

HOSPITAL STAKEHOLDER ENGAGEMENT MEETING

*Friday, January 10, 2020
1:00 PM - 4:00 PM*

Location: The Department of Health Care Policy & Financing, 303 East 17th Avenue, Denver, CO 80203. 7th Floor Rooms B&C.

Conference Line: 1-877-820-7831 Passcode: 294442#

Topic Suggestions, due by close of business one week prior to the meeting. Send suggestions to Elizabeth Quaife at elizabeth.quaife@state.co.us

Welcome & Introductions

- Thank you for participating today!
- We are counting on your participation to make these meetings successful

GROUND RULES FOR WEBINAR

- WE WILL BE RECORDING THIS WEBINAR.
- ALL LINES ARE MUTED. PRESS *6 IF YOU WISH TO UNMUTE. PARTICIPANTS CAN ALSO UTILIZE THE WEBINAR CHAT WINDOW
- If background noise begins to interrupt the meeting, all lines will be muted.
- Please speak clearly when asking a question and give your name and hospital

Thank you for your cooperation

AGENDA

HOSPITAL ENGAGEMENT MEETING TOPICS 1/10/2020 1:00pm - 4:00pm

In-depth Review of Base Rate Reform Development with Meyers & Stauffer

IPP LARCs

SCRs Update

Inpatient Engagement Meeting Topics Received

Rebasing Inpatient Hospital Rates for FY 2020-2021

Hospital Peer Groups/Definitions Quick Update

Outpatient Engagement Meeting Topics Received

3M Module Update

DME & Transportation Clarification

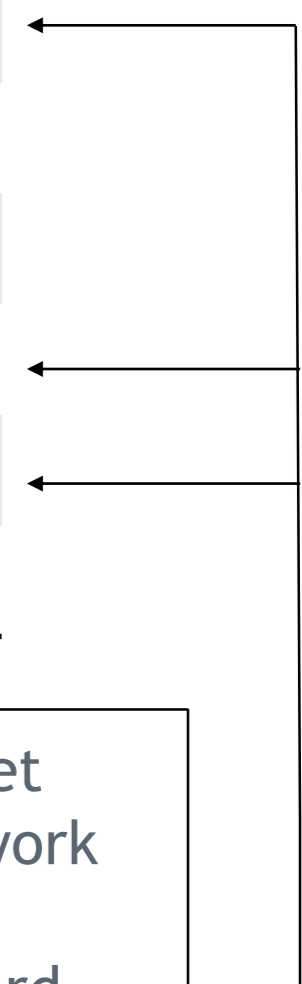
Drug EAPG re-weight

Communication Reminders

Staffing Updates

Dates and Times for Future Hospital Stakeholder Engagement Meetings in 2020

Dates of Meetings	Meeting Time
January 10, 2020	1:00pm-4:00pm
March 6, 2020	9:00am-12:00pm
May 1, 2020	9:00am-12:00pm
July 10, 2020	1:00pm-4:00pm
September 11, 2020	1:00pm-4:00pm
November 6, 2019	9:00am-12:00pm



The agenda for upcoming meetings will be available on our external website on a Monday the week of the meeting.

<https://www.colorado.gov/pacific/hcpf/hospital-engagement-meetings>

Please note the offset dates and times to work around holidays AND Medical Services Board

System Change Request (SCR) Updates

- LTAC and Rehab Per Diem (44201) - Automation by the system will be completed in Spring 2020. Currently has manual workaround.
- IPP-LARC (42654) - Completed.
- Observation (43991) - Completed. Reprocessing occurred in 12/27/2019 financial cycle.

Observation Over 48 hours Reprocessing

- Reprocessing occurred in the 12/27/2019 financial cycle
- Additional \$6.2 million paid
- Common denial reason: Surgery date outside of FDOS/TDOS
- Common suspension reasons: Missing/invalid covered days
- For DRG claims, the entire stay must be represented on the claim for the claim to group to the correct DRG

Billing for Immediate Post-Partum Long-Acting Reversible Contraceptives (IPP-LARCs)

- Effective January 1, 2020, IPP-LARC devices inserted in a DRG Hospital may be reimbursed at the fee schedule rate or the amount billed, whichever is less.
- Prior to January 1, 2020, the cost of the IPP-LARC device was included in the All Patient Refined-Diagnosis Related Group (APR-DRG) calculation for the delivery claim.
- The IP/OP Billing Manual is currently being updated with billing information.
- Reimbursement for IPP LARCs requires submission of both:
 1. an Inpatient claim
 2. an Outpatient claim

