



COLORADO

Department of Health Care
Policy & Financing

Medical Services Board

MINUTES OF THE MEETING OF THE MEDICAL SERVICES BOARD

700 Main St., Wray, CO 80758
September 14, 2018

Call to Order

Ms. Blakely called the meeting to order at 9:13 a.m.

Roll Call

The Board Coordinator called the roll. There were sufficient members for a quorum with ten members participating.

A. Members Present

Christy Blakely, Cecile Fraley, Patricia Givens, Charlie Lippolis, Bregitta Hughes, Jessica Kuhns, Amanda Moorer, An Nguyen, David Potts and Donna Roberts.

B. Members Excused

Simon Hambidge

C. Staff Present

Gretchen Hammer, Deputy Executive Director; Jennifer Weaver, Attorney General; and Chris Sykes, Board Coordinator

Announcements

Ms. Blakely announced the next Medical Services Board Meeting will be held at 303 East 17th Avenue 11th Floor Conference Room, Denver, CO 80203 on Friday, October 12, 2018 at 9:00 a.m.

It is the policy of this Board and the Department to remind everyone in attendance that this facility is private property. Please do not block the doors or stand around the edges of the room. Please silence cell phones while in the meeting room.

Approval of Minutes

Ms. Blakely moved to correct the August minutes and bring back to the Board at the September meeting. The Board agreed, 10:0.



Rules

A. Consent Agenda

Document 01, MSB 18-05-25-A, Revision to the Medical Assistance Long-Term Services and Supports HCBS Benefit Rule Concerning Adult Day Services, Section 8.491

Document 02, MSB 18-02-09-A, Revision to the Medical Assistance Rule concerning Adding Pharmacist as a Provider Type, Section 8.200.2

Document 03, MSB 18-06-20-B, Revision to the Medical Assistance Rule concerning Immunization Benefits, Section 8.815

Document 04, MSB 18-03-07-A, Revision to the Medical Assistance Rule concerning Pharmacist Over the Counter Prescriptive Authority, Section 8.800

Document 05, MSB 18-06-12-A, Revisions to Medical Assistance Rule concerning Income Verification for Those Receiving Continuous Coverage, Sections 8.100.3.G and 8.100.4.G

Document 06, MSB 18-05-15-B, Revisions to Child Health Plan Plus Rule concerning Income Verification for Those Receiving Continuous Coverage, Section 430

Dr. Lippolis moved for the final adoption of Document 01, 2, 03, 04, 05 and 06. Ms. Roberts seconded the motion.

The Board voted the final adoption of Documents 01, 02, 03, 04, 05 and 06; 10:0.

B. Initial Approval Agenda

Document 07, MSB 18-07-13-A

Revision to the Medical Assistance Rule Concerning Redetermination of Eligibility and Transferring Requirements, Section 8.100.3

Jennifer VanCleave, Eligibility Policy Section, presented the rule and explained Rules refer to user ref guide, no longer use. Must be deleted per Audit finding. No impact on members.

Board Discussion

NA

Public Testimony

NA

Dr. Givens moved for the initial approval of Document 07. Ms. Roberts seconded the motion.

The Board voted the initial approval of Document 07, 10:0.

Document 08, MSB 18-02-09-B

Dr. Givens recused from the discussion

Revision to the Medical Assistance Rule Concerning Community Clinic and Community Clinic and Emergency Center, Section 8.320

Richard Delaney, Benefits Management Section, presented the rule and explained the rules must be revised as community clinics are currently paid as a hospital, but they are not a hospital by rules. This issue became known during the revalidation of providers, as required federally. A provider bulletin was distributed stating CC/CCEC must enroll as a doctor's office when revalidating. CMS states an entity cannot provide clinic services and be a hospital.

Revisions to the rule creates a provider type for the CC/CCEC entities. CC/CCEC must be licensed by CDPHE and part of a medicare hospital. Rule does not cover inpatient rates payments, will pay observation stay – outpatient rates payment.

