

# Nursing Facility Stakeholder Meeting

January 17, 2024

# Agenda

- Announcement, Introductions
- P4P Update
- SBS Due Date
- Eligibility Redetermination Dashboard
- Non-Medicaid Ancillary Cost Removal Analysis
- HB 23-1228 Utilization Payment Update
- Wage Enhancement Payment Timeline
- Public Comment

# Pay for Performance Update

- Application Portal is Live
- Due date is February 29th

# Supplemental Behavioral Services (SBS) Add-On

- Due date is March 31
  - Applications can be submitted to:  
Department of Health Care Policy & Financing  
ATTN: Christine Bates  
303 E. 17th Avenue  
Denver, CO 80203
  - Or electronically to: [Christine.Bates1@state.co.us](mailto:Christine.Bates1@state.co.us)  
Please provide a separate email, requesting confirmation of receipt, if applications are submitted electronically.

# Eligibility Redetermination notices to Nursing Homes

- Automated emails with eligibility dates sent in December
- Files will include a monthly data pull that identifies pending, upcoming and overdue eligibility redeterminations by resident
- HCPF updated NHA emails on November 8th

# Eligibility Redetermination notices to Nursing Homes cont.

- File contains County records
- **Overdue and Upcoming- 2 tabs!**
- Redetermination date
- Mailing address and contact info (possible update needed?)
- County handling the case

# Eligibility Redetermination notices to Nursing Homes cont. 2

- Some data is aged due to turnover and ownership changes
- Email [Richard.Clark@state.co.us](mailto:Richard.Clark@state.co.us) to update email contact(s) if you did not receive file.
  - Medicaid Provider ID
  - NPI
  - Primary contact (email)
  - Secondary contacts email)

# Further Updates

- HCPF has assigned high volume nursing homes to an eligibility contractor to assist with processing.
- Contractor is Express Eligibility Connections. We have directed that the focus on Jefferson County cases.
  - EEC will outreach homes that the are prioritizing.



# Removal of Non-Medicaid Ancillary Costs

- Level of Medicare Part A costs are an allowable cost in Medicaid reimbursement
  - Level of inclusion based on cost report filled prior to 1997
    - Creates two issues:
      - Nursing homes reimbursed for same cost by both Medicaid and Medicare, and
      - Creates inequitable effect on Medicaid reimbursement

# Removal of Non-Medicaid Ancillary Costs cont.

- With current reimbursement methodology, inclusion of these costs do not increase total reimbursement
- Instead, decreases Medicaid reimbursement for care provided to Medicaid residents
- **Decreases reimbursement from one group (*High Medicaid utilization SNF*) to increase reimbursement to another group (*High Medicare utilization SNF*)**

# SFY 22-23 Model w/o Ancillary Costs

- Analyzed reimbursement removing Medicare ancillary costs from Core rates used to calculate SFY 23-24 iC rates & provider fee model
  - Limited analysis removing ancillary costs from Core rates
  - Medicaid days are CY 2022
- Reimbursement change experienced through:
  - iC Reimbursement Rate, and
  - Core Component Supplemental Payment

# iC Reimbursement Rate

- iC rate base on % of Core rate such that the statewide average iC rate is a % more than the prior year year statewide averager iC rate
  - *Core Rate \* General Fund (GF) Limit*
- SFY 22-23 statewide average iC rate is \$276.16
  - Actual GF Limit is 85.21% to get \$276.16 iC Rate
  - Revised GF Limit is 87.32% to get \$276.16 iC Rate

# iC Reimbursement Rate cont.

Description	Core Rate	General Fund Llimit	iC Rate	iC Payment
Actual	\$328.03	85.21%	\$276.16	\$814M
Adjusted	\$316.27	87.32%	\$276.16	\$815M
# Difference	(\$11.76)	2.11%	\$0.00	\$1M
% Difference	-3.6%	2.5%	0.0%	0.1%

# Core Supplemental Payment

- Payment based on difference between iC and Core Rate, multiplied by Medicaid days, multiplied by % funded
  - $((\text{Core Rate} - \text{iC Rate}) * \text{Medicaid Days} * \% \text{ Funded})$
- With change, smaller difference between Core and iC Rate so total payment decrease
- Payment limited by available funding so increase in % funded and no actual change in total funded supplemental payment

