Agenda

Meeting Minutes Review 9:00 – 9:15 AM

2017 MPRRAC Recommendations - Department Update and Stakeholder Feedback 9:15 – 10:15 AM

Break 10:15 – 10:30 AM

Year Three Schedule and Process Improvements 10:30 – 11:45 AM

Next Steps 11:45 AM – 12:00 PM
Meeting Minutes Review
2017 MPRRAC Recommendations
MPPRAC Recommendations

The next three slides contain MPPRAC recommendations, also found in the draft July 21st MPPRAC Meeting Minutes. For more information regarding the conversations that led to MPPRAC recommendations, see meeting minutes above.

Today:

- The Department will provide a brief update regarding considerations of MPPRAC recommendations.
  - Final Department recommendations will appear in the 2017 Medicaid Provider Rate Review Recommendation Report, submitted to the Joint Budget Committee and the MPPRAC on November 1st.

- Stakeholders are then invited to provide feedback regarding the MPPRAC’s recommendations.
Physician Services and Surgery

MPRRAC Recommendation:

The optimal goal for physician services and surgery rates is parity with Medicare; however, given budgetary constraints, in the short term the MPRRAC recommends to rebalance rates at the budget-neutral benchmark and then adjust rates to 80% of Medicare.

Additionally, the Department should begin paying for physician services and surgery based on place of service, using Medicare as a model.
Anesthesia Services

MPRRAC Recommendation:

The Department should bring anesthesia rates from 131.64% of the benchmark to 100% of the benchmark.
Home- and Community-Based Services (HCBS) Waivers

MPRRAC Recommendation:

The Department should:

• Aim to pay rates that are aligned with the Department’s new rate setting methodology, with special attention to services:
  ➢ Identified by stakeholders through the rate review process; and
  ➢ With the biggest gaps between current rates and rates developed via the new rate setting process.
• Continue using robust stakeholder engagement in the new rate setting process.
• Create rates that take client acuity into account.
• Create rates that work towards providing services in the least-restrictive and most cost-effective environment.
• Create rates that take into account which provider types are more subject to economic conditions, such as minimum wage.
Break
Year Three Schedule & Process Improvements
**Adjustments to the Year Three Schedule**

The Rate Review Schedule is found on the MPRRAC website.

The Department plans to:

- review durable medical equipment (DME) in year four (instead of year three);
- review psychiatric treatment and Health and Behavior Assessment codes in year four (instead of year three);
- review all codes included in the Alternative Payment Methodology (APM) in year three (a brief explanation of the APM is provided on the following 8 slides and more information can be found via: [https://www.colorado.gov/pacific/hcpf/primary-care-payment-reform-3](https://www.colorado.gov/pacific/hcpf/primary-care-payment-reform-3));
- review family planning services in year three (instead of year four); and
- work with DentaQuest, the Department’s administrative service organization (ASO), to conduct dental analyses in year three.
Primary Care

Alternative Payment Methodology

Delivery System Reform Team

9/15/17
APM Goal

Payments for Volume

Payments for Value

Provide sustainable, appropriate funding for primary care that rewards high value, high quality care.
Alternative Payment Methodology

How does it work?

