HOSPITAL STAKEHOLDER ENGAGEMENT MEETING

Friday, September 6, 2024
9:00 AM - 11:00 AM

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 Della.Phan@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 Della Phan at Della.Phan@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 2024
General Hospital Stakeholder Engagement Meetings

Dates of Meetings	Meeting Time
~~January 12, 2024~~	~~1:00pm-3:00pm~~
~~March 1, 2024~~	~~9:00am-11:00am~~
~~May 3, 2024~~	~~9:00am-11:00am~~
~~July 12, 2024~~	~~1:00pm-3:00pm~~
~~September 6, 2024~~	~~9:00am-11:00am~~
November 1, 2024	9:00am-11:00am

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 2024 Hospital Stakeholder Engagement Meeting Topics – mm:ss
Error 381: Attending Provider Missing – 4:37
APR-DRG Version 40 effective date 10/1/2024 – 5:56
Proposed Changes to two Inpatient Base Rate Add-on calculations – 6:26
October Hospital Engagement Meeting – 18:40
General EAPG Updates – 19:30
Type of Bill 085X Series – 21:12
Outpatient Hospital – Modifier 76 – 24:26
LARCs – Duplicate Claim Denial Issue – 26:20
EAPG Duplicate Drug Payments – RAC Audits – 27:55
Billing Manual Updates – IP Specialty Drugs – 28:47
EAPG Version 3.18 Update – 30:12
Regulatory Updates – 35:30

Error 381: Attending Provider Missing

- Institutional claims require an attending provider NPI, if this is missing, the claim will deny for error 381.
- There are no known or identified hospital claims that have paid without an attending provider ID.

Version 40 Update implementation effective date 10/1/2024

- Quick reminder that the implementation of Version 40 of the APR-DRG methodology and associated weight table has been postponed by the Department until October 1, 2024.

- The postponement is to allow additional time to obtain State Plan authority and reduce administrative burdens associated with reprocessing claims.

- The finalized APR-DRG Weight Table Version 40 has been updated with the new effective date and is available on the Inpatient Hospital Payment page.

Proposed Change to Graduate Medical Education (GME) Calculations for IP Base Rates & effective 7.1.2025

GME COST PER DISCHARGE							
Column Label:		A	B	C	D	E	F
Source:	2023 Teaching Hospital List	Most Recent Cost Report Period on File in Jan 2023		WS B Col 21-22 Ln 30-43	WS B Col 21-22 Ln 50-77 and 90-91	WS C Title XIX Col 6 Ln 202	WS C Title XIX Col 8 Ln 202
Medicare Provider Number	CMS Teaching Hospital?	Cost Report Period Start Date	Cost Report Period End Date	Total GME Routine Costs	Total GME Ancillary Costs	Inpatient Charges	Total Charges

Draft Inpatient Base Rate Methodology

Screen shot of CMS 2552 Worksheet B, Part 1 Cost Centers

		ANCILLARY SERVICE COST CENTERS
50.00	05000	OPERATING ROOM
52.00	05200	DELIVERY ROOM & LABOR ROOM
53.00	05300	ANESTHESIOLOGY
54.00	05400	RADIOLOGY-DIAGNOSTIC
55.00	05500	RADIOLOGY-THERAPEUTIC
57.00	05700	CT SCAN
58.00	05800	MRI
60.00	06000	LABORATORY
65.00	06500	RESPIRATORY THERAPY
66.00	06600	PHYSICAL THERAPY
67.00	06700	OCCUPATIONAL THERAPY
68.00	06800	SPEECH PATHOLOGY
69.00	06900	ELECTROCARDIOLOGY
70.00	07000	ELECTROENCEPHALOGRAPHY
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS
73.00	07300	DRUGS CHARGED TO PATIENTS
74.00	07400	RENAL DIALYSIS
76.00	03950	KIDSTREET
76.01	03951	ORTHOPAEDICS
76.02	03952	BEHAVIORAL SCIENCES
		OUTPATIENT SERVICE COST CENTERS
90.00	09000	CLINIC
91.00	09100	EMERGENCY
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART

D
WS B Col 21-22 Ln 50-77 and 90-91
Total GME Ancillary Costs

In particular, the Department will want to discuss the appropriateness of including Outpatient Service Cost Centers (90=Clinic & 91=Emergency) in Total GME Ancillary Costs during the next rebasing year in 2025.

- As we mentioned last year after the New IP Base Rate Methodology was implemented, the Department noticed that historically there have been some cost centers pulled in the Total GME Ancillary Cost column for use in the calculation of IP GME Add-on payments.

- Since these cost centers are Outpatient based (90=Clinic & 91=Emergency), there is some question whether they should be included in an Inpatient GME payment going forward.

Proposed Change to GME Calculations for IP Base Rates & effective 7.1.2025 cont'd

GME COST PER DISCHARGE							
Column Label:		A	B	C	D	E	F
Source:	2023 Teaching Hospital List	Most Recent Cost Report Period on File in Jan 2023		WS B Col 21-22 Ln 30-43	WS B Col 21-22 Ln 50-77 and 90-91	WS C Title XIX Col 6 Ln 202	WS C Title XIX Col 8 Ln 202
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WS B Col 21-22 Ln 50-77 and 90-91
Total GME Ancillary Costs

In particular, the Department will want to discuss the appropriateness of including Outpatient Service Cost Centers (90=Clinic & 91=Emergency) in Total GME Ancillary Costs during the next rebasing year in 2025.

