

Rural Health Clinics

Bi-Monthly Meeting

Presented by: Kevin Martin
June 16, 2021



Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado



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Bi-Monthly Rural Health Clinic Meetings

Today's Meeting: 12:00 - 1:00 P.M.

**Next Meeting: Thursday July 8, 2021
12:30 - 1:30 P.M.**

Webinar Link:

<https://zoom.us/j/93165012998?pwd=b2Y1QTN0SG16WGc5TkUrWmZGamd1QT09>

Conference Line: 833-548-0282

Meeting ID: 931 6501 2998

Passcode: 180888



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Agenda

- Updates
- Rates Topics
 - PPS change in scope
 - PPS rate setting for new RHCs
 - APM rate setting
 - Managed Care Accuracy Audit



Updates

- Licensed professional counselor, licensed marriage and family therapist, licensed addiction counselor added to RHC visit definition



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Rates Topics

• **Planned Go-Live date: January 1, 2022**

- Updates needed:
 - PPS Change in Scope
 - PPS rate setting for new RHCs
 - APM rate setting
 - Managed Care Accuracy Audit



Authority Changes

- State Rules
 - First draft due July 30, 2021
 - Initial Medical Services Board October 8, 2021
- State Plan Amendment
 - Prefer to submit before December 31, 2021



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PPS Change in Scope Process

- Draft documents sent out March 16, 2021
 - Application Instructions
 - Application and Attestation



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PPS Change in Scope Process

Plans

- Use same change in scope process as the FQHCs
 - RHCs will submit application for PPS rate adjustment
 - Department will use Medicare cost report information to calculate new PPS rates
 - New rates must be 3% different from old rates
 - New PPS rates are effective the next January 1st



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PPS Change In Scope - Next Steps

- Set up meeting to go through process?
- Collect feedback



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PPS Rate Setting For New RHCs

Plans

- PPS rates for new Freestanding RHCs are set at an average of other Freestanding RHC PPS rates in the new RHC's RAE
- PPS rates for new Hospital-Based RHCs are set once a full year of audited cost report information is available.



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Freestanding RHC APM

Plans

- Create new process where APM rates are set and updated based on Medicare cost reports
- Obtain most recent cost per visit for each RHC and set that as the APM rate



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Hospital-Based RHC APM

Plans

- Keep current APM process
- APM rates are set based on the finalized Medicare cost reports and reconciled



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Interim Rate Setting - New Hospital-Based RHCs

Plans

- Set initial rates for new hospital-based RHCs using Medicare rate letter or sister clinic rates
- Update interim rates with newest Medicare rate letters



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Managed Care Accuracy Audit Report

Plans

- Establish Managed Care Accuracy Audit Report (MCAAR) process to ensure RHCs are reimbursed at least their per visit encounter rate by MCEs
- Use same process as FQHCs
- Go-Live January 1, 2022



Managed Care Accuracy Audit Report

- Documents sent out March 16, 2021
 - Instructions
 - Attestation Statement
 - Data Section
- Feedback requested - are there any questions on process?



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Managed Care Accuracy Audit Report

- Data and attestation due quarterly
 - January - March 2020 data due March 31, 2021
- Data submitted by both RHC and Managed Care Entity
- If data does not match, a reconciliation is requested
- If data still does not match, auto-reconcile the data
- Final reports are sent out to both RHC and MCE



Other Topics?

We want to hear from you!





Questions?



Contact Info

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Thank you!

