

## **Provider Summary of Hospital Stakeholder Engagement Meeting 7/12/2019**

### **Welcome Message and Meeting Etiquette (Slides 1-7, Time 00:00:00-00:02:15)**

- Webinar Rules
- Introductions
- 2019 Meeting Schedule
- Agenda
- Next meeting **September 13, 2019 12:30pm-4:00pm**

### **Colorado NPI Law presented by Chris Underwood (Slides 8-9, Time 00:02:15--00:15:44)**

- Webpage: <https://www.colorado.gov/pacific/hcpf/colorado-npi-law>
- Email Address: [HCPF\\_ColoradoNPIlaw@state.co.us](mailto:HCPF_ColoradoNPIlaw@state.co.us)
- Received many comments and questions. Frequently Asked Questions has been updated
- Final rule reading September 13, 2019
- Clarification on Distinct Part Units (DPU) vs. Subpart
- Separate meetings targeted to larger hospital systems to assist with the changeover
- Billing Guidance still pending

### **Parking Lot Items (Slide 10, Time 00:15:44-00:16:22)**

- Observations over 24 hours
- Observations 24-48 hours prior to Inpatient stay
  - DXC is currently working on the unit calculation

### **Inpatient Topic/Questions Submitted (Slide11, Time 00:16:22-00:18:04)**

- Medicaid as Tertiary Payer
- Prior Authorization Request (PAR) claim denials

### **Medicare Crossover Part B Only Claims Workaround/ Medicare Part A Exhausted Claims Workaround (Slides 12-14, Time 00:18:04-00:26:44)**

- Guidance provided from Email and Provider Bulletin.
- For Part A, please make sure they are Inpatient Crossover Claim not Inpatient Claim in order to be manually reprocess
- Additional instructions will be sent out regarding indicators to be used

### **Inpatient and Outpatient Billing Manual (Slide 15, Time 00:26:44-00:30:17)**

- Updated May 2019

### **How Inpatient Rates are Built (Slides 16-18, Time 00:30:17-00:36:02)**

1. How much can we spend this year and remain budget neutral to FY2002-03?
2. Determine % of Medicare Rate
3. Apply Budget Action to PPS Hospitals to arrive at final percent of initial Medicare Rate

### **Hospital Rates Effective 7/1/2019 (Slides 19-23, Time 00:36:02-00:43:11)**

- There are about 50 DRG in-state hospitals enrolled with Medicaid and the Budget Neutrality amount for SFY 2019-20 is ~\$837 million.
- The increase in budget is largely due to a significantly higher CMI (Case Mix Index – higher rated DRGs) rather than an increase in expected discharges for FY2019-20. In fact, discharges are expected to decrease by – 1.7%.
- For Medicaid rates effective July 1, 2019, the **starting point** is the Medicare rate effective October 1, 2018.
- Overall, the average rate change reflects a 1.0% increase in addition to a change in Medicare base rates between FFY 17 and FFY 18.
- The final rates will not be loaded into the system until the Department receives approval from CMS. After which a mass adjustment will be done to reprocess affected claims.
- In the meantime, **the current hospital rates will be kept in place.**

#### **Separating Baby from Mother’s Claim (Slides 24-, Time 00:43:11-00:48:25)**

1. How do we estimate the DRG-SOIs for 16,811 missing well-baby claims?
2. Charts provided

#### **Outpatient Topics/Questions Received (Slide 26, Time 00:48:25-00:48:52)**

Inquiries were not received and none are currently pending

#### **Community Clinic and Community Clinic and Emergency Center (CC/CCEC) Reminder (Slide 27, Time 00:48:52-00:50:08)**

The CC/CCEC rule (10 CCR 2505-10 8.320) became effective November 30, 2018. The adoption of this rule eliminated the temporary provision for locations licensed as CC/CCECs to be enrolled as and/or bill under the hospital provider type.

Facility claims for services rendered in CC/CCECs after November 30, 2018 must be billed under a CC/CCEC enrollment.

Claims for services rendered in CC/CCECs after November 30, 2018 cannot be billed under the hospital provider type.

Please contact Raine Henry and Juan Espejo with questions.

#### **Community Clinic and Community Clinic and Emergency Center (CC/CCEC) Rates (Slides 28-29, Time 00:50:08-00:51:21)**

Effective July 1, 2019, a 1% increase was approved.

To update the EAPG rates for the CC/CCEC, the appropriate rate increase was mapped to the associated Parent Hospital from the enrollment process. CC/CCEC rate effective July 1, 2019 is based on the new EAPG rate of the Parent Hospital Rate.

Rate Chart provided

Please contact Elizabeth Quaife with questions on CC/CCEC rates.

**Outpatient Fiscal Year 2019-2020 Rates (Slides 30-31, Time 00:51:21-00:54:02)**

- SB19-207 (FY2019-20 Long Bill) authorized 1% increase to outpatient hospital (EAPG) rates
  - Signed 4/17/2019
    - State Plan Amendment (SPA) Required
  - Submitted to CMS 5/22/2019
  - CMS Approved SPA 6/4/2019
- June 2019 Provider Bulletin
- Rates posted to [Outpatient Hospital Payment](#) page
  - See [July 1, 2019](#) Link, posted by NPI
  - 30 day appeal period
  - Rates submitted to DXC for updates 6/26
- Rate updates completed 7/4, verified as correct
  - No Mass Adjustment Necessary