Billing for IPP-LARCs (continued)

The **Inpatient Hospital Claim form** must group to APR-DRG 540, 542, or 560, and include:

- A. ICD-10 Diagnosis Code for LARC insertion: Z30.430 or Z30.018,
- B. ICD-10 Surgical Procedure Code for either:
 - 1. an IUD insertion: 0UH90HZ, 0UH97HZ or 0UH98HZ, or
 - 2. a Contraceptive Implant insertion: 0JHD0HZ, 0JHD3HZ, 0JHF0HZ or 0JHF3HZ.

The **Outpatient (OP) Hospital Claim form**:

- A. Must include:
 - 1. the HCPCS for the LARC device: J7296, J7297, J7298, J7300, J7301 or J7307
 - 2. the LARC device's affiliated NDC, and
 - 3. Both the FP and SE modifiers
- B. No additional revenue or procedure codes can be present on the claim
- C. OP claim must be submitted at the same time or after the affiliated Inpatient claim, and
- D. OP claim's date of service must be the date of insertion and within the affiliated Inpatient claim's FDOS-TDOS.

APR-DRG weight changes due to removal of IPP-LARCs

A new DRG weight table dated 1/1/2020 will be loaded to the [Inpatient Hospital Payment Webpage](#) by end of next week.

DRG-SOI	Affected Birth DRGs FY2015-16	Weight w/ LARCs	Weight w/LARCs removed	Difference in Weights
540-1	3,277	0.5893	0.5853	0.0040
540-2	3	0.9434	0.9394	0.0040
540-3	29	1.3456	1.3416	0.0040
540-4	141	3.1956	3.1916	0.0040
542-1	1,238	0.3787	0.3747	0.0040
542-2	23	0.5629	0.5589	0.0040
542-3	10	1.0438	1.0398	0.0040
542-4	9,286	4.8252	4.8212	0.0040
560-1	719	0.4795	0.4755	0.0040
560-2	6,850	0.5601	0.5561	0.0040
560-3	99	0.7559	0.7519	0.0040
560-4	1,718	2.2333	2.2293	0.0040
	23,393			

Inpatient Topics/Questions Submitted

Topic	Brief Description	Status
Sterilization Claim issue	We have been getting recent denials on sterilization claims for invalid forms. Some of them, we have noticed the old form (revised 9/2013) was being used. Other situations claims have denied where the new form was used but the revised date was not present on the form (cut off when we scanned in). DXC (Ref# 923412) will not budge stating that there review of the forms is coming from the state. Is there any way for us to have these claims reprocessed noting that patient consent was truly obtained?	The claim which utilized an older Med 178 will be approved for payment. Please ensure current forms are being used. Regarding the forms with the “bottoms cut off”, DXC will be advising providers to scan as two pages so the entire form is available for review and claim to be paid.
PAR	We admit a patient for detox services. We initiate an authorization request through eQSuites. The actual date of admission is questionable because we are running up against midnight. We put the authorization request in for 11/18/19 (example) and this request is approved. The patient actually gets admitted on 11/19/19. We submit the claim with our approved authorization and we are denied for no authorization on file. The claim dates are not matching the authorization request because our date of admission is one day off. How do you change the Date?	Response by PAR: The provider will just need to submit a request to the helpline asking for the corresponding Admit date to be changed. They just need to include what the original date was and the new change they want to make.

Inpatient Topics/Questions Submitted (cont)

Topic	Brief Description	Status
Intensive Outpatient Program (IOP)	Can you tell me if it's acceptable to bill Health First Colorado for the intensive outpatient program initial evaluation (IOP) using cpt code 90791; psychiatric diagnostic evaluation since this code is on the Medicaid fee schedule (line 9712). Then can be bill for the subsequent IOP services separately to the RAE?	Per Behavioral Health: 90791 pays under the behavioral health capitation and should be billed to the RAEs.
340B	Enrollment delays	Being researched and additional clarification requested.
PAR	We get a referral from a physician that says "Evaluate and Treat". The therapist does an evaluation and determines the plan of care (frequency and duration). When we then send in a PAR request, we are not getting authorization as there isn't a frequency or duration on the physician order and our plan of care doesn't have a physician signature. Is there not something we can do in terms of Medicaid giving us authorization so that we aren't delaying care for our patients, specifically as it relates to our external providers?	Sent to PAR team

Hospital Rates Updates

Rates Effective 7/1/2019

- We did have to reprocess about 1,000 claims in December since DXC accidentally used first service date of 7/1/2019 instead of last service date.
- All reprocessing has been completed for the FY2019-20 rate loads.
- 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 has already begun.



