

HOSPITAL STAKEHOLDER ENGAGEMENT MEETING

Friday, September 9, 2022
1:00 PM - 4:00 PM

Location: Online Only

All Hospital Zoom Meeting: Dial Toll-free 1-877-853-5257 / Meeting ID: 870 4490 0719 /
Passcode: 245046

Topic Suggestions, due by close of business two weeks prior to the meeting. Send suggestions to Tyler.Samora@state.co.us.

Welcome & Introductions

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



About this Meeting

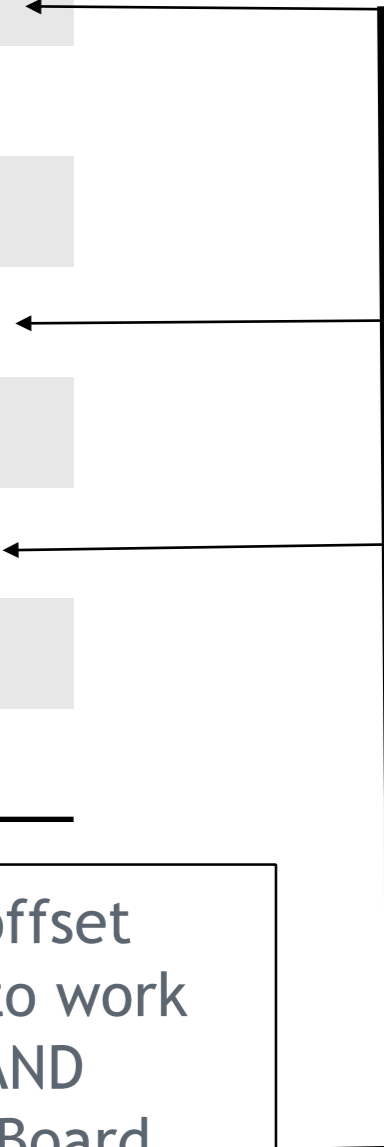
- We will be recording this meeting.
- Please speak clearly when asking a question and give your name and hospital
- A recording of this meeting will be posted to the [Hospital Engagement Meeting website](#) for later viewing.
- **Hospital Generated Topics:** Please contact Tyler Samora at Tyler.Samora@state.co.us with requests to cover questions or topics in future hospital engagement meetings. Topics requested fewer than 2 weeks before the next meeting may need to be pushed to future meetings depending on availability of personnel with knowledge of those topics.

Thank you for your cooperation

Dates and Times for Future General Hospital Stakeholder Engagement Meetings in 2022

Dates of Meetings	Meeting Time
January 14, 2022	1:00pm-4:00pm
March 4, 2022	9:00am-12:00pm
May 6, 2022	9:00am-12:00pm
July 8, 2022	1:00pm-4:00pm
August 5, 2022	9:00am-12:00pm
September 9, 2022	1:00pm-4:00pm
October 7, 2022	9:00am-12:00pm
November 4, 2022	9:00am-12:00pm

Added Date to discuss Inpatient Model Feedback



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

AGENDA

September 2022 Hospital Stakeholder Engagement Meeting Topics

Partial Hospitalization

Inpatient Base Rate Methodology Updates / Feedback

EAPG Transition Payment Authority & Rate Updates

Mass Adjustment Schedule

EAPG Module Updates

Covid Vaccination Status Denials

Naloxone Carveout

Partial Hospitalization

- General Acute Care Hospital - Partial Hospitalization
 - Principal diagnosis is not a RAE-covered diagnosis
 - Bill fee-for-service using revenue codes 912 and/or 913
 - A RAE denial is not necessary to process these claims

Draft Inpatient Base Rate Methodology

Peer Group Averages for New In-State Hospitals and Out-of-State Hospitals:

- Current methodology allows for a rural and urban peer group average to be applied to new in-state Colorado hospitals until such time as one full year of cost reports and the Medicare IPPS Impact data is available to build a new custom rate.
- Out-of-State hospitals also have rural and urban peer group designations but are paid at 90% of the in-state peer group rate.
- The Department is likely going to continue this into the new base rate methodology. If stakeholders have a strong preference for a different process, we are open to hearing them.

Draft Inpatient Base Rate Methodology

Feedback we're currently working through:

- **IME for non-PPS Hospitals:** Currently discussing options to reduce the administrative burden on non-PPS hospitals to receive IME since they do not normally fill out Worksheet E, Part A. Will provide further update during the next meeting.
- Request for Corridor to be reduced to 5%.
- Request for Pediatric Add-on to be increased from 21% to 25%.
- Request to review whether Sole Community Hospitals need a special add-on
 - The Department created the Payer Mix, Solvency Metric and Low Discharge hospital add-ons to cover for any hospitals that are in need. We will need to dig into this a bit more and will report back during the next engagement meeting.

