



**HB09-1293 Oversight and Advisory Board  
Hospital Provider Fee  
April 22, 2014  
Meeting Minutes**

PRESENT	ABSENT	GUESTS	GUESTS
David Livingston - Chair	Dan Enderson	Matt Haynes - HCPF	
Chris Underwood		Weston Lander - HCPF	
Mimi Roberson - Phone		Blake Heller - HCPF	
Bill Heller		Preston Brown - HCPF	
George O'Brien - Phone		Dan Pace - HCPF	
Tom Rennell		Garrett Abrahamson (PCG) - Phone	
Jeremiah Bartley		Mekayla Cortez - PCG	
Ann King			
John Gardner - Phone			
James Shmerling - Phone			
Peg Burnette			
Mirna Ramirez-Castro			
Nancy Dolson – HCPF		Cynthia Miley - HCPF	

Approximate Time	Topic	Lead
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|-------------|--|----------------------------------|
| 3:00 – 3:10 | <input type="checkbox"/> Welcome   | <i>Chairman David Livingston</i> |
|             | <input type="checkbox"/> Review and Approve Minutes<br>2/25/2014   | <i>Board Members</i>             |
| 3:10 – 3:40 | <input type="checkbox"/> Hospital Quality Incentive Payment (HQIP) Update  | <i>Katie Brookler, HCPF</i>      |
| 3:40 – 4:30 | <input type="checkbox"/> Outpatient Rate Reform  | <i>Elizabeth Lopez, Rates</i>    |
|             | <input type="checkbox"/> Department Updates <ul style="list-style-type: none"> <li>o Caseload</li> <li>o OIG Audit Report</li> <li>o 2014-15 Modeling</li> </ul> | <i>Nancy Dolson, HCPF</i>        |
| 4:30 – 4:45 | <input type="checkbox"/> Public Comment  |                                  |
|             | <input type="checkbox"/> Wrap up and Adjournment   |                                  |

Next meeting: June 24, 2014; 3:00 to 5:00 PM  
225 E 16<sup>th</sup> Ave, Denver, CO 80203  
1<sup>st</sup> Floor Conference Room

**David Livingston** called the meeting to order at 3:02 p.m.

**Jeremiah Bartley** moved that the minutes from the February 25, 2014 meeting be approved as written, **Bill Heller** seconded the motion. Motion passed.

### **Presentations:**

**Katie Brookler** presented the Hospital Quality Incentive Payment (HQIP) Update

- Little bit of an increase in PPE/DVT during fiscal year 13-14
- For model year 12-13 and 13-14 see improvement in CLABSI and a significant drop in Early Elective Deliveries
- Goals of HQIP
  - o Improve care
  - o Adhere to value-based purchasing (VBP) principles
  - o Maximize participation in the Medicaid program
  - o Maximize the number of hospitals eligible
  - o Adopt measures prospectively
- Core measures are applicable to most hospitals
- Maintenance measures are legacy measures with little room for improvement
- Recommendations for model year 14-15
  - o PPE/DVT measure
    - Remove improvement scoring
    - Update effective service dates to calendar year
  - o Elective Deliveries between 37 and 39 weeks gestation measure
    - Remove improvement scoring
    - Update effective service dates to calendar year
  - o 30-Day All Cause Readmissions
    - Additional exceptions for Emergency Only Medicaid and Left Against Medical Advice
    - Readmission attributed to discharging hospital
      - The discharging hospital is responsible for making sure the patient is properly informed before they leave
    - No volume “Floor”
    - Update effective service dates to calendar year
  - o Cesarean Section measure
    - Change from a 0% rate to a 12% rate
    - Update effective service dates to calendar year
    - Jeremiah Bartley – suggest using a number related to APGAR score, incentive to deliver better babies
  - o Emergency Department (ED) Process
    - Scoring based on number of interventions attested to 3 possible interventions
      - All discharged ED patients given info on primary care clinics
      - All discharged ED patients provided info on the nurse advice line
      - Hospitals to notify the Regional Care Collaborative Organization (RCCO) of the ED visit within 24 hours
    - Attestation of interventions implemented and in effect July 1, 2014
    - Update effective service dates to calendar year

