Provider Summary of Hospital Stakeholder Engagement Meeting 3/1/2019

Welcome Message and Meeting Etiquette (Slides 1-9, Time 00:00:00-00:07:29)

- Webinar Rules
- Introductions
- Survey
- 2019 Meeting Schedule
- Topics Provided for Engagement Meetings
- Upcoming Topics

Webpage Updates (Slides 10-11, Time 00:07:29-00:09:24)

All webpages were required to be updated and old material removed by January 31, 2019.

- Inpatient Hospital Rates Webpage
- Outpatient Hospital Rates Webpage
- Inpatient Hospital Per Diem Reimbursement Webpage
- Hospital Stakeholder Engagement Meeting Webpage

Status Update for SCRs (Slide 12, Time 00:09:24-00:11:57)

Department SCR Prioritization is re-evaluated every two weeks. The Department considers factors such as:

- Financial risk
- Impact on Providers
- Relative magnitude, etc
- Chart reflecting SCR title and Prioritization position

Part B Only and Part A Exhaust Workaround (Slide 13, Time 00:11:57-00:16:46)

The Department is working on a method to reprocess

Part B Only and Part A Exhaust claims.

Please send Part B Only and Part A Exhaust

Inpatient ICNs

by March 8, 2018 to

Raine.Henry@state.co.us

We will be prioritizing claims with DOS and Paid Dates prior to April 1, 2017.

Community Clinic and Community Clinic and Emergency Center (CC/CCEC) Reminder (Slide 14, Time 00:16:46-00:18:26)

CC/CCECs previously enrolled as a hospital provider type and/or billing through their main hospital ID need to enroll as and bill under the CC/CCEC provider type for dates of service beginning December 1, 2018, going forward.

Details on enrolling as in the CC/CCEC provider type can be found on the Information by Provider Type page under Community Clinic.

Inpatient Hospital Review Program (IHRP) (Slide 15, Time 00:18:26-00:21:25)

- Information regarding IHRP authorization requirements can be found on eQHealth's website: http://www.coloradopar.com/Inpatient.aspx
- Additional information regarding SB 18-266 Controlling Medicaid Costs Initiatives can be found here: https://www.colorado.gov/pacific/hcpf/controlling-medicaid-costs-initiatives
- Please see https://www.colorado.gov/hcpf/provider-news for regular provider updates and to sign up for the IHRP Newsletter email list
- For questions and/or comments please email: HospitalReview@hcpf.state.co.us

FY 2019-20 Hospital Base Rates (Slide 16, Time 00:21:25-00:22:33)

Still working on base rate development for this year and working toward having a first look available by sometime in April.

- Diana will be unavailable during the month of March to finish building FY2019-20 hospital base rates. For emergency requests – please contact Kevin Martin.

30-Day Review Period (Slides 17-18, Time 00:22:33-00:28:36)

- After rates are built, the State provides a 30-day review period during which hospitals can request their rate calculations for review and ask specific questions about how their rate was created.
- We wholeheartedly encourage hospitals to ask for their calculations since despite our quality checks, we do manage to find data entry issues. The data we receive from the hospital intermediaries is in print format and cannot be uploaded to a spreadsheet and therefore requires a lot of data entry.
- Every year as part of the rate building process, documents are prepared to send calculations to any hospital that requests them.
- We continue to find that some hospitals are unaware when the 30-day review period starts and ends.
- Current Communication consists of:
    1. Provider Bulletin
    2. Emails to list of individuals entered on Hospital Engagement Meeting email list
    3. Notice given during Hospital Engagement Meetings
    4. Rates Loaded to Inpatient Hospital Payment webpage
    5. Ideas on other ways to get the word out?
- How can we improve that communication?

Separating Baby from Mother's Claim (Slides 19-26, Time 00:28:36-00:50:39)

- Chart of APR-DRG and description of each APR-DRG code

Proposed steps involved in estimating change in payment:

1. Use National DRG Weights, Average Length Of Stay and TrimPoint for delivery and neonate DRGs since the standard in the US is to separate Mother's delivery and Baby birth claims.
    - We must use the National DRG Weights since Colorado weights currently combine mother and baby on delivery claims.
    - **Data Source:** 3M Non-HSRV National DRG Weight Table version 33.
    - An excerpt of this table will be posted on our website containing information on Delivery & Neonate DRGs after receiving approval from 3M.
2. Apply Policy Adjustments before scaling to CO Weights
3. Remove claims where a solid payment cannot be reasonably estimated
    - Chart with claim count
4. Estimate number of claims for babies born who did not stay after Mother left – we currently have no claims for these since they are combined with Mother's delivery claim.
    - 22,524 Delivery Claims
    - Removed remaining 5,713 neonate claims (baby admitted after mother left hospital)
    - Results in estimate of 16,811 missing well-baby birth claims.
    - We assume these births will be assigned to a low severity Neonate DRG (DRG-SOI = 640-1) to cover normal births.
5. Estimate payments for Sick Newborns who stay after their Mother leaves the hospital. We will take Neonate DRGs and use birth date to re-calculate the full stay for these claims.
6. Prepare a comparison of the old payments (current state) vs. new payments by DRG grouping.
    - Example Chart provided

EAPG Module Updates (Slide 27, Time 00:50:39-00:53:35)

- GPS v2019.1.0 Scheduled March 28, 2019
    - EAPG Grouper will recognize 4/1/2019 quarterly update to CPT/HCPCS
    - Version 3.10 remains in use
    - Estimated Installation – first week of April 2019
    - Majority of DXC 1/1/2019 CPT/HCPCS updates completed in February
- No planned changes for any upcoming Service Packs released during this quarter
    - In rare circumstance of an interim update, communication will be released as soon as possible

