



MEETING SUMMARY

HB23-1215 Hospital Facility Fee Steering Committee Meeting

Tuesday, June 11, 2024
4:00 - 6:00 p.m.

Participants [register for Zoom](#) meeting.

[Meeting recording](#)

[Meeting transcript](#) (closed caption)

1. Agenda, shared purpose, and commitments (10 minutes) - slides 1 - 9

- a. Introduce steering committee members to the public
 - a. Isabel Cruz, Policy Director, Colorado Consumer Health Initiative
 - b. Diane Kruse, Health Care Consumer
 - c. Dr. Omar Mubarak, Managing Partner, Vascular Institute of the Rockies
 - d. Dan Rieber, Chief Financial Officer, UC Health
 - e. Bettina Schneider, Chief Financial Officer, Colorado Department of Health Care Policy and Financing (HCPF)
 - f. Kevin Stansbury, Chief Executive Officer, Lincoln Community Hospital
 - g. Karlee Tebbutt, Regional Director, America's Health Insurance Plans
- b. Facilitator recaps the shared purpose, boundaries, [open meeting law](#), and shared commitments

2. Upcoming Meetings and Data Scorecard (20 minutes)

- a. Optumas shares a recap and summary of topics for the following (3) meetings (slides 10 - 12)
- b. Optumas shares updated data scorecard ([CO HB1215 - Data Progress.xlsx - Google Sheets](#))
 - a) 2 new columns to indicate when the data analysis will be completed and the steering committee review meeting date
 - b) Color coding updates - yellow making progress on, green completed analysis





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- i. **ACTION ITEM 1:** Optumas will update the progress notes in the scorecard based on recent progress and feedback
- c) **Steering committee discussion**
 - a) Question: Where is Medicare Advantage? Answer: Medicare Fee for Service and Medicare Advantage are together
 - b) Question: Why did Medicare Advantage get lumped with Medicare instead of commercial billing because it is more like commercial billing? Answer: the G-code was the original reason, but we can re-evaluate the data and determine if it should be delineated as its own category.
 - i. Comment: We need to clarify where it is located in the report.
 - ii. Comment: Medicare Advantage is not under the Colorado Division of Insurance controls and oversight.
 - iii. **ACTION ITEM 2:** Optumas to reexamine data and evaluate pulling Medicare Advantage out into its own section.
 - d) Question on section 6C in the legislation: This section seems to be for the payer side, not employer representatives, Chambers, and Associations.
 - i. Answer: It was based on previous discussions about employer perspectives.
 - ii. Comment: Expressed the same concerns about not having the employer's perspectives in the final report.
 - iii. Comment: We are missing some bullets and progress notes and capturing the payer perspectives.
 - iv. **ACTION ITEM 3:** Update the scorecard with the bullets and progress notes regarding employer perspectives.
 - e) Question on section 6C in the legislation: What are we trying to say, Division of Insurance (DOI) is not feasible? Is it not available?
 - i. Answer: We talked with the DOI, and they do not have their own data set; we will use the APCD as the primary data source.
 - ii. Comment: We must say, "The data is unavailable through DOI."
 - iii. Comment: The legislation explicitly says "if available," so how much time do we want to spend on this if it is unavailable?
 - iv. Question: Will we request Optumas or others to round up the data? It doesn't seem like the data will come from APCD.
 1. **ACTION ITEM 4:** The Department and Optumas will take this back and update the scorecard with more exact wording
 - f) Question: Can we clarify what data is available?
 - i. Comment: The survey to carriers took 2 weeks to complete, and we are unsure what is publicly available.
 - ii. Comment: DOI has all carrier network product IDs, but there are hundreds of plans. I don't know if we need 700.





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- iii. Comment: other plans, like Medicare Advantage, are not under DOI control.
- iv. Comment: DOI has authority over about 30% of plan, and APCD data does have other data, such as Medicare Advantage.
- v. Comment: Maybe we should explore the intent of why this was put into the bill.
 - 1. Answer: There were questions about different types of plans and payment plan policies, but I cannot speak to the exact intention. I believe the spirit was to understand different types of payment policies.
- vi. Comment: Medicare, Medicare Advantage, Medicaid, and private insurers all have different rules, and knowing the origin and description of those rules would help inform lawmakers.
- vii. Comment: Different contracts with different payers are handling the reimbursement.
- viii. Comment: Small rural hospitals cannot negotiate a contract; the insurer tells us what they will pay or will not pay.
- ix. Comment: I am curious if any insurers cover facility fees. It would be great to have the actual data on this.
- x. Comment: Aggregate amount by hospital or system data is available in the APCD data.
- xi. Comment: The challenge for the steering committee is the complexity and amount of information we are required to go through quickly. We need more time to collect, review, and understand the data.
- xii. Question: Are we delving into the limitations of the non-APCD data?
- xiii. Comment: I want to ensure we have all the necessary information before delving into the specifics.

3. Non-APCD Data Methodology and Limitations (15 min)

- a. HCPF shares the survey and supplementary data methodology and limitations, then opens discussion with the steering committee (slides 13-14)
 - a. 25 responses to the survey
 - b. Employer we interviewed Josh Benn from the Colorado Department of Personnel
 - 1. The Department will share other “small data” with the steering committee.
 - c. Comment: I am worried that we will reach a conclusion based on a small number of employers and that we are not capturing the





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system's complexity. We will do a disservice to the legislature if we don't say this is really complex.