Rebasing Medicaid Inpatient Hospital Rates for Fiscal Year (FY) 2020-2021

- Please keep an eye out for a notice in the February Provider Bulletin. We will also be sending reminder emails in February to all emails listed on our Hospital Engagement Meeting mailing list.
 - If you are not on this mailing list - please [sign up here and choose “Hospital Engagement Meeting.”](#)
- In order to calculate your hospital’s inpatient base rate and the Medicaid specific add-ons for FY 2020-2021, it is imperative that the Department’s hospital contractor, Myers and Stauffer LC, receives your agency’s most recent finalized Medicare Notice of Program Reimbursement (NPR) by March 1, 2020. Please note that **there is no extension** to this date.
- If we don’t receive new information, the Department will be using the same information used for last year’s inpatient hospital rates.



Rebasing Medicaid Inpatient Hospital Rates for Fiscal Year (FY) 2020-2021

- **In summary, we need two things by March 1, 2020:**
 1. Most recently audited Medicare/Medicaid Cost Report (CMS 2552) available as of March 1, 2020.
 2. Most recent finalized Medicare Notice of Program Reimbursement (NPR)

- **Please send to:**



**Kelly Swope, Senior Manager
Myers and Stauffer LC
6312 S. Fiddlers Green Circle
STE 510N
Greenwood Village, CO 80111
kswope@mslc.com**



Hospital Peer Groups and Definitions

- We have heard your concerns about resort hospital definitions and have incorporated that into the proposed peer groups which are currently being reviewed by HCPF leadership.
- More information to come later...

Outpatient Topics/Questions Received

Inquiries were not received and none are currently pending.

EAPG Module Update

- 3M Released new module 12/30/2019
 - Delayed release
 - Yearly CPT/HCPCS updates
 - January 8, 2020 implementation date
 - No changes in Colorado payment policies
- EAPG Version 3.10 will remain in effect

DME & Transportation Clarification

- 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](#)
- Unbundled DME EAPG codes will be posted to Billing Manuals

Drug EAPG Re-weighting

- Feedback from several Critical Access and Medicare Dependent Hospitals (CAHs and MDHs) regarding the discrepancy in EAPG payment in relation to drug costs in outpatient setting
 - Analysis has shown that providing outpatient hospital drugs is more costly for these hospitals than their counterparts
- **CONCEPT:** Rebalance EAPG drug weights such that Critical Access and Medicare Dependent Hospitals see payment in greater alignment with drug costs

Drug EAPG Re-weighting

- In order to provide relief to such hospitals providing outpatient drugs, drug EAPG weights are proposed to be increased
- Since EAPG weights are based on averages an increase to one group of hospitals will necessarily cause a decrease for another group.
- Non-CAH non-MDH rural hospitals and urban independent hospitals will not have a change in drug EAPG weights.

Listing of Drug v3.10 EAPGs

EAPG	EAPG Description	EAPG	EAPG Description
430	CLASS I CHEMOTHERAPY DRUGS	441	CLASS VI CHEMOTHERAPY DRUGS
431	CLASS II CHEMOTHERAPY DRUGS	443	CLASS VII CHEMOTHERAPY DRUGS
432	CLASS III CHEMOTHERAPY DRUGS	444	CLASS VII PHARMACOTHERAPY
433	CLASS IV CHEMOTHERAPY DRUGS	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
434	CLASS V CHEMOTHERAPY DRUGS	461	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
435	CLASS I PHARMACOTHERAPY	462	CLASS X COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
436	CLASS II PHARMACOTHERAPY	463	CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
437	CLASS III PHARMACOTHERAPY	464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
438	CLASS IV PHARMACOTHERAPY	465	CLASS XIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
439	CLASS V PHARMACOTHERAPY	495	MINOR CHEMOTHERAPY DRUGS
440	CLASS VI PHARMACOTHERAPY	496	MINOR PHARMACOTHERAPY