- Board expressed concerns over hospital ability to contact RCCOs within 24 hours
  - Move CLABSI to a maintenance measure
    - No points awarded
    - Track to ensure goals are maintained
- Recommendations for model year 15-16
  - Adding optional measures – available for hospitals that do not qualify for core measures
    - Goal to obtain as much participation as possible
    - Allows all hospitals to report on 5 measures
  - Add patient satisfaction as core measure
    - Survey of patient’s perspective of hospital care
  - Add 3 optional measures
    - Active participation with RCCOs
      - Notification of inpatient hospital admission
    - Tobacco screening and follow-up
      - Treatment provided or offered
    - Advance Directives
      - Advance care plan or surrogate decision maker documented in medical record
  - Move PPE/DVT to a maintenance measure
  - Add 2 more interventions to ED process
    - Opiate signage and prescribing policies in place
    - Copays collected for low-acuity visits
  - Maintenance measures would not receive any dollars only looking at rates
- Board supports methodology but agrees that ED measures will need additional work before approval

**Elizabeth Lopez** presented the Outpatient Rate Reform

- Part of the statutory language that instituted the Hospital Provider Fee stated that hospital rate reform would be a related activity. The Department recently implemented a new inpatient hospital reimbursement methodology (APR-DRGs). Now the Department will implement a new outpatient reimbursement methodology
- Hospitals currently being reimbursed using an interim payment methodology
  - Can take a 2-3 years to settle final payment
- Outreach conducted to gather feedback from hospital representatives on methodology
- EAPG is best option to use
  - Reimbursement based on types and extent of services
  - Covers a broad spectrum of population
  - Increases payment consistency and improves budget planning
- Transition will happen after new MMIS is in place during calendar year 2017
- Intention of department to continue to work with CHA on the details involved in the implementation of this new system
- EAPG is a proprietary software
  - Hospitals can choose to purchase the software
  - Group discount is possible
  - Has capability to work with other programs

**Nancy Dolson** presented Department updates and the Modeling for 2014-15

- Expansion caseload over 234,000 individuals
- Added 178,000 through Medicaid expansion
- OIG inpatient audit
  - o Model years 2009-10, 2010-11, 2011-12
    - Model year 2012-13 has same error
  - o \$10.7 million total funds to be recovered from 11 hospitals
    - \$5.4 million federal funds
  - o Looking at processes and controls to limit this in the future
- Hospital Provider Fee making payments to inpatient, outpatient, & CICP
- Currently there are eight inpatient payments made based on days
  - o Consider changing this to one payment based on discharges
- Currently one outpatient payment made at five different rate based on costs
  - o Consider a standardize percentage across hospitals
- There has been a reduction in CICP clients due to Medicaid expansions
  - o Consider shifting some CICP funding toward Medicaid payments
- Simplify approval process to lessen the need for reconciliations
- Reduce potential miscalculations
- Increase transparency
- Reduce unexpected large shifts in payments
- Consider UPL & DSH limits

#### **Public Comment**

- **No Public Comment**

#### **Action Items**

- Motion by **Tom Rennell** to support Department in revising the payment methodology approach. **Jeremiah Bartley** seconded. **David Livingston, Chris Underwood, Bill Heller, George O'Brien, Tom Rennell, Jeremiah Bartley, Ann King, John Gardner, Peg Burnette, Mirna Ramirez-Castro** for. **Jim Shmerling** and **Mimi Roberson** oppose, Motion passed.

**The meeting was adjourned at 4:23 pm.**

The next meeting is scheduled for:

Tuesday, June 24, 2014 from 3:00 pm – 5:00 pm.

It will be held at 225 E 16<sup>th</sup> Ave, 1<sup>st</sup> Floor Conference Room, Denver, CO 80203.