

Hospital Provider Fee Program 2013-14 Reimbursement Webinar

Matt Haynes
Provider Fee Financing Unit



Our Mission:

Improving health care access
and outcomes for the **people**
we serve while demonstrating sound
stewardship of financial **resources**



Agenda

- Model Changes
- Understanding Your Reimbursement Packet
- Understanding the Reconciliation Process
- Important Upcoming Dates
- Q and A



2013-14 Model Changes



- Methodology Changes
- Fee and Payment Calculation Changes



Fee Calculation Changes for 2013-14

- **IP Fee = 57% of Total Fee**
 - \$71.34 per Managed Care Day
 - \$318.83 per non-Managed Care Day
 - High Vol Medicaid and CICP providers discounted 47.79%
 - Essential Access Providers discounted 60%
- **OP Fee = 43% of Total Fee**
 - 1.5939% of Total Outpatient Charges
 - High Vol Medicaid and CICP discounted 0.84%



CICP Payment Changes for 2013-14

- 52.45% of CICP write-off costs for High Volume Medicaid and CICP hospitals
- 77.45% for Rural and Critical Access CICP hospitals
- 52.45% for all other CICP hospitals
- DSH payments are limited to the calculated DSH limits.
 - If a hospital has no room available under its DSH limit, it will not receive a DSH payment.



Uninsured DSH Payment Changes for 2013-14

- 15.18% of Uncompensated Charity Care Costs
- Must have a MIUR equal to or greater than the mean plus one standard deviation of all MIURs for Colorado hospitals.



IP Base Rate Payment Changes for 2013-14

→ % add-on to the Base Rate

- Urban Safety Net: 36%
- University Hospital: 20%
- Pediatric Specialty: 9.5%
- Rehab / LTAC: 10%
- Rural: 73%
- All others: 38%



NICU Payment Changes for 2013-14

→ \$2400 per NICU day

- Medicaid NICU days under APR -DRG 588, 591, 593, 602, and 609
- Limited to the ALOS



Large Rural Hospital Payment Changes for 2013-14

- \$525/Medicaid day
- Facilities that have a ratio of CICP and Medicaid days to total days that is in the third quartile of hospitals are eligible for an addition \$50/day.



Metro Payment Changes for 2013-14

→ Denver Metro

- Regular Metro: \$770/Medicaid Day
- Denver: \$755/Medicaid Day
- Western Metro: \$770/Medicaid Day
 - Facilities that have a ratio of CICP and Medicaid days to total days that is in the third quartile of hospitals are eligible for an addition \$50/day.

→ Other Metro Area

- \$550/Medicaid Day



Psych and HQIP Payment Changes for 2013-14

→ Psych Payment

- \$100/Medicaid Psychiatric Day

→ HQIP

- \$34,388,388
- \$11.69/Adjusted Discharge Point



Understanding Your Reimbursement Packet

Please Refer to Your Facility's
Reimbursement Packet
During this Portion on the
Webinar



Understanding the Reconciliation Process



Important Upcoming UCR Dates

- **February 28** - Electronic Cost Reports submitted by hospitals
- **April 3** - UCR Tool Training - WebEx
- **April 15** - UCR tool becomes live for hospitals to begin reporting
- **May 29** - Deadline for hospitals to submit UCR information
- **August 1** - Department to select hospitals for UCR Desk Reviews



Q & A

We will address any remaining questions at this time



Thank You!

Matt Haynes

Special Financing Division

Provider Fee Financing Unit Supervisor

Matt.Haynes@state.co.us

303.866.6305