Achieve Points = Enhanced Payment
Performance and Structural Measures

Self-Reported Structural Measures
30 choices

Claims-Based Clinical Performance Measures
16 adult & 13 pediatric choices

eCQM-Reported Clinical Performance Measures
10 adult & 4 pediatric choices
<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Measure Type</th>
<th>HCPF Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Immunization Combo 1</td>
<td>Claims</td>
<td>83.00%</td>
</tr>
<tr>
<td>Adolescent Well Visit</td>
<td>Claims</td>
<td>80.00%</td>
</tr>
<tr>
<td>Adult BMI Assessment</td>
<td>claims, eCQM</td>
<td>90.00%</td>
</tr>
<tr>
<td>eCQM Report*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>Claims</td>
<td>82.00%</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>Claims</td>
<td>86.00%</td>
</tr>
<tr>
<td>Childhood Immunizations Combo 7</td>
<td>Claims</td>
<td>62.00%</td>
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<tr>
<td>Chlamydia Screening</td>
<td>Claims</td>
<td>65.00%</td>
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<tr>
<td>Colon Cancer Screening</td>
<td>Claims</td>
<td>60.00%</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>claims, eCQM</td>
<td>70.00%</td>
</tr>
<tr>
<td>Depression Remission at 12 months</td>
<td>eCQM Report*</td>
<td></td>
</tr>
<tr>
<td>Diabetes: A1c Test During Measurement Year</td>
<td>Claims</td>
<td>92.00%</td>
</tr>
<tr>
<td>Diabetes: Eye Exam</td>
<td>Claims</td>
<td>62.00%</td>
</tr>
<tr>
<td>Diabetes: Foot Exam</td>
<td>Claims</td>
<td>50.00%</td>
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<tr>
<td>Diabetes: HbA1c &gt;9 (Poor Control)</td>
<td>claims, eCQM</td>
<td>79.00%</td>
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<tr>
<td>Diabetes: Nephropathy Screening</td>
<td>Claims</td>
<td>93.00%</td>
</tr>
<tr>
<td>ED Utilization (per 1000)</td>
<td>Claims</td>
<td>43.00%</td>
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<tr>
<td>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</td>
<td>claims, eCQM</td>
<td>50.00%</td>
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<tr>
<td>Maternal Depression Screening</td>
<td>claims, eCQM</td>
<td>50.00%</td>
</tr>
<tr>
<td>Medication Management for People with Persistent Asthma</td>
<td>claims, eCQM</td>
<td>46.00%</td>
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<tr>
<td>Prenatal and Post Partum Care</td>
<td>Claims</td>
<td>64.00%</td>
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<tr>
<td>Readmissions</td>
<td>Claims</td>
<td>88.00%</td>
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<tr>
<td>Screening for Clinical Depression &amp; Follow-up Plan</td>
<td>eCQM Report*</td>
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<tr>
<td>Suicide Risk Assessment for MDD</td>
<td>Claims</td>
<td>80%</td>
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<tr>
<td>Tobacco Use Screening and Cessation Intervention</td>
<td>eCQM Report*</td>
<td></td>
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<tr>
<td>Total Cost of Care</td>
<td>Claims</td>
<td>reduce 2%</td>
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<tr>
<td>Use of Imaging Studies for Low Back Pain</td>
<td>Claims</td>
<td>82.00%</td>
</tr>
<tr>
<td>Well Child Visits 15 months (6 visits)</td>
<td>Claims</td>
<td>80.00%</td>
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<tr>
<td>Well Child Visits 3-6 years</td>
<td>Claims</td>
<td>80.00%</td>
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<tr>
<td>Weight Assessment</td>
<td>claims, eCQM</td>
<td>76.00%</td>
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<tr>
<td>Counseling for Nutrition &amp; Physical Activity for children/adolescents</td>
<td>claims, eCQM</td>
<td>71.00%</td>
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<tr>
<td>Weight Management for People with Persistent Asthma</td>
<td>claims, eCQM</td>
<td>64.00%</td>
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Close the Gap

