



COLORADO

Department of Health Care
Policy & Financing

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

303 East 17th Avenue, Conference Room 11 A/B/C

October 27, 2015

1. Call to Order

Bill Heller called the meeting to order at 3:05 p.m.

2. Roll Call

There were sufficient members for a quorum.

A. Members Present

Bill Heller, Jeremiah Bartley, Chris Underwood, Dan Rieber, Tom Rennell

B. Members on the Phone

George O'Brien, Kathryn Ashenfelter, Peg Burnette, Ann King, John Gardner

C. Members Excused

Dan Enderson, Mirna Castro, David Livingston

D. Staff Present

Nancy Dolson, Matt Haynes, Jeff Wittreich, Cynthia Miley, Dan Pace, Katie Brookler

3. Approval of Minutes

Jeremiah Bartley motioned to approve the minutes of the August 25, 2015 meeting. **Dan Rieber** seconded the motion. Motion passed

4. Department Updates

- Working through data questions for the FY 15-16 model
- Intention is to share full model calculation with hospital association this week
- Next meeting date is November 17th



5. Hospital Quality Incentive Payment (HQIP) Updates

- 2015 readmissions rates have been sent out
- Sent out CMS methodology for computing readmission rates this year
- Asked HQIP subcommittee to change methodology last year
- Hospital has to have at least 30 discharges in order to be eligible for this rate
- Emergency room process measure has 5 different activities that hospitals can do, this is the second or third year for this measure
 - Hospitals receive 2 points for each one of the initiatives that they did
- Early elective deliveries national average rate is around 6%
 - For deliveries in 2014 the median rate was 1.28%
 - One hospital went up to 27%, HQIP committee recommended using median rather than the average
 - Colorado Hospital Association has resources to help hospitals
- Cesarean section statewide average is 22%
 - National recommended average is 15%
 - Recommendation to base the buckets on quartiles
- For 30 day readmissions the statewide median of 12.36%
 - Hospital range is 2.94%-17.65%
 - Recommend bucket based on statewide median
- Requested there be more of a differentiation between good and bad points
- HCAHPS, patient satisfaction
 - Statewide average is 74%
 - Hospital range 50-94%
 - HQIP suggested putting hospitals in quartiles
- This year for first time had base measures and optional measures
 - Optional Measure 1 - Culture of Safety
 - 23 hospitals using this measure
 - Hospitals received 2 points for each element in place prior to 2015
 - Hospitals receive 5 point for each element put in place in 2015
 - 39% received 10 points and 9% received 0 points
 - Optional Measure 2 - RCCO Active Participation
 - Measure designed to get hospitals and RCCOs to work together
 - In order to get points must notify the RCCO of all hospital inpatient admissions and do one of 5 other activities with the RCCO
 - 23 hospitals participated in this measure
 - Optional Measure 3 - Advance Care Planning
 - Hospitals ask patients who are 65 and over about advanced directives when they are admitted
 - Asked hospitals to give us information about how many of their patients 65 or older are receiving information on advanced directives



- 12 hospitals reported on this measure
- Optional Measure 4 – Screening for Tobacco Usage
 - Two part measure worth 10 points
 - Screening for tobacco use and tobacco treatment offered or provided
- Once we have the scores there is a method of determining how much is paid
- Payment amounts are influenced by volume
- Every provider receives the same dollar amount per discharge point
- Came up with a concept to increase the impact of the quality points with a tiered system that pays different dollar amounts per adjusted discharge points based on quality points received
- Providers that receive fewer quality points will receive fewer dollars per discharge point than providers that receive higher point
- Option 1 - 5X methodology where 1x=\$5, broken up into tiers with 10 points per tier
- Does make where you score in your points have more of an impact
- Volume still matters and we wanted to make sure that quality matters
- Dollars are also increasing year over year
- Option 2 - 3X methodology
- Option 3 – postpone any methodology change until next model year
- When looking at just the change
 - Lowest swing negative was about \$555,000
 - Highest swing positive was about \$800,000
- **Peg Burnette** – HQIP payment still counts against the upper payment limit. HQIP payment going up or down may not effect certain hospitals. More committee members on the committee than what voted so it doesn't seem like a resounding consensus within the committee. Should this go back to the committee for further review? Maybe compress the tiers for the first year
- **Kathy Ashenfelter** – the 3x option sounds like a good compromise. Do the smaller hospitals usually use the optional measures more than the larger hospitals
- With 5x methodology the smaller hospitals had a bigger gain
- Each measure was worth no more than 5 points and a hospital could report on 5
- **Tom Rennell**- I like the idea of incentive, this is an incentive program. As we consider changing the methodology the committee should consider the measures and methodology together. At this point I am more comfortable with the 3X

6. Board Action 2015-16 HQIP Quality Points and Payment Methodology

- Approve HQIP measures on the 2015 data for the 2016 model as presented, with the change of distributing hospitals in the quality points buckets in quartiles in the early elective delivery measure. Motion passed



- Approve the allocation of the 3x methodology as presented. Motion passed

7. Public Comment

- No public comment

8. Additional Discussion

- No additional discussion

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

The next scheduled meeting is at 3:00 p.m. on Tuesday, November 17, 2015 at 303 E 17th Avenue, Denver, CO in conference room 11 BC.

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 or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