# Core Supplemental Payment cont.

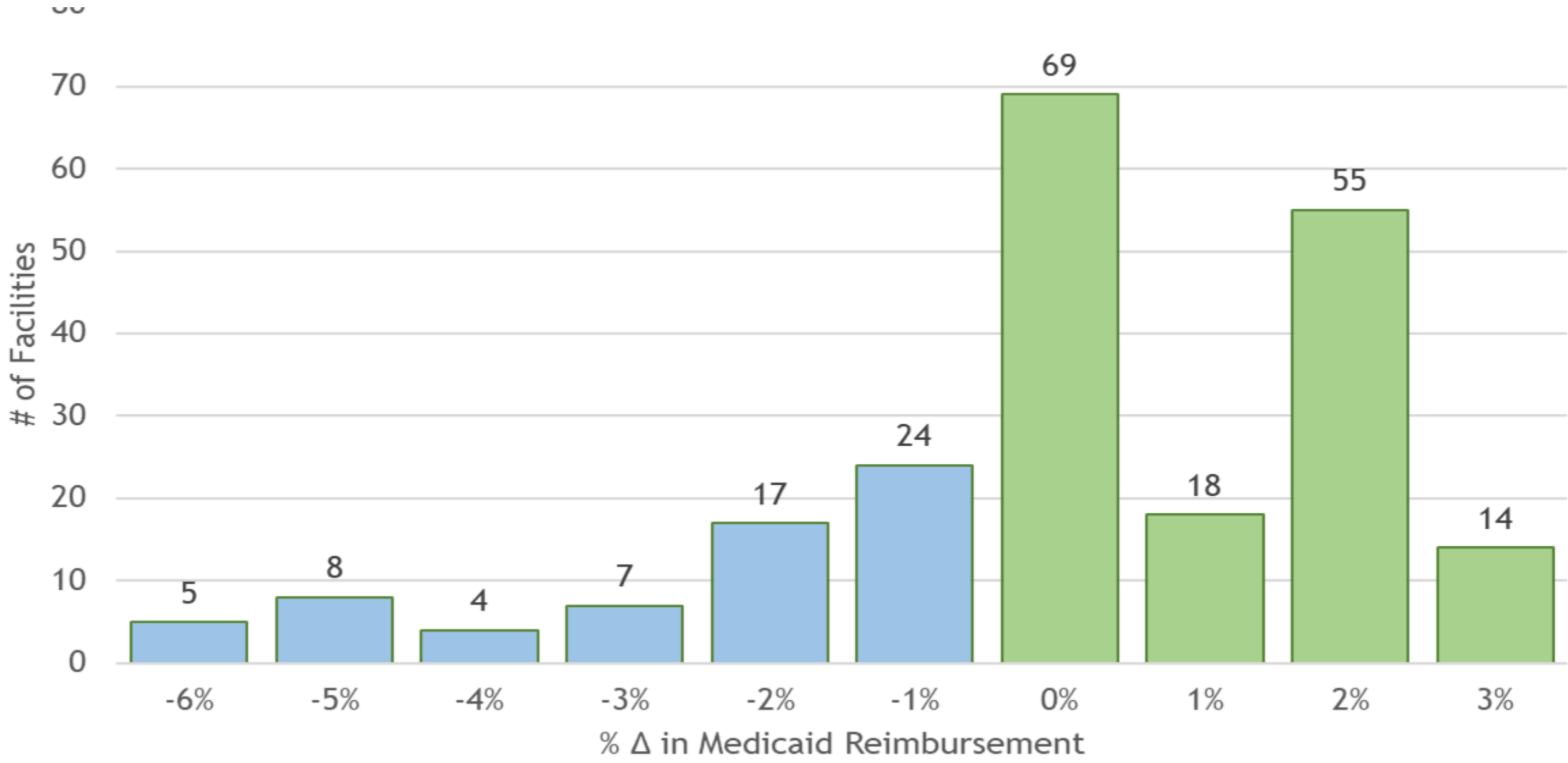
Description	Core Rate	iC Rate	Difference	Total Payment	Percent Funded	Total Funded Payment
Actual	\$328.03	\$276.16	\$51.86	\$173M	23.32%	\$38M
Adjusted	\$316.27	\$276.16	\$40.10	\$134M	28.09%	\$38M
# Difference	(\$11.76)	\$0.00	(\$11.76)	\$39M	4.77%	\$0M
% Difference	-3.6%	0.0%	-23%	23%	20%	0.0%

# Change to Reimbursement

- Total reimbursement limited change but change varies by nursing home (*Medicare cap and utilization*)
  - Change by nursing home ranges from -6% to +3%
  - Most nursing homes (82%) within -2% and +2%