- Based upon our current understanding, the Department is inclined to remove lines 90 & 91 from Total GME Ancillary Costs since they are Outpatient Service Cost Centers, and the calculation is related to Inpatient GME.
- Kelly Horan with Myers & Stauffer is present for questions and comments during today's meeting.
- We strongly encourage hospitals to share their feedback (Pro or Con and Why) on these proposed changes by the end of September. If we are missing something, we want to hear from you. Diana.Lambe@state.co.us and Andrew.Abalos@state.co.us.

Requested change to Payer Mix Add-On Calculation for IP Base Rates effective 7.1.2025

- **Payer Mix Calculation request:** Please consider adding in Worksheet (WS) S-3, Part I, Col. 7, Line 3 HMO IPF Subprovider and Line 4 HMO IRF Subprovider because you are including their straight Medicaid and total days. For acute care, you are adding in line 2, so this would be consistent treatment for both acute care and the subunits.

04-20 FORM CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX
STATISTICAL DATA

	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / T			
						Title V	Title XVIII	Title XIX	
		1	2	3	4	5	6	7	
1	Hospital Adults & Peds. (columns 5, 6, 7, and 8, exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)								
2	HMO and other (see instructions)								
3	HMO IPF Subprovider								
4	HMO IRF Subprovider								
5	Hospital Adults & Peds. Swing Bed SNF								

- Definitions: HMO= Health Maintenance Organization, IPF = Inpatient Psychiatric Facility and IRF = Inpatient Rehabilitation Facility

Requested change to Payer Mix Add-On Calculation for IP Base Rates effective 7.1.2025 cont'd

- **Payer Mix Calculation request:** Please consider adding in WS S-3, Part I, Col. 7, Line 3 HMO IPF Subprovider and Line 4 HMO IRF Subprovider because you are including their straight Medicaid and total days. For acute care, you are adding in line 2, so this would be consistent treatment for both acute care and the subunits.

Payer Mix data pull from Worksheet S-3, Part 1

COLUMN	LINE	NAME OF COMPONENT	
7 (Title XIX)	2	HMO AND OTHER	
7 (Title XIX)	3	HMO IPF SUBPROVIDER	request to add
7 (Title XIX)	4	HMO IRF SUBPROVIDER	request to add
7 (Title XIX)	14	TOTAL	
7 (Title XIX)	16	SUBPROVIDER - IPF	
7 (Title XIX)	17	SUBPROVIDER - IRF	
8 (Total All Patients)	14	TOTAL	
8 (Total All Patients)	16	SUBPROVIDER - IPF	
8 (Total All Patients)	17	SUBPROVIDER - IRF	

- Definitions: HMO = Health Maintenance Organization, IPF = Inpatient Psychiatric Facility and IRF = Inpatient Rehabilitation Facility

Two Requested Changes to Add-On Calculations for IP Base Rates effective 7.1.2025

- **Timeline for decision on the two requested changes:** The final decision will be communicated during the November Hospital Engagement Meeting. Please let us know if you have concerns either way for each proposed change by the end of day Monday, September 30.
  - Email Diana.Lambe@state.co.us and Andrew.Abalos@state.co.us with reasons why we should or shouldn't make either change you have concerns about.

- **To reiterate:** The Department plans to use the same model (pending the two potential changes we just reviewed) used in SFY 23-24 and will be refreshing it with new data. If you have any feedback about the process, please be sure to share with by end of day Monday, September 30 to the above email addresses.

October Hospital Engagement Meeting

- This additional meeting is to discuss any feedback we receive from hospitals on the proposed add-on calculations.

- This will also serve as an additional opportunity to discuss EAPG Version Updates.

- Right now, October 11th at 1pm in the afternoon is likely the day and time. The Department will send a Constant Contact email confirming the meeting date and time.

General EAPG Updates

- EAPG Module Update
  - 3M/Solventum to release General Availability Version 2024.3.0 on September 26, 2024
  - Estimated installation within interChange the week of September 30
  - Applies quarterly CPT/HCPCS updates
  - Applies annual ICD-10 Code-set Updates

- Update to allowable Types of Bills to include 085X series

EAPG Update – Type of Bill 085X Series

Only to impact claims submitted to RAEs using Colorado's EAPG Module for Pricing

- Fee-for-service claims not impacted
- Currently, Colorado's EAPG configuration only allows TOB 013X for Outpatient Hospital claims
- Issue for Medicare crossover claims paid through RAEs using EAPG module requiring CAHs to rebill using TOB 013X
- Allowing TOB 085X to reduce need for rebilling

EAPG Update – Type of Bill 085X Series Continued

Fee for Service

- Critical Access Hospitals still required to bill outpatient hospital FFS claims using TOB 013X Series

- FFS Medicare-primary claims allow TOB 085X and pay Medicare coinsurance and deductible

Outpatient Hospital – Modifier 76

- Modifier 76 defined as Repeat or Duplicate Services on the Same Day

- Configurable Option in EAPG (Use anatomical or select modifiers)

- Colorado chose “No” for this option on EAPG implementation

- For EAPG payment purposes, this option could only be used for overriding consolidation for Significant Procedures

Use anatomical or select modifiers

Determines whether the option to use anatomical or select modifiers is applied for the reporting of multiple significant procedures in order to override the same significant or clinical significant consolidation options.