Draft Inpatient Base Rate Methodology

Feedback we're currently working through:

- Request that only full-year cost reports be used in rate calculation - Yes, the Department agrees.
 - Department is confirming we can eliminate partial year reports from HCRIS data pull, if not, we will ask hospitals to make us aware of partial year reports so we can remove them from the 3-year averages we pull. [Please note: the model pulls an UP TO 3-Year Average where available and sometimes must use one or two years to create the average for newer hospitals.](#)
- Request that if the CMS IPPS Impact data is still incorrect as of 10/1 that hospitals can request to adjust the incorrect numbers.
 - Yes, the Department will accept these adjustments. Examples of what notification we would need to make changes to IPPS Impact File data and when they are due to the Department in rebasing years will be shared during October meeting.
- Request to determine whether psych/rehab subunits should be included in the Payer Mix calculation.
- Please continue to ask questions since we will likely run up against other details that may need to be tweaked as we go along.

Draft Inpatient Base Rate Methodology

New meeting has been scheduled to address outstanding feedback.

ALL Feedback is due by end of day Friday, September 23, 2022.

New Meeting Time: Friday, October 7th at 9am - 12pm.



Draft Inpatient Base Rate Methodology

IP Base Rate Methodology Timeline:

- Next meeting set for Friday, October 7th to address feedback due by end of day Friday, 9/23/2022.
- Next meeting set for Friday, November 4th when the final model will be presented.
- The model needs to be finalized in November in order to meet the Department's obligations to make necessary regulatory changes to Rule and State Plan and institute the new rates on 7/1/2023.

Questions?



EAPG Transition Payment Authority & Rate Updates

- Both sets of rates were loaded as of July 27, 2022
- Mass adjustment requests are being submitted to Gainwell
- At this point, there are approximately 300k claims that still need to be reprocessed

EAPG Transition Payment Authority & Rate Updates

- Due to the volume of claims the reprocessing of claims will be carried out until at least October
- Payment comparisons between 3.10 and 3.16 claims have been performed - significant budgetary impacts monitored
 - Hospitals will be contacted if any action is necessary.
- Base Rates and both sets of weights are posted on the Outpatient Hospital Payment [web page](#)

EAPG Transition Payment Authority & Rate Updates

➤ National Drug Code

- EOB 0039: The National Drug Code (NDC) is missing
- EOB 1199: One or more of the NDCs submitted is not related to the procedure code billed
 - Please refer to the HCPCS to NDC crosswalk found in [Appendix X](#) in our Billing Manual

➤ National Correct Coding Initiative

- PTP & MUE
- [Centers for Medicare & Medicaid Services](#) and [Provider Bulletins](#)

EAPG Module Update

- 3M will release GPCS v2022.3.0 on September 22, 2022
- Once released, Gainwell should have it installed into MMIS by September 28, 2022
- Applies quarterly CPT/HCPCS updates and the annual ICD updates
 - Since the same software is used for outpatient and inpatient, this will also impact inpatient claims
 - As a reminder, this update does recognize all codes effective 1/1/22 and beyond

Covid Vaccination Status Denials

- Outpatient hospital institutional claims with diagnosis codes relating to Covid vaccination status are denying
 - These diagnosis codes are:
 - Z28310 - Unvaccinated for COVID-19
 - Z28311 - Partially vaccinated for COVID-19
 - Z2839 - Other underimmunization status

- For EOB 3014 - “EAPGS Diagnosis is either invalid for date(s) of service or requires greater specificity”
 - The implementation of EAPG version 3.16 will allow these claims to pay

Naloxone Carveout

- HB22-1326 (Fentanyl Accountability And Prevention) Bill Signed into law May 25, 2022
- Appropriates funding for reimbursing Naloxone outside of EAPG
 - In EAPG v3.16, take-home Naloxone considered bundled into more resource-dominant procedures during OP visit
 - Rule presented to Medical Services Board this morning as emergency - will be effective July 8, 2022
 - Billing guidance forthcoming

Future Meetings

- 2023 Hospital Engagement Meeting Schedule
 - Plan to announce schedule in November meeting
 - Regularly posted in Provider Bulletins
 - Hospital Stakeholder Engagement Meeting Webpage
- Currently scheduled for three hours every other month
 - Proposition: reduce duration from 3 to 2 hours
 - Please provide feedback if in opposition

Questions, Comments, & Solutions



Thank You!

Kevin Martin
Fee for Service Rates Division Director
Kevin.Martin@state.co.us

Raine Henry
Hospital and Specialty Care Section
Manager
Raine.Henry@state.co.us

Andrew Abalos
Facility Rates Section Manager
Andrew.Abalos@state.co.us

Diana Lambe
Inpatient Hospital Rates Analyst
Diana.Lambe@state.co.us

Tyler Samora
Outpatient Hospital Rates Analyst
Tyler.Samora@state.co.us