EAPG Observation Payment Clarification (Slide 28, Time 00:53:35-00:54:31)

- interChange and EAPG software functioning as designed for Observation payment
- Considered as an item for prioritization in EAPG Survey

EAPG Survey Results (Slide 29, Time 00:54:31-00:55:30)

Survey results presented

EAPG Survey Plans (Slide 30, Time 00:55:30-01:03:12)

- Re-distribution of EAPG Survey
  - Wider range of feedback, obtain responses more reflective of organizations rather than individuals
  - Extend reach to more than 17 hospitals
  - Provide greater confidence that payment reform efforts moving in right direction
  - Re-written descriptions to better describe impacts of various payment reform efforts
- Any further modifications to consider?
- Intend to distribute in March 2019

Questions, Comments & Solutions Section (Slide 31, Time 01:03:12-01:06:19)

- CAH's exclusion from EAPG
- Billing DME services as a DME provider

BHO/RAE Representative Q&A (Slide 32, Time 01:06:19-02:05:32)

- Introduction
- Billing BHO, receive denial, attach denial to claim to bill Fee For Service (FFS)
- SUD primary diagnosis UB04
- Secondary diagnosis SUD and primary diagnosis of mental health
- RAE determines intoxication was cause of episode and not psychological the claim may be denied
- SUD has been expanded with limitations
- Providers seeing denials for 72-hour observation with the RAEs
- Appeals/Review process for denied claims
- Notifications to Providers for incorrect Xerox payments vs. interChange correct denials based on policy
- Retro assignment to a RAE regarding newly eligible Medicaid client
- Future meetings dedicated to BHO/RAE topics
- Mental Health IOP
- Timely filing for the RAEs
- Claims denied for 2580 during transition to new DXC system
- Denials on short term behavioral health stays
- Training opportunity for Providers

HMS Q&A (Slide 33-40, Time 02:05:32-03:10:36)

Introduction (Slide 33, Time 02:05:32-02:13:35)

- Introduction
- Disallowance process post implementation issues

Provider Disallowance Process (Slide 34, Time 02:13:35-02:16:32)

A provider disallowance is a process designed to recover Health First Colorado improper payments for claims that should have been paid by the primary payor.

The process:

- Identify claims where Health First Colorado paid as primary and submit to the provider
- Provider seeks payment from the primary payor, which often provides a higher reimbursement than Health First Colorado pursuant to its contract with the commercial payor.
- Allows providers the opportunity to appropriately bill the other insurance for the patient in the future, prior to billing Health First Colorado
- Following reimbursement from the primary payor, the Department retracts the Medicaid payment in interChange.

Provider Disallowances do not involve reviewing medical records, reviewing chart notes, interviewing professional medical staff, etc.

Provider Disallowance: Schedule (Slide 35, Time 02:16:32 -02:17:59)

Provider Disallowance cycles follow a schedule and timeline:

- Commercial Insurance cycles
  - Run quarterly
  - Allows 60-days for review
- Medicare Part A/B cycles
  - Run bi-monthly
  - Allows 60-days for review

Providers may request a 30-day extension, in writing, prior to close of any cycle.

Provider Disallowance: Notification Letter and Listing (Slide 36, Time 02:17:59-02:19:13)

- Provides timeline for review
- Provides the claim(s) selected for review and other insurance information
- Provides guidance as to documentation needed to refute the proposed retraction of payment
- Supplies HMS contact information

<u>It is important that providers NOT adjust any Health First Colorado claims contained on the disallowance notification letter and listing. Adjustments of claims will occur upon the close of the disallowance cycle</u>.

Provider Disallowance: Documentation Requirements (Slide 37, Time 02:19:13-02:20:30)

Documentation requirements to refute recoupment:

- Copy of commercial insurance/Medicare denial
  - Technical denials for timely filing are not accepted
- Copy of canceled check (front and back) if your facility has already refunded a payment or submitted a claim adjustment to Health First Colorado
- Copy of Health First Colorado remittance advice if your facility has already submitted a claim adjustment or void

To refute recoupments or ask questions, please direct all correspondence, documentation, and inquiries to:

HMS Third Party Liability Service Center

Attn: Colorado Provider Relations Department

5615 High Point Drive, Suite 100

Irving, Texas 75038

Phone: 877-262-7396

Fax: 214-905-2064

Provider Disallowance: Retraction Process (Slide 38, Time 02:20:30-02:22:14)

- HMS will initiate an automatic recoupment and will recover payments from a future remittance advice if you do not respond within 60 days
- Checks are not accepted as a form of repayment
    - Please do not send a refund check to DXC or HCPF as this may result in duplicate recoupment
- Please direct your questions to HMS, not HCPF or DXC

After 60 days from the date of notice, Health First Colorado will recoup the total dollar amount, indicated as the "amount to be recouped," on the listing unless HMS receives appropriate documentation from your facility to either refute the recoupment or to support of a partial recoupment instead

Provider Disallowance: Refund Request Requirements (Slide 39, Time 02:22:14-02:23:43)

- Refund requests must be received within 60 days of the claim recoupment date
- Refund requests must be submitted in writing

HMS Audit Representative Q&A (Slide 40, Time 02:23:43-03:12:28)

- TPL – Feedback from Hospitals ability to obtain client's other coverage information
- What happens when a patient refuses to provide TPL?
- Education to patient to provide all health coverage information
- Appropriate timeframes for Providers to review disallowance claims on HMS letter
- Updating commercial insurance for Medicaid client in Provider Portal
- Possible solutions to improve HMS process between Department and Providers
- Upcoming Disallowance cycle

The last seven (7) minutes of the end of the meeting, interference with the audio began and created a bad connection