

MPRRAC Meeting

September 21, 2018
9:00 AM – 12:00 PM

Facilitator – Kimberley Smith



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Department of Health Care
Policy & Financing

Agenda

Meeting Minutes Review	9:00 – 9:15 AM
2018 MPRRAC Recommendations	9:15 – 10:30 AM
Break	10:30 – 10:45 AM
Introduction to Year Four Services	10:45 – 11:45 AM
Year Four Schedule and Next Steps	11:45 AM – 12:00 PM



Meeting Minutes Review



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2018 MPRRAC Recommendations



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Preliminary MPRRAC Recommendations

The next three slides contain preliminary MPRRAC recommendations, also found in the draft July 20th MPRRAC Meeting Minutes.

Today:

- The Department will provide a brief update regarding considerations of MPRRAC recommendations.
 - Final Department recommendations will appear in the 2018 Medicaid Provider Rate Review Recommendation Report, submitted to the Joint Budget Committee and the MPRRAC on November 1st.
- Stakeholders are then invited to provide feedback regarding the MPRRAC's recommendations.
- Committee members will finalize their recommendations.



Preliminary MPRRAC Recommendations

Evaluation & Management and Primary Care: Except for policy-specific carve outs, the Department should conduct a budget-neutral rebalancing of rates below 85% and above 100% of the benchmark.

Radiology Services, Other Physician Services, and Surgeries: Except for policy-specific carve outs, the Department should conduct a budget-neutral rebalancing of rates below 80% and above 100% of the benchmark. For other physician services and surgeries, the Department should seek appropriate funding from the legislature to support this recommendation.

Maternity Services: The Department should increase maternity service rates to 90% of the benchmark. The Department should seek funding from the JBC.



Preliminary MPRRAC Recommendations

Physical and Occupational Therapy Services:

- Except for policy-specific carve outs, the Department should conduct a budget-neutral rebalancing of rates below 80% and above 100% of the benchmark.
- Regarding the deconsolidated physical therapy evaluation code (formerly 97001), the Department should:
 - Keep 97161 and its current rate;
 - Adjust 97162 to 100% of the Medicare benchmark; and
 - Increase 97163 to \$100.
- Until clearer national coding guidelines are developed, Colorado Medicaid should adopt clear, time-based definitions for the deconsolidated codes (97161, 97162, 97163).



Preliminary MPRRAC Recommendations

Dental Services:

- Note: the MPRRAC did not develop preliminary recommendations for dental services during the July 20th MPRRAC meeting.
- The Department has provided a rate ratio scatterplot for dental services to assist in the MPRRAC's recommendation development:

[Dental Services Scatterplot](#)



Break



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Year Four Services



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Adjustments to Year Four Rate Review Schedule

The [Rate Review Schedule](#) is found on the [MPRRAC website](#).

Last year, the Department made the following changes to the Year Four Rate Review Schedule:

- Moved review of family planning services to year three (instead of year four);
- Moved review of durable medical equipment (DME) to year four (instead of year three);
- Moved review of Health and Behavior Assessment and psychiatric treatment codes to year four (instead of year three).



Year Four Rate Review Schedule

Service, facility and equipment rates under review this year include:

- Behavioral Health Services, including:
 - Psychiatric treatment services
 - Residential Child Care Facility (RCCF) services and facility payment to Psychiatric Residential Treatment Facility (PRTF)
- Payments to Ambulatory Surgical Centers
- End-Stage Renal Disease (ESRD) services and facility payment to Dialysis Centers
- Durable Medical Equipment



Behavioral Health Services

- Behavioral health assessment, psychiatric treatment, and other mental health and substance use disorder services for diagnoses not otherwise covered by the Regional Accountable Entity, such as Autism and Gender Identity Disorder
 - A majority of behavioral health services are not reimbursed fee-for-service; they are reimbursed through the capitated behavioral health program.
- In FY17, utilizers of behavioral health services reimbursed fee-for-service were largely adults, many of whom were age 65+ (Medicare cross-over services).
- Six procedure codes under review are also used for short-term behavioral health visits in the primary care setting (CPT codes 90791, 90832, 90834, 90837, 90846, 90847).



Behavioral Health Services – Residential Child Care Facility (RCCF)

- Residential treatment services for (primarily child welfare involved) youth, carved out of the capitated behavioral health program because of high needs.
- Utilizers are small in number, under age 21, and typically have high acuity, trauma related diagnoses.
- CDHS overseeing implementation of [Family First Preservation Services Act of 2017](#), which will require these facilities to meet additional service requirements by October 1, 2019.



Behavioral Health Services – Psychiatric Residential Treatment Facility (PRTF)

- Residential treatment service for youth who require 24-hour medical care, carved out of the capitated behavioral health program because of high needs.
- Utilizers are small in number, under age 21, and typically have complex needs, including developmental challenges (higher acuity than RCCF).
- The PRTF rate is a single, per diem facility payment. It is inclusive of all service provided to the child in the facility by facility staff. Services provided outside the facility, or by non-facility staff, are billed separately as fee-for-service.
 - Examples of fee-for-service claims that may be billed separately may include Dental or Vision services.
- Family First Preservation Services Act medical requirements on RCCFs may change the role of PRTFs in the service continuum in the near future.



Ambulatory Surgery Center Services

- ASCs are distinct entities that provide a surgical setting for members who do not require hospitalization. The types of services delivered in an ASC do not generally exceed 4 hours recovery time.
- Services performed at an ASC are assigned to one of ten rate group brackets for the purpose of reimbursement. For example:
 - Excision of a malignant lesion between 3.1 cm and 4.0 cm is attributed to ASC Group 2 and pays at \$358.73
 - Rhinoplasty related to congenital cleft lip/palate is attributed to ASC Group 9 and pays at \$1,077.13
- If multiple procedures are provided in a single visit, they are “grouped” together and reimbursement is based on the most complex procedure.
- ASC reimbursement includes related services and items, such as use of facilities, nursing services, blood products, and items directly related to the provision of surgical procedures.



Dialysis and End-Stage Renal Disease Services

- Services under review this year include:
 - Physician services for treatment of ESRD (e.g. 29 E&M codes previously reviewed in Year two of Rate Review process); and
 - Facility payment to Dialysis Centers for dialysis treatment.
 - A few procedure codes relating to patient training and home dialysis (90937, 90989, 90993, 90963, 90966)
- Dialysis treatment performed at Dialysis Centers is “bundled” into a single per diem facility payment, which differs based on the county where the dialysis center is located.
- Medicaid coverage of dialysis is limited to three months, on the fourth month of dialysis members become eligible for Medicare.



Durable Medical Equipment

- DME includes medical equipment that can withstand repeated use and that generally would be of no value to the member in the absence of a disability, illness or injury.
 - Examples of DME include wheelchairs, hospital beds, and oxygen concentrators.
 - Note: Prosthetics and disposable supplies are scheduled for review in Year Five of the Rate Review process
- Effective July 1, 2017, DME providers were approved for a 1.4% across the board rate increase. However, Federal legislation required states and the Centers for Medicare and Medicaid Services (CMS) to set certain DME rates at 100% of Medicare reimbursement, ultimately cutting rates for many of the codes under review.



Year Four Schedule and Next Steps



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2018-19 MPRRAC Vice Chair Selection

Committee members will select the MPRRAC Vice Chair, to serve with Wilson Pace, who will become the MPRRAC Chair, for year three of the rate review process.



Comments or Questions

- Contact Lila Cummings with additional questions between meetings: Kimberley.smith@state.co.us

