



COLORADO

Department of Health Care
Policy & Financing

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

Virtual Meeting Friday, November 16, 2018
10:00 AM - 11:30 AM

Audio from the full meeting can be accessed via [this link](#).
This document contains a high-level summary of discussion during the meeting.

1. MPRRAC Members Present (via phone and/or webinar)

Rebecca Craig, Lisa Foster, Gretchen McGinnis, Wilson Pace, Tom Rose, Murray Willis, Jody Wright, Susan Flynn, Arthur Schut, Barbara Wilkins-Crowder, Tia Saucedo, Bill Munson

2. Agenda Review

Committee members approved meeting minutes from September 21, 2018.

3. 2018 Recommendation Report

Kimberley Smith, Compliance & Stakeholder Relations Unit Manager, outlined the Department's final recommendations for services under review in year three of the Rate Review Process which can be found in the [2018 Medicaid Provider Rate Review Recommendation Report](#). Kimberley explained where the Department's final recommendations differ from the preliminary recommendations shared in the September MPRRAC meeting. Specifically:

- The Department recommended an increase to maternity service rates after further analysis and consideration, working in collaboration with the Office of State Planning and Budgeting to determine priorities and what is achievable within the governor's budget.
- The Department also recommended an increase for certain preventative dental services.

For more information, please visit the [MPRRAC web page](#), where interested stakeholders can find the full [2018 Medicaid Provider Rate Review Recommendation Report](#).

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4. Year Four Services

First, Kimberley reviewed changes previously made to the year four rate review schedule:

- Family-Planning Services moved from year four to year three.
- Durable Medical Equipment (DME) moved from year three to year four.
- Health & Behavior Assessment and Psychiatric Treatment codes moved from year three to year four.

Kimberley then outlined the year four rate review approach, noting the unique nature of codes compared to previous years, which focused on reviewing CPT codes. Year four will include bundled rates, facility rates, rates for equipment rather than services, and rates for Behavioral Health services that differ depending on the payer.

The rates under review in year four will require a broader approach to rate review methodologies used by Department staff, and will likely differ by service grouping. Proxy comparators may need to be identified to perform comparative analyses for certain services. This may require Department staff and the committee to be more creative than we have been in past years about recommendations we want to make, including non-fiscal approaches to certain services.

Kimberley outlined the service groupings under review:

- Behavioral Health Services (not covered by RAEs), including, but not limited to:
 - psychiatric treatment services and other mental and substance use disorders
 - Residential Child Care Facility (RCCF) Services and facility payments to Psychiatric Residential Treatment Facilities (PRTF)
- Ambulatory Surgical Centers
- Dialysis Centers
- Durable Medical Equipment (DME)
 - The DME codes being reviewed this year are not exhaustive; orthotics and prosthetics are scheduled for review in year five.

For more information, refer to the [MPRRAC Presentation](#), slides 5-7.

More details on the Rate Review Schedule can be found in the [Updated Medicaid Rate Review Five Year Schedule](#).

Behavioral Health Services

Benefit Manager Alex Weichselbaum presented information regarding Behavioral Health Services that are excluded from the capitated behavioral health program and are therefore reimbursed as “fee-for-service” (FFS) payments. Alex explained that certain Behavioral Health Services are not reimbursed via the capitated behavioral



health program managed by the Regional Accountable Entities (RAEs). These services are still covered by Medicaid; the payment mechanism becomes the fee schedule since the related claims are paid through the Interchange.

- Example: Autism

Alex also identified the Special Connections Program as a set of codes to be reviewed in year four and mentioned that stakeholders have expressed interest in commenting on these rates.

For more information, see the [MPRRAC Presentation](#), slide 8.

Elizabeth Freudenthal, Child Health Benefit Manager, presented information on Residential Child Care Facilities (RCCF) and Psychiatric Residential Treatment Facilities (PRTF).

RCCF services are part of a child welfare services continuum; counties place children into an RCCF when other child welfare services are inadequate to meet their specific needs. Counties pay for the residential placement (i.e. room and board), and Medicaid bills a defined list of services performed in the RCCF as FFS, such as family psychotherapy.

PRTF is a residential treatment service for youth who require 24-hour medical care. The PRTF rate is a single, per diem facility payment that includes all PRTF-related care provided in the facility by facility staff. The members who receive this service have a high level of need; these services are reimbursed in a manner that facilitates timely and quality service provision to these members. Services provided outside the facility or by non-facility staff are billed separately as FFS.

For more information, see the [MPRRAC Presentation](#), slides 9-10.

Ambulatory Surgery Centers (ASC)

Chris Lane, Benefit Manager for Ambulatory Service Centers, defined ASC for the committee members as distinct entities that provide a surgical setting for members who would not necessarily require hospitalization.

Chris also provided details on ASC rate reimbursement, which is structured so that each surgery performed is assigned to one of 10 group brackets that vary in reimbursement rates.