Hospitals with Drug Payment Increase

Hospital Name	CY18 Drug Revenue	Hospital Name	CY18 Drug Revenue
Delta County Memorial Hospital	\$675,207.02	Mt San Rafael Hospital	\$34,144.58
Memorial Hospital	\$304,856.69	Kit Carson County Memorial Hospital	\$27,757.09
Centura Health-St Thomas More Hospital	\$241,134.56	Melissa Memorial Hospital	\$27,341.21
Prowers Medical Center	\$234,123.56	Southeast Colorado Hospital	\$24,677.19
Heart Of Rockies Regional Medical Center	\$202,218.91	San Luis Valley Health Conejos County	\$23,057.38
Southwest Memorial Hospital	\$182,258.76	Grand River Medical Center	\$17,918.20
Pagosa Mountain Hospital	\$147,238.77	Sedgwick County Memorial Hospital	\$12,291.32
Estes Park Medical Center	\$132,458.57	Spanish Peaks Regional Health Center	\$12,181.92
Family Health West	\$106,561.39	St Vincent Hospital	\$10,973.64
Wray Community District Hospital	\$95,852.04	Rio Grande Hospital	\$10,268.42
East Morgan County Hospital	\$75,327.86	Gunnison Valley Hospital	\$9,864.05
Yuma District Hospital	\$72,909.81	Pioneers Medical Center	\$6,164.35
Aspen Valley Hospital	\$70,084.84	Rangely District Hospital	\$4,361.86
Arkansas Valley Regional Medical Center	\$63,864.30	Haxtun Hospital District	\$3,133.75
University Pikes Peak	\$42,431.14	Weisbrod Memorial County Hospital	\$1,827.18
Kremmling Memorial Hospital	\$36,119.99	Keefe Memorial Hospital	\$1,531.05
Lincoln Community Hospital	\$34,355.29		

Hospitals with Neutral Drug Payment

Hospital Name	CY18 Drug Revenue
National Jewish Health	\$2,521,120.16
Denver General Hospital	\$2,398,467.71
Mercy Regional Medical Center	\$1,235,384.46
Sterling Regional Medical Center	\$629,520.41
Vail Valley Medical Center	\$521,480.33
San Luis Valley Regional Medical Center	\$518,812.95
Valley View Hospital	\$303,472.43
Yampa Valley Medical Center	\$300,102.45
St Anthony Summit Medical Center	\$260,712.68
Community Hospital Home Health Service	\$159,664.86
Montrose Memorial Hospital	\$140,397.86
Parkview Medical Center	\$126,789.55
Colorado Plains Medical Center	\$95,739.27
Boulder Community Hospital	\$59,781.49
Animas Surgical Hospital	\$5,441.46

Hospitals with Drug Payment Decrease

Hospital Name	CY18 Drug Revenue	Hospital Name	CY18 Drug Revenue
University Hospital	\$8,038,987.09	Medical Center Of The Rockies	\$504,579.23
Childrens Hospital Colorado	\$7,679,963.92	Platte Valley Medical Center	\$454,369.22
Memorial Health System	\$3,545,949.59	Sky Ridge Medical Center	\$395,322.15
Poudre Valley Hospital	\$3,312,514.18	Swedish Medical Center	\$343,283.08
North Colorado Medical Center	\$1,734,318.83	Porter Memorial Hospital	\$329,790.39
Avista Adventist Hospital	\$1,397,596.50	St Anthony Hospital	\$244,058.72
Exempla Lutheran Medical Center	\$1,365,264.53	Rose Medical Center	\$199,062.04
St Mary Corwin Regional Medical Center	\$986,184.83	Parker Adventist Hospital	\$156,446.93
St Luke's Medical Center	\$897,058.40	Longmont United Hospital	\$101,073.13
Penrose-St Francis Hospital	\$874,889.25	Littleton Adventist Hospital	\$92,699.96
Saint Joseph Hospital	\$852,816.10	Banner Health - Ft. Collins	\$71,657.58
Mckee Medical Center	\$812,990.14	The Medical Center Of Aurora	\$69,893.59
St Marys Hospital & Medical Center	\$709,033.70	SCL Health Westminster	\$67,412.53
Exempla Good Samaritan Medical Center	\$552,539.43	North Suburban Medical Center	\$65,458.61
St Anthony Hospital North	\$521,377.59	Centura Health-Castle Rock Adventist Hospital	\$24,929.54



Staffing Update

Congratulations to Kevin Martin who is our new Division Director of the Fee for Service Rates Division!

Questions, Comments, & Solutions



Thank You!

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