

Provider Summary of Hospital Stakeholder Engagement Meeting 11/1/2019

Welcome Message and Meeting Etiquette (Slides 1-6, Time 00:00:00-00:02:06)

- Webinar Rules
- Introductions
- 2020 Meeting Schedule
- Agenda
- Next meeting **January 10, 2019 1:00pm-4:00pm**

Plans of Safe Discharge (Slides 6-19, Time 00:02:06-00:11:14)

- Presented by Matt Holtman from the Office of Children, Youth & Families, Division of Child Welfare
- Safe Discharge of the Substance Exposed Newborn
- Child Abuse Prevention and Treatment Act (CAPTA)
- Safe Discharge of the Substance Exposed Newborn (Continued)
- Discharge Planning
- Arrangements for Follow-Up
- Parent/Caregiver Education
- Benefits to the Family
- Next Steps
- Contact Information

Colorado NPI Law (Slides 20-21, Time 00:11:14-00:30:48)

****Please note: initial presented slide was incorrect, presentation on webpage and slide at the end are correct****

- Presented by Scott Lindblom and Kaitlyn Skehan
- Revalidation
 - At least every 5 years
 - Starting April 2020
 - A six (6) month notice via email in advance of their enrollment deadline
 - Action: Update email addresses in provider enrollment profiles to receive these notices
- Colorado NPI Law
 - Organization Health Care Providers (not individuals) must obtain and use unique and separate National Provider Identifiers (NPIs) for each **Service Location** and **Provider Type**
 - Impacts both Enrollment & Claims
 - New Providers & Off-Campus Locations: Jan 2020
 - Current Providers Jan 2021
 - Rule Effective Date: 11/30/19
- Questions regarding the Colorado NPI Law email HCPF_ColoradoNPIlaw@state.co.us or visit <https://www.colorado.gov/pacific/hcpf/colorado-npi-law>

System Change Request (SCR) Updates (Slide 22, Time 00:30:48-00:36:55)

- Part B Only (43373) – Completed. In production on October 2, 2019.
- LTAC and Rehab Per Diem (44201) – In process of system implementation by DXC. SPA and Rule approved.
- IPP-LARC (42654) – In process; pending SPA and Rule approval
- Observation (43991) – Beginning stages; looking at solutions implemented in other DXC states

Inpatient Topics/Questions Submitted (Slide 23, Time 00:36:55-00:37:20)

- Retro PAR: Client is admitted to hospital and during the stay is determined to be Medicaid eligible. Retroactive Medicaid completed after discharge. Is a retro PAR (for qualifying services) still required?
 - Currently with the PAR team

Hospital Rates Updates (Slide 24, Time 00:37:20-00:39:21)

Rates Effective 7/1/2019

- All reprocessing has been completed for the FY2019-20 rate loads.
- The 10/1/2019 ICD-10 Code Updates have been completed and did not require any claims reprocessing.
- If you find claims that have not been priced correctly, please send ICNs to Diana Lambe at diana.lambe@state.co.us.

FY2020-2021

- Rate build for FY2020-21 starts now.

Separating Baby from Mother's Claim (Slides 25-27, Time 00:39:21-00:43:33)

How do we estimate the DRG-SOIs for 16,811 missing well-baby claims?

Chart shared showing Delivery DRGs, Neonate DRGs and estimated missing well baby claim information.

- About 8,700 DRGs have been identified for babies that did not stay past their mother's discharge.
- 88% (~7,700) are for DRG 640, the rest are spread across 25 neonate DRGs.
- This information comes from three hospitals and accounts for 52% of the ~16,800 "claims" where there is no data.
- A big **“Thank You!!”** to Denver Health, SCL and UC Health for providing the missing data.
- We are re-pulling claims data to match CY2018 data and will provide more information during the March 2020 meeting.

Chart shared reflecting different DRGs.

Base Rate Reform Development (Slide 28-33, Time 00:43:33-00:50:05)

Development of DRG Hospital Rates:

- Myers and Stauffer has established a system of computer programs that utilize a detailed line item approach using claims data and hospital cost reports to estimate the cost of individual claims.
- This allows inpatient DRG weight setting and hospital rate setting to possibly be based on either submitted hospital charges or costs.
- They also calculate not only total cost for any claim but also split the cost into operating and capital components.

Data Sources

- As-Submitted Cost Reports for 2018 FYE
- Medicaid Claims Data for CY 2018

Process

- Claims Data Review and Editing (*if necessary*)
- Claim Level Costing
- Costing Analysis
- Calculation of Hospital CMIs
 - Utilizing Paid DRG listed on Claim & CO V33 APR-DRG Weight
- Computation of Hospital Cost per Discharge
 - All Costs Inflated to SFY 2021
 - Cost Per Discharge Includes Both Capital and Operating
- Determination of Budget Neutral Hospital Specific Rates
 - Modeling Rates
 - Hospital Specific
 - Statewide
 - Peer Group
- Revenue codes are routed to cost centers
 - Chart shared
- Revenue Codes are distributed to cost report line numbers, combined with per diem and current days from claim data for a calculated cost.

- Cost Allocations are made to create an Allocated Per Diem/CCRs.
 - Chart Shared
- Resulting Allocated Per Diems/Cost Factors are used to estimate Cost for Claims.
 - Chart Shared
- This is just a high level overview we received from Meyers and Stauffer recently.
- If you are interested, we can have them attend the next meeting in January if you can make sure you bring the correct individuals who will have an interest in this work.

