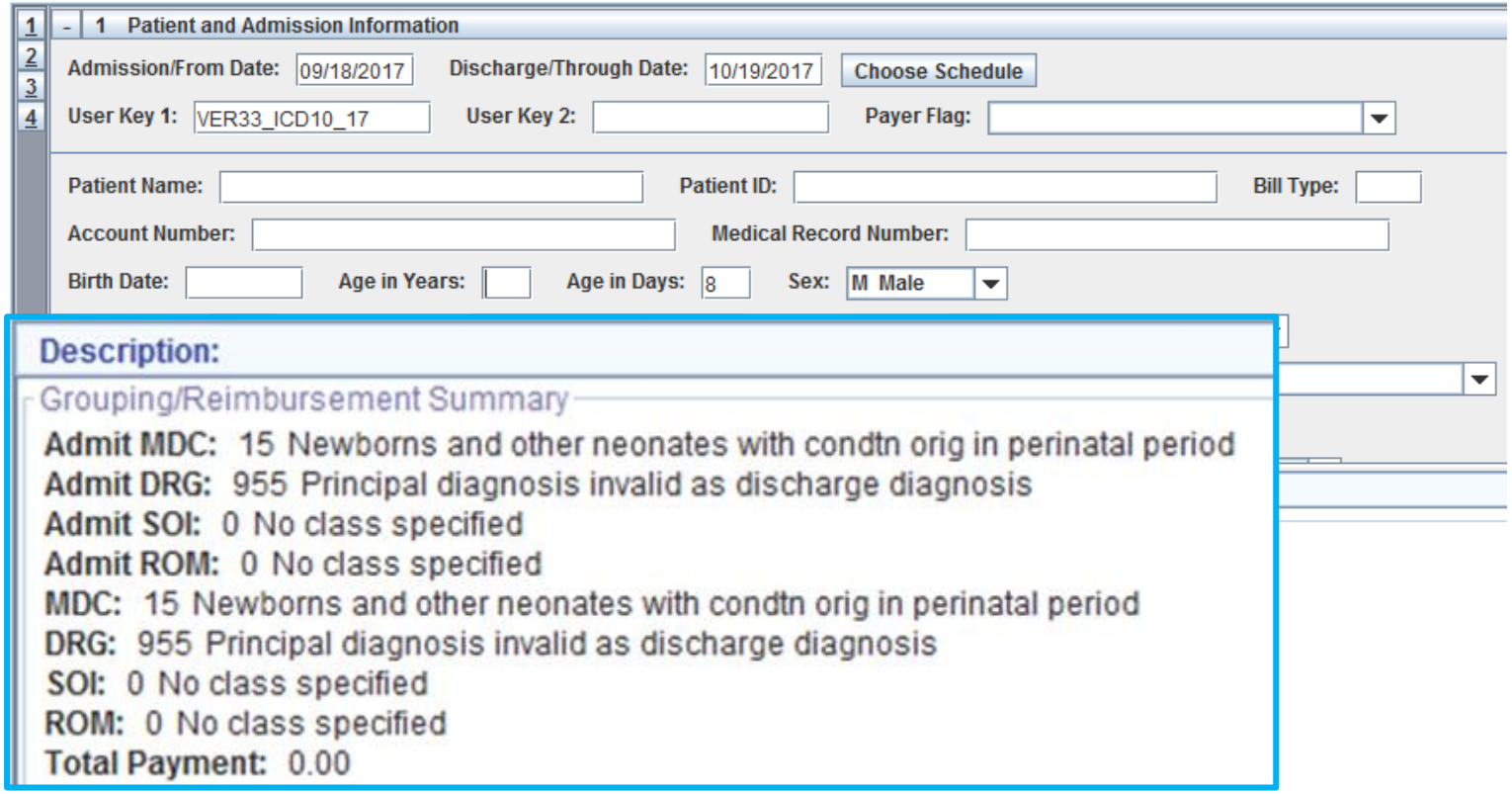
Newborn Diagnosis Codes

Demonstration of 3M APR-DRG Grouper, Version 33:

Admit & Principal Diagnosis = Z3801

Age in Days (Admit Date – Birth Date): 8 days

Groups to APR-DRG 955: Principal diagnosis invalid as discharge diagnosis



FY 2018 Medicare Base Rate - Low Volume Payment (LVP) Adjustment

1. Change in 2018 CMS Qualification Criteria:
   a) ~14 hospitals qualified for LVP in 2017, and currently only know of one hospital qualifying for 2018

2. Participation in CMS Rural Community Hospital Demonstration

3. Spoke with Hospital Intermediary and they say it is still possible to submit paperwork to receive LVP for 2018.
   a) Are any hospitals planning on submitting?

1. Change in CMS Qualification Criteria

412.101 Special treatment: Inpatient hospital payment adjustment for low-volume hospitals.

(2) In order to qualify for this adjustment, a hospital must meet the following criteria, subject to the provisions of paragraph (e) of this section:

(i) For FY 2005 through FY 2010 and FY 2018 and subsequent fiscal years, a hospital **must have fewer than 200 total discharges**, which includes Medicare and non-Medicare discharges, during the fiscal year, based on the hospital's most recently submitted cost report, **and be located more than 25 road miles** (as defined in paragraph (a) of this section) from the nearest "subsection (d)" (section 1886(d) of the Act) hospital.

(ii) For FY 2011 through FY 2017, a hospital must have **fewer than 1,600 Medicare discharges**, as defined in paragraph (a) of this section, during the fiscal year, based on the hospital's Medicare discharges from the most recently available MedPAR data as determined by CMS, **and be located more than 15 road miles**, as defined in paragraph (a) of this section, from the nearest "subsection (d)" (section 1886(d) of the Act) hospital.

2. Participation in CMS Rural Community Hospital Demonstration

In previous years, hospitals participating in this demonstration had $0.00 in their LVP Adjustment from the fiscal intermediary (Novitas/WPS) despite qualifying.

Currently looking into this now, but our understanding is that none of the hospitals participating in this demonstration now qualify for LVP in 2018.

- Do you disagree? If yes, contact Diana Lambe at diana.lambe@state.co.us ASAP.

3. Are any hospitals planning on submitting paperwork for 2018 LVP?

- If yes, please contact Diana Lambe at diana.lambe@state.co.us ASAP.

Notice of Program Reimbursement (NPR) Due to Meyers & Stauffer March 1, 2018

In order to calculate your hospital's inpatient base rate and the Medicaid specific add-ons for FY 2018-2019, it is imperative that the Department's hospital contractor, Myers and Stauffer LC, receives your agency's most recent finalized Medicare Notice of Program Reimbursement (NPR) by **March 1, 2018**.

Please submit the following: ECR file (if available) or hard copy, copy of Medicare adjustments and NPR letter. If a reopening was completed, send the most recent finalized report. **If your facility fails to include the NPR letter, the documents you have submitted will not be used for rate setting.**

Electronic submissions may be sent to Eileen Glenn at eglenn@mslc.com. Send these documents to:

Attn: Eileen Glenn, Senior Manager
Myers and Stauffer LC
6312 S. Fiddlers Green Circle, STE 510N
Greenwood Village, CO 80111

Questions, Comments, & Solutions

The final poll is now an external survey to provide anonymity, please take a few moments to complete it. Thank you

Thank You!

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