Stakeholder input received included matching observation stay parameters to other parameters already in rule. Emergency definition requested to be put in the rule, the definition is already in rule and having two independent would create confusion. A request to cover inpatient services was made, the rule does not allow it. Medicare will pay CC/CCEC outpatient when an off campus location (OCL) is associated with a hospital, cannot provide inpatient and be paid by Medicare. The Department is working with CDPHE to create parameters for checking unassociated facilities. CDPHE licenses the facilities discussed.

Board Discussion

Board discussion included various types of entities in the health care system, but this rule revision addresses the CC/CCEC entities. The new provider type must fit between Medicare and CDPHE parameters for authority to pay. Observation services under the waiver granted by CDPHE during respiratory season was discussed. The State Plan Amendment states observation stays are for 48 hours, aligning rule with CDPHE. During respiratory season CDPHE authorizes observation stays for up to 72 hours. Medicaid will not pay for 72 hours, only 48. A discussion of why a CC/CCEC needs to provide inpatient services was held and also the disruption to a family if the patient must be transferred.

The Board discussed how previously claims were entered under the hospital provider number hospital and the claims were paid as a hospital provided them. With the new provider type observation stays will be paid as Medicare and

Medicaid allows. If no action is taken today the Department will have no authority to pay CC/CCEC entities and risks a possible CMS audit.

The definition of observation coding is independent from HCPF. The rule allows for Observation beds. The impact of the rule affects 6 beds at Childrens, if approved. If the rule is not approved, the Department is out of compliance and hopefully there is no audit. A discussion of how long it takes to receive a license under the new provider type was held and the agency responsible for licensing, CDPHE.

It was requested that CDPHE and CMS attend the next Medical Services Board meeting on October 12.

Public Testimony

Linda Michael, Children's Hospital – Children's Hospital is following licensure laws for Colorado and has CMS certification, all facilities are authorized by Medicare to be paid as inpatient under the certification. Previously there was no requirement until revalidation and then all individual entities must enroll. Children's Hospital agrees with the need for tracking individual entities. They also request respiratory season needs an observation stay of 72 hours under licensure or 96 hours under the waiver granted by CDPHE. The costs associated with transferring requirements was reviewed. Children's Hospital receives outpatient payment for the observation stay, a transfer payment, and finally an inpatient payment at the hospital. Children's Hospital believes their CC/CCEC can receive inpatient rates. The North clinic has been operating for 10 years and is inspected by CDPHE. HCPF believes that CC/CCEC entities only serve ambulatory patients and CDPHE does not inspect facilities as inpatient entities, the inspection criteria between inpatient and outpatient facilities is very different. All OCL are associated with Children's Hospital under CMS, CDPHE data does not support that claim.

A discussion about the acuity of the patient and the costs associated with caring for varying levels of patient need was discussed.

A motion to continue this discussion until October was made and seconded. After further discussion the motion was removed.

11:20 – Break

11:35 - Reconvene

Mr. Potts moved for the initial approval of Document 08. Dr. Lippolis seconded the motion.

The Board voted the initial approval of Document 08, 7:2:1.

C. Consent

Dr. Lipplois moved to add Document 07 to the Consent Agenda. Ms. Kuhns seconded the motion. The Board voted approval, 10:0.

D. Closing Motion

Ms. Blakely moved to close the rules portion of the agenda. The motion was seconded by Ms. Moorer. The Board voted to close the rules portion of the agenda, 10:0.

Open Comments

NA

Department Updates

- Department Updates/Questions – Gretchen Hammer, Medicaid Director, Deputy Executive Director

Rule Previews

The meeting was adjourned at 12:17 p.m.

The next scheduled meeting of the Medical Services Board is at 9:00 a.m. on Friday, October 12, 2018 at 303 East 17th Avenue 11th Floor Conference Room, Denver, CO 80203.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303- 866-4416 or chris.sykes@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.