**EAPG Module Update (Slide 32, Time 00:54:02-00:56:23)**

- 3M Releases v.2019.2.0 on 6/27/2019
  - No planned changes, other than accommodation of 7/1/2019 HCPCS/CPT updates, possible new revenue codes
- Update was completed by DXC on 7/4/2019
- No Mass Adjustment Necessary
  - Claims with new codes not fully functional in DXC will suspend
  - EOB 0000 - This claim/service is pending for program review.
- No planned updates until 10/1/2019
  - Check provider bulletins if necessary for Service Pack updates

**JW Modifier SCR (Slide 33, Time 00:56:23-00:58:35)**

- Background: Items billed with the 'JW' Modifier (discarded portion of drugs) generated payment in interChange system
  - Although requested to be billed, is not intended to have EAPG Payment
- SCR 44898 Created
  - Prioritized, but no concrete schedule for implementation

- Once implemented, claims with DOS 10/31/2016 billed with JW modifier will be adjusted to pay properly

#### **New Revenue Codes (Slides 34-35, Time 00:58:35-01:02:32)**

- Revenue codes 087X: Cell/Gene Therapy
  - Charges for procedures performed by staff for the acquisition and infusion/injection of genetically modified cells
  - CPT codes 0537T, 0538T, 0539T
- Revenue codes 089X: Pharmacy – Extension of 025X and 063X
- Policy will need to review coverage rules for new codes
- Need to coordinate with DXC / 3M so that logic is functioning accordingly
- Continue to bill these revenue codes and CPTs – claims will later be adjusted to pay

#### **Outpatient Hospital Survey Results (Slides 36-38, Time 01:02:32-01:05:50)**

- Solicited input from stakeholders to inform policy decisions, open from April 24 to June 7, 2019
- Intended for those most familiar with overall financial and operational needs
  - Billing practices
  - Health needs of respective community
- 23 Rural / Frontier / Critical Access Hospital Respondents
- 11 Urban Respondents
- 34 Respondents total
- Multiple responses for same facility were merged, quantitative results averaged
- **What Health First Colorado (Colorado Medicaid) payment policy challenges your organization currently faces would you like HCPF to know about, if any?**
- EAPG pricing as a challenge, particularly amongst rural communities lacking the staffing to dedicate to it.
- EAPG pricing has resulted in decreased reimbursement, particularly for hospitals utilizing high cost drugs.
- Difficulty working with some of HCPF's vendors.

#### **Survey Quotes (Slides 39-40, Time 01:05:50-01:06:23)**

Quotes provided from the Survey and discussed.

#### **Survey Results (Slides 41-42, Time 01:06:23-01:14:28)**

- Are there any drugs, equipment, or other medical items that your organization is currently unable to afford but would provide value for the communities your organization serves (e.g., imaging machinery)?
- Are there any services that your organization is currently unable to afford but would provide value for the communities your organization serves (e.g., 24/7 CT tech availability, 24/7 ER, lab analysis on-call, etc.)?
- Do the communities your organization serves have any other health-related needs you think important for HCPF to consider when determining payment policies, regardless of whether those needs can be met by your organization?
- A diverse set of responses were received for the above three questions, often very specific to each hospital's needs, but the most common needs were based around expensive drugs and mental health services.
- **To what extent are your organization's needs met at HCPF's hospital engagement meetings [0-4 scale: 0: not at all, 4: always]?**
  - **ALL HOSPITALS:** 1.95
  - **RURALS:** 1.98
- Providers typically utilize these meetings to stay updated on Department payment reform initiatives and billing and coding changes.
- However, others have voiced frustration that it remains an ongoing discussion without concrete timelines for resolution to issues, or that the call quality is poor. Rural and Critical Access Hospitals do not get a voice.

#### **Survey Quotes (Slides 43-44, Time 01:14:28-01:18:18)**

Quotes provided from the Survey and discussed.

#### **Survey Results (Slides 45-46, Time 01:18:18-01:19:23)**

- **How consistently have your organization's needs been met when contacting HCPF's representatives for assistance with questions involving [0-6 scale; 0: never, 6:always]:**
- Chart of Survey Results provided
- Providers contact DXC and Department staff for assistance regularly. However, many providers voice concerns that the DXC call center are not trained well enough to do their jobs. Additionally, other providers voiced concerns in slow response time regarding resolution of issues.

#### **Survey Quotes (Slide 47, Time 01:19:23-01:19:43)**

Quotes provided from the Survey and discussed.

#### **Survey Results (Slides 48-50, Time 01:19:43-01:42:58)**

- **How helpful have staff in your organization found the following resources when they have had claims or billing issues [0-6 scale; 0: never, 6:always]?**
- Chart provided of answers
- **How likely is it that someone from your organization would attend a training hosted by the Department on the following subjects [0-6 scale; 0: definitely not, 6: definitely]?**
- Chart provided of answers
- **What training topics would be valuable to your organization?**
- Providers generally want more detailed training on billing, denials, and EAPGs, particularly when any change in policy is introduced impacting how claims are billed.

**Survey Quotes (Slides 51-52, Time 01:42:58-01:43:36)**

Quotes provided from the Survey and discussed.

**Survey Results (Slide 53, Time 01:43:36-01:44:30)**

- **Is there anything else you think it important for HCPF to consider?**
- There is significant concern that Critical Access or Frontier hospitals are not differentiated in payment methodology. Other common concerns include the reimbursement of high cost drugs.

**Survey Quotes (Slides 54-57. Time 01:44:30-01:48:06)**

Quotes provided from the Survey and discussed.

**Questions and Discussion (Slides 58-60, Time 01:48:06-01:48:41)**

No questions were asked. Meeting ended.