Break Time 00:50:05-00:50:40

Hospital Peer Groups and Definitions (Slide 34, Time 00:50:40-00:51:49)

- 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 35, Time 00:51:49-00:52:50 again at 01:00:58-01:10:22)

- 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 36, Time 00:52:50-01:00:58)

- 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

Outpatient Topics/Questions Received (Slide 37, Time 01:10:22-01:10:34)

No Topics were received or pending at this time

Zulresso (brexanolone) (Slide 38, Time 01:10:34-01:12:46)

- New IV infusion drug for postpartum depression
- Two locations in the state approved to administer
- Infusion given over a period of 60 hours
- Rule change necessary for administration in outpatient setting

EAPG Module Update (Slides 39-40, Time 01:12:46-01:14:24)

- 3M Released v.2019.3.0 on 9/26/2019
 - Accommodation of 10/1/2019 HCPCS/CPT updates, new ICD-10 code set
 - Also accommodated ICD-10 code set updates for APR-DRGs
 - Installed in DXC system on 10/3/2019
- No mass adjustments required
- 3M Releases new module 12/27/2019
 - Yearly CPT/HCPCS updates
 - Targeting January 2, 2020 implementation date
 - No changes in Colorado payment policies
 - EAPG Version 3.10 will remain in effect

DME & Transportation Clarification (Slide 41, Time 01:14:24-01:18:13)

- Hospitals must enroll as a DME Supply / Transportation providers in order to receive reimbursement for these services.
- Unbundled DME and transportation services should not be billed on outpatient hospital claim, and instead on the CMS-1500
- Transportation: [August 2017 Provider Bulletin](#)
- DME benefit will have more information forthcoming

EAPG Drug Carveout Analysis (Slide 42, Time 01:18:13-01:19:43)

- Modeled EAPG pricing versus Fee Schedule Pricing (4/1/18 to (3/31/19)
 - Chart Shared

- Sampling shows winners and losers in this model
- Dependencies on hospital EAPG rates, mixture of drugs provided

Modification to EAPG Drug Weights (Slide 43, Time 01:19:43-01:20:42)

- 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

JW Modifier (Slide 44, Time 01:20:42-01:23:05)

- Outpatient hospital provider claims billed with the JW modifier for discarded drugs have been overpaying since the effective date of EAPGs on October 31, 2016. Per program policy, Health First Colorado does not reimburse for any drug which is discarded or not administered to a Health First Colorado member other than for a Medicare Crossover claim. This issue was resolved on 10-2-19. Claims will be reprocessed and funds will be recouped. Providers will be notified by email before recoupment occurs.

Adjustment Schedule (based on paid date):

- March 1, 2017-December 31, 2017: Week of November 4, 2019
- January 1, 2018-December 31, 2018: Week of November 11, 2019
- January 1, 2019-October 4, 2019: Week of November 18, 2019

JW Modifier Adjustment Volume (Slide 45, Time 01:23:05-01:24:13)

Volume of claims to be adjusted in interChange by claim paid date:

- 2017: 383
- 2018: 1,264
- 2019: 1,891
- Individual hospital statistics unavailable for presentation for PHI purposes

CDPHE Regulatory Review (Slide 46, Time 01:24:13-01:27:09)

In October 2019 CDPHE started the stakeholder process for the regulatory review of 6 CCR 1011-1, Chapter 4 – General Hospitals, Chapter 10 – Rehabilitation Hospitals, Chapter 18 – Psychiatric Hospitals, and Chapter 19 – Hospital Units.

These chapters cover a wide range of topics that impact hospitals, both general and specialty.

Meetings are open to the public.

When: Thursday, Nov. 7, 2019 from 1:30 – 3:30 p.m.

Where: Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South

Denver, CO 80246

Building C, Conference room C1E

(visitors, please check in at the front desk in building A, doors near the flag pole)

Audio line: 1-669-900-6833, conference code: 990 049 166

Webinar: Zoom meeting (<https://zoom.us/j/990049166>)

The stakeholder meeting schedule, agendas, documents and detailed information regarding the rule revision process can be accessed at this link:

https://drive.google.com/drive/folders/1yTm15HQ_6pOdnL_jn9Lj1mpUUB6r-5qV?usp=sharing.

Meeting documents, schedules and archived agendas are available on the department website:

<https://www.colorado.gov/pacific/cdphe/chapter-4-hospital-rule-revision-meeting>.

To sign up to receive email communications regarding the hospital rules review go to:

<https://goo.gl/forms/eWns4V9OU0pXkSsp2>.

If you have any questions prior to then, feel free to contact Anne Strawbridge at anne.strawbridge@state.co.us or Monica Billig at monica.billig@state.co.us.

Questions, Comments, and Solutions (Slide not displayed, Time 01:27:09-01:31:08)

- Interim Claims – Preference to keep Type of Bill (TOB) 112, 113 and 114 or allow Providers to adjust original claim
- JW Modifier additional clarification
- HTP representative setting up

Staffing Update (Slide 48, Time 01:31:08-01:31:30)

Juan Espejo has left the Department as of October 24, 2019. Please forward hospital related questions to Raine Henry

HTP and Rural Support Fund (Slide 47, Time 01:31:30-01:39:45)

Presented by Nancy Dolson, Special Financing Division Director

- Reference HTP-Rural Support Fund Handout available [here](#).

Questions, Comments, and Solutions (Slide, Time 01:39:45-01:44:25)

- JW Modifier – Is it possible for policy to change from paying \$0 to reimbursing for drug waste
- Commercial Primary Insurance/Medicaid Secondary – are there any situations where Commercial denies can Medicaid become Primary