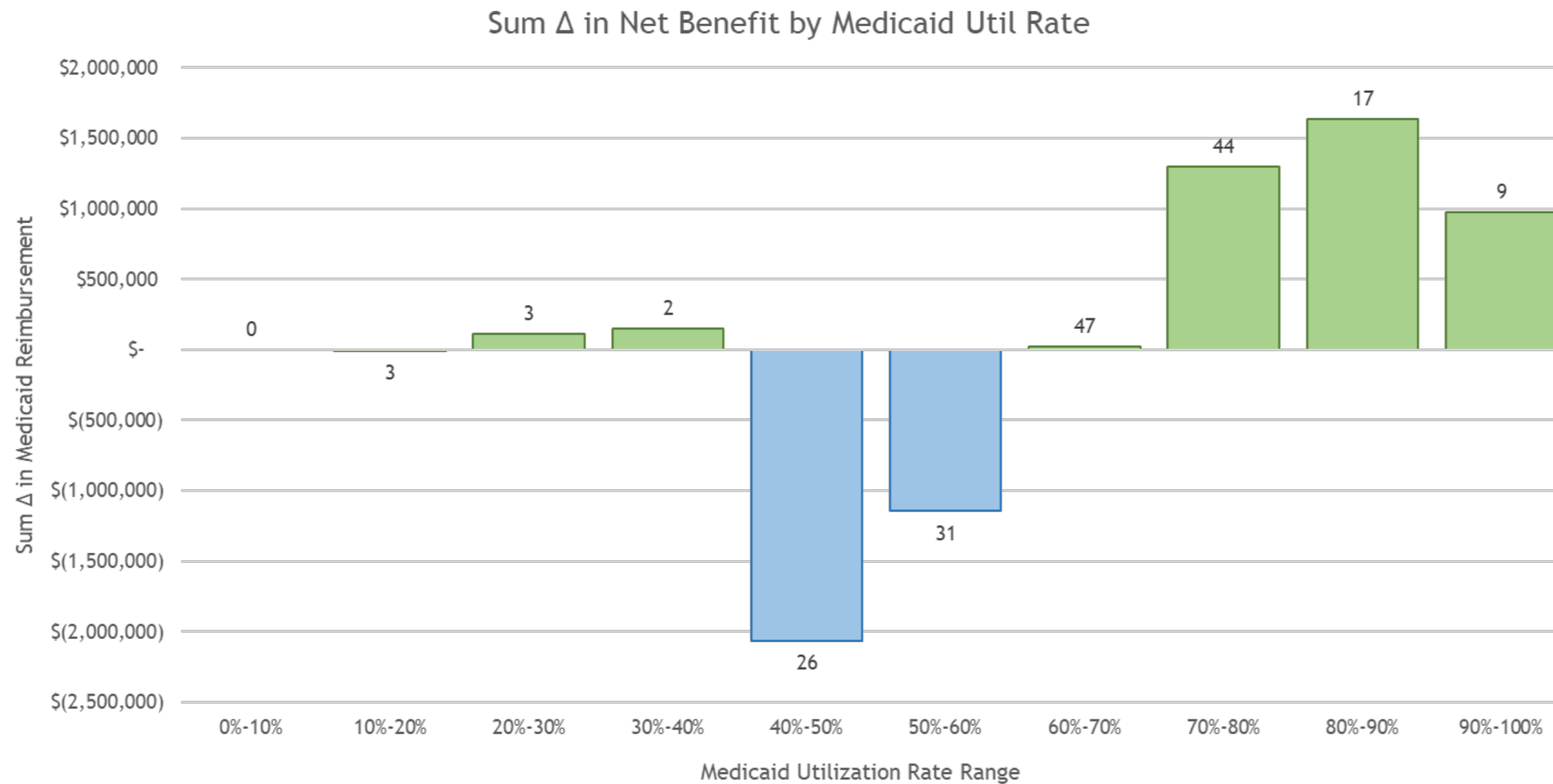


# Change to Reimbursement cont.



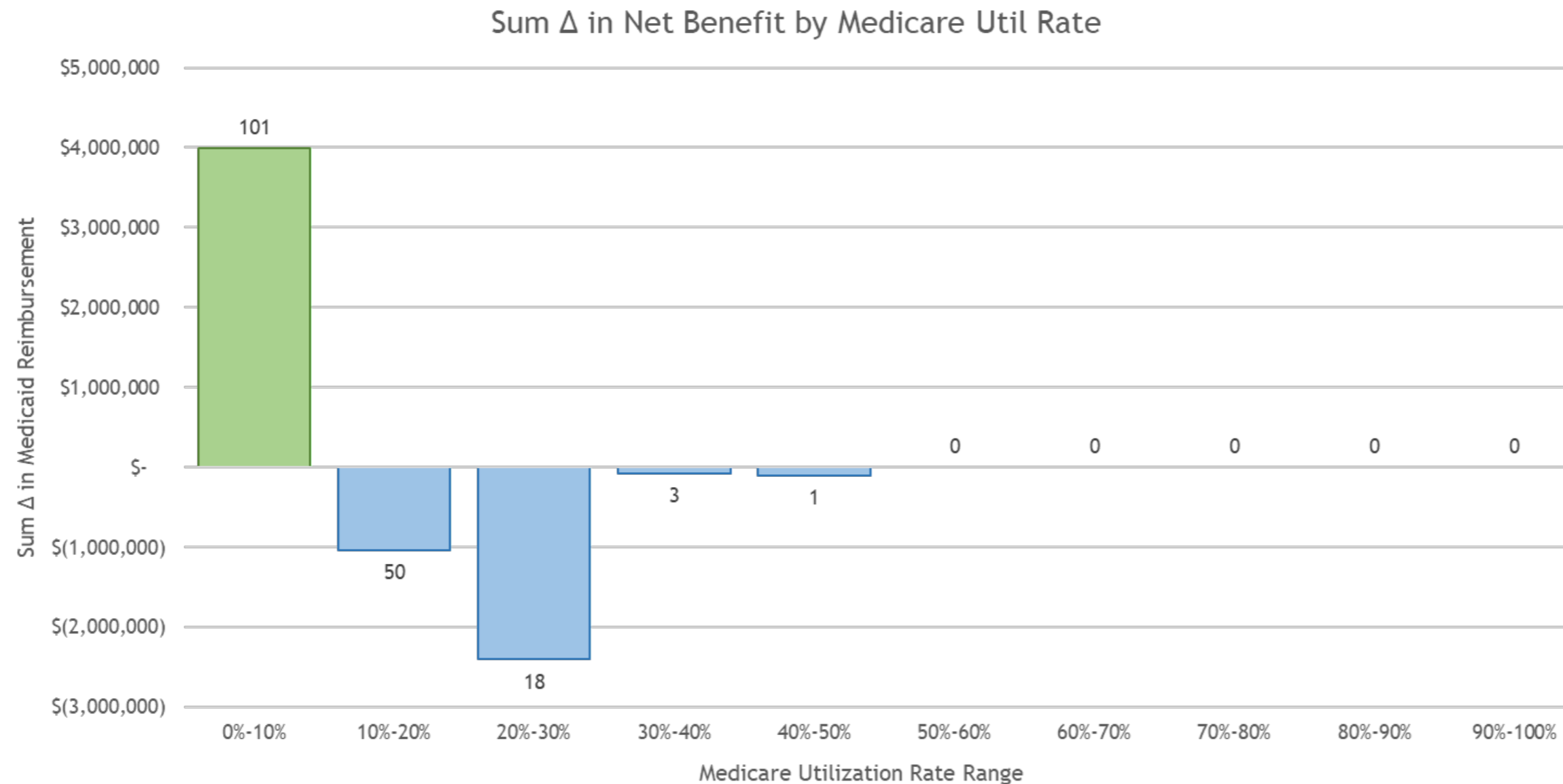
# Change to Reimbursement cont. 2

- Reimbursement increase with greater Medicaid utilization



# Change to Reimbursement cont. 3

- Reimbursement decrease with greater Medicare utilization



# High Medicaid Utilization Payment

- \$15M new payment to nursing homes with greater Medicaid utilization rate
  - Funding General/Federal Funds, not provider fee funds
- *Per Diem Rate \* Medicaid Days*
  - 85% to 100% = \$10.00 Per Diem Rate
  - 75% to 85% = \$5.00 Per Diem Rate
- Medicaid utilization =  $\text{CY 22 Medicaid days} / \text{CY 22 Total days}$

# High Medicaid Utilization Payment cont.

- Timeline

- January - Reach out to nursing homes with Medicaid utilization between 70% to 75% and 80% to 85%
  - Can subtract Medicaid pending Days and Veteran's Days from Total Days
- February - Payment communicated to nursing homes
- March to June - Payment to occur monthly most likely with provider fee supplemental payments

# Wage Enhancement Payment

- \$8.5M payment to nursing homes with all employees compensated an hourly rate of \$15/hour
  - For period 5/1/23 through 12/31/23
- Payment equal to percent of Total Medicaid Hours \* Total Available Funds
  - Payment calculation split between rural and urban
- Total Hours & Total Days from CRYE 2023 Cost Report
- Medicaid Days from MMIS for CY 2023

# Wage Enhancement Payment cont.

- Timeline
  - March - Nursing homes provide completed attestation form
  - April through May - Payment communicated to nursing homes
  - June - One-time payment to occur to nursing homes

# 2024 COLA/PNA

- 2024 PNA and MMMNA memo
  - PNA increased 10% to \$105.56/mo
  - Spousal Allowance calculation tools



# Open Comment