The list of Anatomic modifiers are: E1, E2, E3, E4, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, LT, RT, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, LC, LD, LM, RI and RC and the other select modifiers are 76 and 77.

Long Acting Reversible Contraceptive - Duplicate Claim Denial

- Issues occurring with reprocessed inpatient claim that have corresponding outpatient claim for LARC Carveout
- Department is exploring solutions to reduce effort required in rebilling

EAPG Duplicate Drug Payments Questions on RAC Audits

- From the RAC Team:
  - Providers should review claims not included in this or any other audit for which they have received payment, to identify any similar overpayments. If a provider self-identifies an overpayment, the provider must report and return the overpayment to the Department within 60 days of identification, as required by state and federal law. Instructions for reporting and returning the overpayment can be located on the Department's website at https://hcpf.colorado.gov/provider-self-disclosure.

- For RAC audits, providers should contact HMS
  - HMS Provider Services (available M-F 8:00 a.m. to 5 p.m. MT): (877) 640-3419
  - CORAC@hms.com

Billing Manual Updates – IP Specialty Drugs

- A corresponding **outpatient claim** to the drug **inpatient administration** must be submitted that includes the below information and meets the following criteria:
  - The HCPCS for the Hospital Specialty Drug
  - The NDC of the Hospital Specialty Drug administered to the member
  - The SE modifier
  - No additional revenue or procedure codes can be present on the claim.
  - The outpatient claim must be submitted after the affiliated inpatient claim is paid.
  - Outpatient claim date of service must be the date of administration and within the affiliated inpatient claim From Date of Service (FDOS) and To Date of Service (TDOS).

EAPG Version 3.18 Update

- The Department will be working to implement a new version of EAPGs effective July 1, 2025

- EAPG Version 3.18 was released January 1, 2023
  - Newest version available for payment modeling

- Version update entails addition, revision, and deletion of existing EAPGs
  - 24 New EAPG groups
  - 6 Deleted EAPG groups
  - 19 EAPG groups added to standard packaging list, 2 removed

- More clinically precise and accurate assignment of EAPG groups aligned with current clinical practice, costs, and trends

EAPG Version 3.18 Update Continued

- Adjustments to weights to accommodate changes in resource utilization for groups

- Modifications to Clinical Significant Procedure Consolidation Groups (Appendix E of EAPG Definitions Manual) and Packaging Groups (Appendix D)

- EAPG 993 – Inpatient Only Procedures Group Eliminated
  - Colorado will continue enforce IP-only through CMS' Medicaid NCCI Edits

Regulatory updates

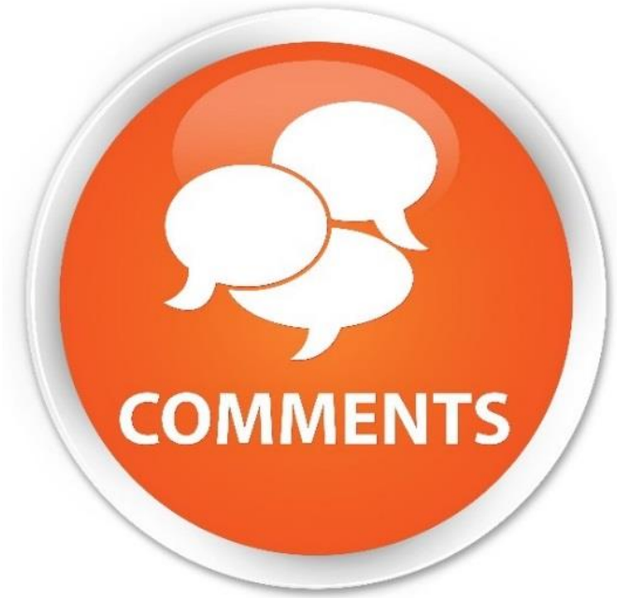
- Inpatient Rate Update SPA Approved (CO-24-0018)
  - Obtain federal authority to pay inpatient hospital rates with 2% increase
  - Effective July 1, 2024

- Outpatient Rate Update SPA Submitted (CO-24-0017)
  - Obtain federal authority to pay outpatient hospital rates with 2% increase
  - Effective July 1, 2024

- Specialty Hospital Rate Update SPA Submitted (CO-24-0020)
  - Obtain federal authority to pay specialty hospital per diem rates with 2% increase
  - Effective July 1, 2024

- APR-DRG Version Update SPA Submitted (CO-24-0011)
  - Public Noticing re-issued with October 1, 2024 effective date

Questions, Comments, & Solutions



Thank You!

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