

# **THE MEDICAID PROVIDER RATE REVIEW ADVISORY COMMITTEE**

## **RULES OF GOVERNANCE**

### **ARTICLE I – NAME**

The name of this committee shall be THE MEDICAID PROVIDER RATE REVIEW ADVISORY COMMITTEE (Advisory Committee) established by CRS 25.5.4-401.5 (2015) .

### **ARTICLE II – PURPOSE**

The Advisory Committee is established to assist the Department of Health Care Policy and Financing (the Department) in the review of the provider rate reimbursements under the Colorado Medical Assistance Act. The Advisory Committee will:

- I. Review the schedule for annual review of provider rates established by the Department and recommend any changes to the schedule
- II. Review the reports prepared by the Department on the analysis of provider rates pursuant to CRS25.5.4.401.5 (2015) and provide comments and feedback on the reports
- III. Conduct public meetings with the Department to allow providers, clients, and other interested parties an opportunity to comment on prepared reports
- IV. Review proposals and petitions received by the Department for provider rates to be review or adjusted
- V. By majority vote determine whether any provider rates not scheduled for review during the next calendar year should be reviewed during that calendar year
- VI. By majority vote direct the Department to review rates that have been proposed to be excluded from the rate review process
- VII. Recommend to the Department and to the Joint Budget Committee any changes to the process of reviewing provider rates, including measures to increase access to the process
- VIII. Provide other assistance to the Department as requested by the Department or the Joint Budget Committee

## **ARTICLE III - MEMBERSHIP**

Section I. The Advisory Committee consists of the following twenty-four members:

The following members appointed by the President of the Senate:

1. A recipient with a disability or a representative of recipients with a disability
2. A representative of hospitals providing services to recipients recommended by the statewide association of hospitals
3. A representative of providers of transportation
4. A representative of rural health centers
5. A representative of home health providers recommended by a statewide organization of home health providers
6. A representative of providers of durable medical equipment recommended by a statewide association of durable medical equipment providers

The following members appointed by the Minority Leader of the Senate:

1. A representative of providers of behavioral health care services
2. A representative of primary care physicians who see recipients recommended by a statewide association of primary care physicians
3. A representative of dentists providing services to recipients recommended by a statewide association of dentists
4. A representative of federal qualified health centers
5. A representative of nonmedical home and community based service providers
6. A representative of providers serving recipients with intellectual and development disabilities

The following members appointed by the Speaker of the House of Representatives:

1. A representative of child recipients with a disability
2. A representative of specialty care physicians not employed by a hospital who see recipients recommended by a statewide association whose members include at least one-third of the doctors of medicine or osteopathy licensed by the state
3. A representative of providers of alternative care facilities recommended by a statewide association of alternative care facilities
4. A representative of single entry point agencies
5. A representative of ambulatory surgical centers
6. A representative of hospice providers recommended by a statewide association of hospice and palliative care providers

The following members appointed by the Minority Leader of the House of Representatives

1. A representative of substance use disorder providers recommended by a statewide association of substance use providers
2. A representative of facility-based physicians who see recipients (Facility based physicians are defined as anesthesiologists, emergency room physicians, neonatologists, pathologists and radiologists.)
3. A representative of pharmacist providing services to recipients
4. A representative of managed care health plans
5. A representative of advanced practice nurses
6. A representative of physical therapists or occupational therapists recommended by a statewide association representing occupation or physical therapists

Section 2. Each member of the Advisory Committee serves at the pleasure of the official who appointed the member.

Section 3. Each member of the Advisory Committee serves a four-year term and may be reappointed.

Section 4. The members of the Advisory Committee serve without compensation and without reimbursement for expenses.

## **ARTICLE V – LEADERSHIP**

The Advisory Council will elect a Chair and Vice Chair from the membership at the annual meeting, held in September of every year.

## **ARTICLE VI – MEETINGS**

Section 1. The Advisory Committee shall meet at least once every quarter. Attendance by phone is acceptable although not preferred.

Section 2. The Chair may call additional meetings as may be necessary for the Advisory Committee to complete its duties.

Section 3. A majority of the members shall constitute a quorum at any meeting of the organization.

Section 4. All Advisory Committee meetings will be open to the public and notification of meetings and agenda materials will be publicly available one week prior to the meeting.

Section 5. Public comment will be taken at every Advisory Committee meeting.

## **ARTICLE VIII – DECISION MAKING PROCESS**

Section 1. All procedural, administrative, and Advisory Committee recommendation decisions shall be made by a majority vote and will require a formal motion, a second to the motion, and Advisory Committee discussion prior to the vote.

Section 2. Public comment will be taken prior to each vote of the committee.

Section 3. Board members may, at times, have a direct economic benefit from the actions taken by the Advisory Committee. In this case, members shall disclose this conflict, but will still be permitted to participate in discussions and votes.

Section 4. Record of Advisory Committee decisions and public comment will be taken by Department staff during meetings and posted publicly following Advisory Committee meetings.

## **ARTICLE IX – AMENDMENT TO RULES OF GOVERNANCE**

These Rules of Governance may be amended at any regular meeting of the Advisory Committee by a two-thirds vote, provided written notice of the proposed revision has been given each member at least 10 days in advance.

Effective Date of Rules of Governance: October 30, 2015