- d. Comment: The report does not make recommendations; it is more of a data dump with caveats. However, I think the challenge is to avoid the legislature interpreting the data as a recommendation.
- e. Comment: The short, limited timeframe restricted our ability to get the data and thoroughly vet the data, so the report should call this out, and the time is not enough to put together information on such a complicated issue. Get the tenor right and stick to factual data and acknowledge all caveats.
- f. Comment: Limited time, limited resources, and challenges in a section; we all come together to say this in the report. (see action below)
 1. Option: add a letter from the steering committee on these concerns/topics.
 - a. Comment: I view HCPF as a payor, so I need to argue against the department writing the letter.
 - b. Comment: I don't want a letter to undercut what is available.
 - c. Comment: The department is the administrator, so I don't think it is appropriate for the department to write and submit a letter with the report.
 - d. **ACTION ITEM 5:** Follow-up with 1) an answer as to how the report will be submitted (if the Department is submitting the report to the legislature or if it is coming directly from the steering committee and can include a letter and 2) draft report language about the challenges of the task given to the group (scale, resource, timing), the complexity of the system, and the importance of caveats (e.g., covered claims v. covered lives, DOI purview, etc) (to be edited by the steering committee).
- g. Comment: No report or data is perfect, and the point is what we can know and what we can agree on with the data we do have.
- h. Comment: We agree that we must acknowledge the challenges based on the limited time.
- i. Question: The survey for hospitals and data points around net revenue; how is this an insurmountable obstacle?
 1. Answer: APCD data is the primary source of this report's information.
- j. Question: Net revenue is not in APCD, so what is the blockade?
 1. Answer: APCD data includes insurance payments for hospitals and breaks them down into member shares, making it a robust data set equivalent to net patient revenue. Net revenue = payments





4. Review Commercial Market Memo (45 minutes) slides 15 - 18

a. Optumas reviews the memo:

[Commercial Facility Fee Identification Methodology - DRAFT colorado.gov](#)

b. Steering committee discussion:

- i. Comment: Suggest using “visit/claims” because we don’t want to equate a claim count to a visit count.
- ii. Comment: Use the right words because 75% of covered lives are very different from 75% of covered claims in Colorado.
- iii. Comment: High utilizers may be understated, especially since we exclude emergency department visits.
- iv. Comment: You may have covered lives, but you may not have all of their claims because some might be covered by workers’ compensation, auto, property, or other casualty insurers or other payers outside of APCD.
 1. Comment: We tried to classify and list what is not included.
 2. **ACTION ITEM 6:** In the memo, clarify with more narrative to make that more transparent, address the comment below, and explain there are partially denied claims, and clarify the treatment of outpatient ED visits in the data/report.
- v. Comment: Some are HOPD services but not a physician professional visit, so it is not about matching 1500 to a UB.
 1. Comment: We are trying to ensure we are saying it is separate and distinct, but we can clarify that.
- vi. Comment: code 36415 can be a transfusion
 1. Comment: The actual definitions are in the Appendix; they are too long to put into the table. It is more about the individual incidents of the code. The units get so large that they would dominate the table, so we are counting them as each instance in the claim.
- vii. Question: Is there a section discussing member cost share?
 1. **ACTION ITEM 7:** Share which parts of the legislation specifically call out member cost share with the steering committee.
- viii. Question: On the question of disaggregation, will there be anything by pay type of system (e.g., site of service)?
 1. Comment: There are challenges with off-campus delineation, so we will go back to CIVIC to understand why it is not in there.
 2. Comment: Medicare billing policies have code modifiers, but we do not see that for commercial payers and not in a standardized method. If we need to get down to an





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individual payer, we can, but it is deidentified (e.g., payer number 1, payer number 3), but we cannot say who the actual payer is. Also, getting down to that level, the data becomes very granular and may be overwhelming to include in the report.

3. Comment from chat:

<https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets>

4. Comment: Dan Reiber offered to ask his billing team.

5. **ACTION ITEM 8:** Verify the splits required in legislation are in the data and share an update with the steering committee.

5. Share Scorecard on Perspectives Sections (10 minutes) slides 19 - 20

a. Review the status of each group's contribution to the perspectives section (*NOTE: SECTION HANDLED AFTER REQUEST FOR PUBLIC COMMENT*)

- i. All perspectives have been submitted or on track for submission this week.

6. Public Comment (10 minutes; 5:40 - 5:50 p.m.)

a. Time is divided equally between the people who ask to speak

b. Written comments are also welcome at

hcpf_facilityfee@state.co.us

- i. No one made a public comment.

7. Next Steps (10 minutes) - slide 24

a. Next meetings: There are two meetings in July.

- i. July 9, 2024, from 4:00 - 6:00 p.m. **AND**

- ii. July 16, 2024, from 4:00 - 6:00 p.m.

b. Full draft report due on August 1, 2024

a. **Please visit: [Hospital Facility Fee Steering Committee | Colorado Department of Health Care Policy & Financing](#)**

Reasonable accommodation will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303-866-4764 or Shay.Lyon@state.co.us or the 504/ADA Coordinator at hcpf504ada@state.co.us at least one week before the meeting to make arrangements.