For more information, see the [MPRRAC Presentation](#), slide 11.

Rebecca Craig, committee member, stated that items included in reimbursement to ASC facilities include any implants, medication, essentially any medical supply needed for that encounter.



Dialysis and End-Stage Renal Disease Services

Department Benefit Manager Jessica Pekala explained that the services under review this year are the facility payments to dialysis centers and several procedure codes that are related to patient training and home dialysis treatment.

- Non-routine services performed at the Dialysis Center are billed separately based on the fee schedule.

For more information, see the [MPRRAC Presentation](#), slide 12.

Durable Medical Equipment (DME)

January Montano, the Department DME Benefit Manager, explained the definition of DME that will be used to identify DME codes for review in year four:

- “Equipment that can withstand repeated use; the equipment has no value or use in the absence of disability; the equipment is utilized medically to prevent or correct a deformity or malfunction, or to support a deformed portion of the body; also includes equipment that would support a member’s ability to access the community.”

For more information, see the [MPRRAC Presentation](#), slide 13.

Jody Wright, committee member, asked how Department staff plans to determine which of the DME codes are under review this year, and which fall under the purview of year five. He also suggested that the committee members discuss the 244 DME codes subject to the federal upper payment limit as of January 2018. As the DME representative, Jody offered any assistance in identifying DME codes for review.

January acknowledged that the committee will need to know which codes the state can and cannot recommend changing. The Department staff will take this into consideration when preparing the Rate Review analysis for DME codes so that committee members will be able to distinguish DME rates for which they can make recommendations.

Jody Wright stated the most utilized DME codes are those that are not being considered for review this year.

Kimberley stated the Rate Review team is also considering looking more closely at certain DME supply codes this year, where it makes sense to evaluate them in conjunction with the equipment they supply.

- Example: reviewing oxygen supply codes at the same time we are looking at oxygen concentrators.



5. Announcements & Housekeeping

- Jennifer Dunn has left the committee the Department will work to fill the committee opening.
- Bill Munson has been officially appointed to the committee.
- The Department hired Eloiss Hulsbrink to replace Lila Cummings as the Rate Review Stakeholder Relations Specialist; Eloiss will be facilitating MPRRAC meetings moving forward.
- Eloiss will be reaching out to committee members who have reached their four-year term limit to ascertain if they wish to seek reappointment, and to instruct on how to proceed if desired.
- Bill Heller, the Benefits and Services Division Director, will act as the MPRRAC executive sponsor until a new Medicaid Director is appointed.

6. Stakeholder Feedback and Committee Discussion

No stakeholders provided comment.

Bill Munson, committee member, asked when Department staff will release the calendar schedule for 2019.

Kimberley responded that, within today's meeting, the committee must discuss both the year four schedule of rates to be reviewed and determine the months in which they will meet to discuss those services. Committee members have until December 1, 2018 to propose any changes to the year four rate Review Schedule.

Kimberley asked if any committee members had suggestions for changes to the year four rate review schedule. None were offered. Kimberley reminded the committee once more that any suggestions should be sent to her before December 1, 2018.

7. Next Steps

Term Limits for Committee Members

Kimberley confirmed that members are term limited to four years and can be re-appointed. Each term begins the date of the member's first meeting, which is September 2015 for most of the current MPRRAC members.

- Exceptions:
 - Gretchen McGinnis
 - Chris Hinds
 - Bill Munson



Kimberley told committee members who would like to be re-appointed to indicate interest to both to the Department staff and the Office that appointed you.

It is the purview of four offices to appoint members to the MPRRAC; the Department does not have any official role other than connecting members to the appropriate appointing office.

Wilson Pace, committee chair, asked if some committee members were appointed by organizations (associations).

Kimberly noted that there were no named organizations within the legislation.. It is possible the offices in charge of appointing members may have reached out to associations for guidance and assistance in identifying and nominating a representative.

2019 Meetings

Kimberley proposed an approximate 2019 meeting schedule:

- Plan to cancel January 25, 2019 In-Person Data Review; Suggested replacing with one-hour DME Webinar sometime in January.
- Late February 2019: Data Review - Rate-to-Rate Comparison (In-Person)
- Late March 2019: Data Review - Access Data (In-Person)
- June 2019: Preliminary Recommendations (In-Person)
- September 2019: Final Recommendations and New Committee Hand-Off (In-Person)

Given the complicated nature of the data analysis this year and the extra time it will take to generate conclusions, committee members voted in favor of waiting until February 2019 to hold the first in-person MPRRAC meeting, and to holding a 1-hour webinar on the original in-person meeting date previously scheduled. Instead of holding an in-person meeting on January 25, 2019, a webinar will be scheduled during the same time to review the list of DME codes up for review in year four.

8. Meeting Adjourned

