MPRRAC Meeting

September 16, 2016
9:00 AM - 12:00 PM
Agenda

Agenda & Meeting Minutes Review 9:00-9:15 AM
Finalize MPRRAC Recommendations 9:15-10:30 AM
Break 10:30-10:40 AM
Year Two Process Improvements 10:40-11:10 AM
Committee Housekeeping 11:10-11:55 AM
Next Steps 11:55 AM-12:00 PM
Agenda & Meeting Minutes Review
Finalize MPRRAC Recommendations
Laboratory Services

The MPRRAC made a preliminary recommendation that:

- the Department continue its annual rate setting process, particularly for laboratory services that are not reimbursed by Medicare; and

- for laboratory services reimbursed by Medicare, if final 2017 Medicare rates are available in time for the 2017-2018 budget cycle, and assuming that the 2017 Medicare rates are based on the OIG report, the Department set rates at 95% of the 2017 Medicare rates.
The MPRRAC made a preliminary recommendation that:

- the Department increase rates towards 90% of LUPA over three years,

- the Department examine geographic (e.g., reimbursing differently based on locations such as rural, frontier, and urban) and transportation considerations, and

- the Department investigate, as an alternative to the current lump sum payment methodology, reimbursement methodologies that are a “base plus”. 
Private Duty Nursing Services

The MPRRAC made a preliminary recommendation that:

• the Department gather more information about LPN reimbursement rates and/or wages from hospitals and LTACs to help investigate appropriate increases in the LPN rate for PDN services; and

• similar to Home Health, the Department, consider some mechanism to increase reimbursement in rural areas.
NEMT & EMT Services

The MPRRAC made a preliminary recommendation that:

- the Department increase rates for EMT/NEMT towards a goal of parity to Medicare and/or surrounding states over three years, including investigating the use of supplemental sources (e.g., enhanced federal match);
- the Department look at initiating reimbursement for treat and release and supplies used codes; and
- the Department investigate reimbursing for alternative transportation vehicles (i.e. vehicles other than ambulances).
Physician-Administered Drugs

The MPRRAC made a preliminary recommendation that:

• physician-administered drugs with an Average Sales Price (ASP) should be reimbursed using "ASP Plus" pricing, that is updated on a quarterly basis for all buy and bill drugs;

• the Department investigate carving out long-acting anti-psychotic injectibles from the physician-administered drugs benefit and placing them into the pharmacy benefit; and

• for physician-administered drugs that do not have a comparable Medicare rate, the Department investigate objective ways of determining cost and reimburse at a similar rate to ASP.
Year Two Process Improvements

Presented by Lila Cummings
Suggestions for Improvement

• In previous MPRRAC meetings, committee members suggested:

  ➢ the Department share rate comparison information earlier

  ➢ the Department share more information about existing constraints (e.g., budgetary, systems, etc.), which may impact recommendations
The Department should share rate comparison information earlier

- Rate Review Information Sharing Sessions will be initiated in the fall.

- Sessions will include data presentations by both Department and Optumas (contractor) staff.

- Each meeting will be extended to allow for presentation, and explanation, of rate comparison data.

- Optumas staff will present portions of their work to date.
The Department should share more information about constraints

• During year one, the Department took a very hands-off approach to the MPRRAC’s recommendation development.

• The Department proposes to share staff ideas throughout the year to enrich committee dialogue.

• One way to do this could be to form MPRRAC workgroups this fall, to which staff may present throughout the year.

  ➢ Establishing smaller workgroups may enable the exchange of detailed information and robust dialogue while also maximizing committee members’ time.
Process Improvement Goals

• The goals of proposed process improvements are:
  
  ➢ To allow for information to be shared earlier, and
  
  ➢ To allow for robust conversation, resulting in:
    
    ➢ Report content that, when read, is already generally familiar to the MPRRAC, and
    
    ➢ Recommendations, from both the MPRRAC and the Department, that have the highest potential to be fully considered by the JBC.
Committee Discussion
Committee Housekeeping
Committee Housekeeping

• Out of Cycle Reviews
• Elect Year Two Vice-Chair
• Year Two Meeting Dates
• Rate Review Petitions and Proposals