

Provider Summary of Hospital Stakeholder Engagement Meeting 9/13/2019

Welcome Message and Meeting Etiquette (Slides 1-6, Time 00:00:00-00:04:11)

- Webinar Rules
- Introductions
- 2019 Meeting Schedule
- Agenda
- Next meeting **November 1, 2019 9:00am-12:30pm**

Prior Authorization Request (PAR) (Slide7, Time 00:04:11-00:15:21)

- June 17, 2019 PAR requirements went live.
- Set up individual trainings to assist
- Denial related to mismatch discharge date – please send ICNs to email box hcpf_um@hcpf.state.co.us
- Slight discharge date mismatch fixed August 22
- Outpatient PAR with modifier – action item for follow up
- Provider Communication issued in October Provider Bulletin with updated procedures and how to guides.

NPI Law (Slide 8, Time NA)

- Unfortunately, Chris Underwood was called away for an upper management meeting and was unable to attend.
- Please email all questions regarding the NPI Law to [Elizabeth Quaife](#) to compile and provide the team.

System Change Request (SCR) Updates (Slides 9-10, Time 00:15:21-00:30:30)

- Part B Only (43373) – DXC to begin testing. Targeted implementation October 2019
- IPP-LARC (42654) – In process; Goal to present timeline in November's Meeting
- LTAC and Rehab Per Diem (44201) – In process; Present timeline in November's Meeting
- JW Modifier (44898) –DXC is proceeding to development. Targeted implementation October 2019.
- Colorado NPI Law (44430) – Targeted Implementation December 2019 to allow updates prior to 1/1/2020. Formal notice to begin within the next 6 weeks.

Inpatient Topics/Questions Submitted (Slide 11, Time 00:30:30-00:31:26)

- Medicaid as Tertiary Payer – being researched in system and best approach for fix
- PAR claim denials – PAR representative attended September's meeting (completed)

Hospital Rates Effective 7/1/2019 (Slide 12, Time 00:31:26-00:35:03)

- The Department of Health Care Policy & Financing (the Department) has received notification from the Centers for Medicare & Medicaid Services (CMS) that FY2019-20 Inpatient Hospital Rates were approved.
- New Base Rates were loaded into system as of 9/5/2019.
- By 9/16/2019 all inpatient hospital claims with a last date of service between July 1 – September 4, 2019 will be reprocessed.

Separating Baby from Mother’s Claim (Slides 13-14, Time 00:35:03-00:41:44)

- Table provided showing claim count of Delivery DRGs and Neonate DRGs received.
- 4,514 DRGs have been identified for babies that did not stay past their mother's discharge
- 86% (~3,900) are for DRG 640, the rest are spread across 24 neonate DRGs
- This information comes from two hospitals and accounts for 27% of the 16,811 "claims" where there is no data
- With the lack of information there is a high likelihood of inaccurate modeling
- This project will be put on hold and can be revisited when more hospitals can share the necessary information

Hospital Peer Groups and Definitions (Slide 15, Time 00:41:44-00:43:03)

- Through various projects it has become obvious that the current peer group designations are not granular enough
- Therefore, the Department is considering the following peer groups
 - Urban
 - Rural
 - Frontier
 - Resort

County Designations (Slide 16, Time 00:43:03-00:44:23)

- Frontier* = any county with less than 6 people per square mile (based on land area)
- Rural* = A non-metropolitan county with no cities over 50,000 residents
- Resort = meet the following two criteria
 - Having 30% or more of the workforce in two tourist related industries based on census data
 - Arts, entertainment, and recreation
 - Accommodation and food services
 - Containing at least one ski resort

***Based on Colorado Rural Health Center’s report named “Snapshot of Rural Health in Colorado - 2019”:** <https://coruralhealth.org/snapshot-of-rural-health>

Peer Group Designations (Slide 17, Time 00:44:23-00:51:02)

- Resort = located in a resort county and the closest hospital to a ski resort
- Frontier = located in a frontier county
- Rural = located in a rural county or a CAH; not included in the resort or frontier designation
- Urban = located in an urban county and not CAH
- The Department welcomes all feedback on these proposed designations
- Screenshared map showing different county designations. Uploaded to Hospital Stakeholder Engagement Meeting site.

Base Rate Reform (Slide 18, Time 00:51:02-00:57:15)

- The base rate setting process for both DRG and EAPG rates are in need of reform for different reasons
- However, in both cases raw information from the Medicare cost report may be the solution
- The Department is working with vendors in order to derive an average price per visit for both settings for each peer group
- As this work develops more information will be presented at the hospital engagement meetings but hospitals should provide feedback at any point in the development

Outpatient Topics/Questions Received (Slide 19, Time 00:57:15-00:57:22)

- No inquiries received or currently pending

EAPG Module Update (Slide 20, Time 00:57:22-01:00:38)

- 3M Releases v.2019.3.0 on 9/26/2019
 - No planned changes, other than accommodation of 10/1/2019 HCPCS/CPT updates, new ICD-10 code set
 - Anticipate update on week following – 10/2/2019
- No planned updates until 1/1/2020
 - Check provider bulletins if necessary for Service Pack updates

EAPG Drug Carveout Analysis (Slide 21, Time 01:00:38-01:03:23)

- Modeled EAPG pricing versus Fee Schedule Pricing (4/1/18 to (3/31/19)
 - Table provided to show different types of hospitals and impact of EAPG pricing vs. Fee Schedule Pricing
- Sampling shows winners and losers in this model
- Dependencies on hospital EAPG rates, mixture of drugs provided

Modification to EAPG Drug Weights (Slide 22, Time 01:03:23-01:14:15)

- Research in claims data and 2017 Hospital 2552-2010 form Worksheet C cost report data
- Converting claim charges to costs shows a significant difference in the average cost per drug detail in various groups
- If one group with a higher than average drug cost is removed from the rest then the others necessarily have a lower average drug cost

Staff Updates (Slide 23, Time 01:14:15-01:18:05)

- Shane Mofford - Rates and Payment Reform Division Director has left the Department.
- Zach Ulrich - Rates and Payment Reform Division Deputy Director has left the Department
- 2 other managers and 3 analysts in the Rates and Payment Reform Division have also left

Questions, Comments, and Solutions (Slide 24, Time 01:18:05-01:29:36)

- Basic NPI questions
- Posting the proposed county designations
- Rule processes
- Separating baby from mom's claims
- Policy around the 1730 – observation