



MINUTES OF THE MEDICAID PROVIDER RATE REVIEW ADVISORY COMMITTEE (MPRRAC)

The Colorado Department of Health Care
Policy and Financing
303 East 17th Avenue, 7th Floor Conference Room

Friday, February 16, 2018
9:00 AM – 12:00 PM

Audio from the full meeting can be accessed via

<https://cohcpf.adobeconnect.com/pxeod8gndfzv/>. This document contains a high-level summary of discussions during the meeting.

1. MPRRAC Members Present (in person or via phone)

Gigi Darricades, Rob DeHerrera, Tim Dienst, Jennifer Dunn, Sue Flynn, Lisa Foster, Chris Hinds, Dixie Melton, Carol Morrow, Gretchen McGinnis, Wilson Pace, Jeff Perkins, Tom Rose, Tia Saucedo, David Smart, Murray Willis, and Jody Wright.

2. Agenda Review

Committee members approved meeting minutes from September 15, 2017 November 17, 2017. Lila Cummings, the Department's Rate Review Stakeholder Relations Specialist, noted that Bruce Densley resigned from the MPRRAC because he moved out of state.

3. Recommendation Updates

Lila provided updates for recommendations from years one and two of the rate review process. For more information, see the 2016 and 2017 Rate Review Recommendations – Update on the Department's [MPRRAC website](#).

4. Year Three Preliminary Analyses

Lila outlined preliminary analyses results for year three services. Discussion focused on [MPRRAC PowerPoint presentation slides](#) and content from the [Rate Review Process: Preliminary Year Three Analyses handout](#). Lila presented access to care analysis results and Elizabeth Lopez, the Department's Rate Comparison Analyst, present rate comparison analysis results. Committee members, Department staff, and stakeholders then discussed year three service groupings; high-level committee member and stakeholder feedback is summarized below.

Primary Care and Evaluation & Management

Committee members noted that most of the utilization and expenditures associated with this service grouping could be attributed to two codes. Committee members suggested that the service grouping title “Primary Care and Evaluation & Management” could be misleading. Department staff noted that the service title could be changed this year and that the entire service grouping could be re-examined in future years of the rate review process.

A committee member also noted that the simple average rate ratio does not necessarily tell the full story and that it is important to include utilization when conducting rate comparisons. Lila explained there was a contracting delay with Optumas, the actuarial firm that assists with rate comparison analyses, and that updated rate comparison information, incorporating utilization, would be available in the 2018 Rate Review Analysis Report.

Gretchen Hammer, the Medicaid Director, noted that clients may access certain services, particularly primary care and evaluation & management services and maternity services, through delivery systems (e.g., Denver Health clients) and in locations (e.g., federally qualified health centers and rural health centers) not included in the rate review access to care analysis. Lila noted that this would be noted in the 2018 Medicaid Provider Rate Review Analysis Report. Committee members noted that it would be helpful to have information regarding the number of providers, regardless of if they were included in the rate review analyses, in the future.

Committee members also commented that, in future years, the Department might want to use provider taxonomy codes to better define primary care. They also suggested that in future years of the rate review process, it may be helpful to examine access to care from a client disease group perspective.

Radiology Services

Committee members discussed the different modifiers for radiology services: the global billing modifier, which accounts for both the technical and professional components of radiology services; the professional modifier, which can occur off-site and represents a radiologist interpreting results; and the technical component modifier, which typically occurs on-site and represents the actual imaging that happens. Committee members noted these are important distinctions when considering access.

Some committee members commented that it may be more cost effective for the Department to encourage radiology services in the free-standing outpatient setting, as opposed to the hospital setting. A stakeholder offered another opinion, expressing that hospitals may be more equipped to own and operate expensive radiology equipment. Additionally, this stakeholder noted that, in rural areas, hospitals may be closer than free-standing outpatient facilities, so incentivizing use of radiology services in the outpatient facility setting may result in access issues for rural clients.

Physical and Occupational Therapy Services

A few stakeholders expressed concern that when service code 97001 was recently deconsolidated by the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association into three codes, based on the time and complexity of service, the associated rates the

Department set were not appropriate. They expressed the same feedback for service code 97164, which replaced service code 97002. Specifically, stakeholders expressed concern that:

- The Department did not conduct stakeholder engagement or message the additional codes and rates prior to implementation.
- Medicare, and most other states, have not calculated rates for the additional codes and currently pay the same amount for all additional codes.

Some committee members stated that it was interesting that Medicare hadn't changed their rates yet. Committee members also stated that they needed more information regarding how rates were set: was it in a strange and arbitrary way, or was there a process? Lila stated that the Department's Rate Operations Staff did have a rate setting process in place and suggested that it might be fitting to have those staff come and present during the next MPRRAC meeting. Committee members also provided feedback that they knew of access to care concerns for physical therapy services in certain parts of the state and that past rate increases for certain physical therapy codes helped in getting greater access to physical therapy.

Dental Services

Lila shared that the Department's Administrative Services Only (ASO) DentaQuest would be conducting the access to care analysis in the form of their [2017 Dental Services Annual Report](#). Some committee members requested that, in both the 2018 Rate Review Analysis Report and the 2017 Dental Services Annual Report, the Department and DentaQuest provide more information regarding the different categories of dental services.

A stakeholder provided feedback that they could provide fee schedules for other states, noting that it seemed inappropriate to just compare dental services to Tennessee and New Mexico.

After further discussion, committee members and stakeholders expressed a need for another meeting to discuss dental services. Lila said she would help identify a time and location for an ad hoc meeting.

Maternity Services

Lila noted that maternity services were compared to other state Medicaid rates, even though Medicare covers maternity services. Lila explained this comparison was made because of differences between the populations who utilize maternity services.

A committee member commented that, similar to some of the year two analyses, it would be helpful to examine facility utilization, even if the rates are not included in the rate review process.

Surgeries

A committee member noted that it would be a good idea to, in future years of the rate review process, examine all surgeries in the same year.

Other Physician Services

There was no additional feedback provided for other physician services.

5. Next Steps

Lila noted that the 2018 Rate Review Analysis Report would be published on Tuesday, May 1st. She also stated she would reach out to committee members to identify a time for an ad hoc Dental Services Rate Review Meeting.

6. Meeting Adjourned