Practice Baseline Performance—50%

Close Performance Gap by 10% = 3% improvement

GOAL: 80%

Performance Gap = 30%
## Primary Care Payment Changes Over Time

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Event</th>
<th>High Performing Practices</th>
<th>If You Do Nothing</th>
<th>Excluded Practices (Low Volume)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2016-2017</td>
<td>Current Year</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>FY 2017-2018</td>
<td>No Change</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>FY 2018-2019</td>
<td>Redistribution of 1202 Funds to APM Code set</td>
<td>101.10%</td>
<td>101.10%</td>
<td>101.10%</td>
</tr>
<tr>
<td>FY 2019-2020</td>
<td>No Change - Performance Measure Year</td>
<td>101.10%</td>
<td>101.10%</td>
<td>101.10%</td>
</tr>
<tr>
<td>FY 2020-2021</td>
<td>Payment Adjustment - 4.0% at risk</td>
<td>102.60%</td>
<td>97.10%</td>
<td>101.10%</td>
</tr>
<tr>
<td>FY 2021-2022</td>
<td>Payment Adjustment - 5.5% at risk</td>
<td>104.60%</td>
<td>95.60%</td>
<td>101.10%</td>
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<tr>
<td>FY 2022-2023</td>
<td>Payment Adjustment - 7.0% at risk</td>
<td>104.60+%%</td>
<td>94.10%</td>
<td>101.10%</td>
</tr>
<tr>
<td>FY 2023-2024</td>
<td>Payment Adjustment - 8.5% at risk</td>
<td>104.60+%%</td>
<td>92.60%</td>
<td>101.10%</td>
</tr>
<tr>
<td>FY 2024-2025</td>
<td>Payment Adjustment - 10.0% at risk</td>
<td>104.60+%%</td>
<td>91.10%</td>
<td>101.10%</td>
</tr>
</tbody>
</table>
Alternative Payment Methodology
Calendar Year and Fiscal Year Timelines

**Calendar Year**
From January 1 to December 31

**2017**
2017

**2018**
Baseline Year
January 1 thru December 31, 2018
1202 Code Set Stays in Place
July 1, 2017 thru June 30, 2018

**2019**
Performance Year
January 1 thru December 31, 2019
1202 Code Set Changes to APM Code Set
July 1, 2018

**2020**
Calculation Period
January 1 thru June 30, 2020

**2021**
2nd Performance Year
January 1 thru December 31, 2021
APM Rate Changes; New Payments Made
July 1, 2020

**Fiscal Year**
From July 1 to June 30

2017 2018
2018 2019
2019 2020
2020 2021
Year Two Process Improvements

After year one, the MPRRAC suggested the Department:

- Share rate comparison data earlier than May 1st
  - The Department shared preliminary rate comparison data on November 18th, January 20th, and March 17th.

- Share more information about existing constraints, which may impact recommendations
  - The Department began providing feedback, regarding both existing constraints and proposed recommendations, in January 2017.
Proposed Year Three Process Improvements

In year three, the Department proposes changing from six MPRRAC meetings and three Rate Review Information Sharing Sessions ("deep dives") to five MPRRAC meetings.

The proposed timeline changes could allow for:

• More efficient and effective use of MPRRAC and Department time.
• Potentially incorporating other data sources into the access analyses.
Proposed Year Three Process Improvements

More specifically, proposed timeline changes could allow for:

- More efficient and effective use of MPRRAC and Department time:
  - One MPRRAC meeting can be dedicated to detailed explanations of rate comparison and access analysis methodologies and preliminary results. Committee members and stakeholders can ask detailed questions for the services in which they are interested.

- Potentially incorporating other data sources into the access analyses:
  - By presenting all services at the beginning of the year and soliciting MPRRAC feedback, the Department will have time to gather additional data sources (e.g., surveys, focus groups, other databases).
**Proposed Year Three Process Improvements**

- **Intro to Year Three Services**
  - November 17, 2017

- **Methodology and Preliminary Results**
  - February 16, 2018

- **Recommendation Development**
  - May 18, 2018

- **Finalize Recommendations**
  - July 20, 2018

- **Transition to Year Four**
  - September 21, 2018

Includes descriptive statistics, plans for other data sources, and time for stakeholder comment.

The Department plans to publish preliminary results on January 19th and take questions and requests for more detailed explanations. The meeting can include these explanations and time for stakeholder comment.

The MPRRAC can begin drafting, and finalize, recommendations based on the 2018 Analysis Report (published May 1st) and there can be time for stakeholder comment.

The MPRRAC and Department can discuss process improvements and transition to year four.
**MPRRAC Committee Member Expectations**

Tom Rose (MPRRAC Chair) and Lisa Foster (MPRRAC Vice Chair) will lead a discussion regarding expectations of MPRRAC committee members.
2017-18 MPRRAC Vice Chair Selection

Committee members will select the MPRRAC Vice Chair, to serve with Lisa Foster, who will become the MPRRAC Chair, for year three of the rate review process.
Next Steps
Comments or Questions

• Contact Lila Cummings with additional questions between meetings: Lila.Cummings@state.co.us.