Medical Services Board meeting room

Please stand by for realtime captions. Okay I'm going to call the meeting to order, hello happy Valentine's Day. Let's start with roll call. Amanda Moorer, Cecile Fraley. Patricia Givens, Simon Hambridge. David pump. Jessica Jessica Kuhns. An Nguyen . Donna Roberts. All right. Okay let's go into announcements. The next is scheduled Friday March 13th beginning at nine a.m. East 17th Avenue for the conference room 80 203 it's the department to remind everybody this is a part [Indiscernible] did not lock the door or stand around the edges of the room please turn cell phones off, please click on the link to rejoin the meeting. The question and answer section submit questions or comments and please identify yourself and comments they are part of public record. Please refer to the website for instruction. You will be given time as it end of the room. Testimony sign up and if you need help finding ask for a copy. All right. [Indiscernible - muffled]. All right we have a motion for the January 10th, meeting, please?

All those in favor, please say Aye, opposed, abstained? Aye, Dr. Givens, yes. Aye, motion passes thank you, I'll before we jump into the session we will hear from [Indiscernible] to provide a legislative update.

Introduce yourself and provide us with a legislative update.

Hello I am a [Indiscernible] I am briefly talk about the [Indiscernible] and talk about work we are supporting. So far the department is the first one a [Indiscernible] and this will allow us to submit changes [Indiscernible - muffled] they were things that have to happen regarding the [Indiscernible - muffled] we will a very. . We are renewing the expenditures for the Department of human services this expires in September. [Indiscernible - muffled] some of the next two bills are related to the [Indiscernible] the first one is establishing a demonstration of need this would essentially be a set of curia to allow more to allow for another Medicaid facility for us. Right now we don't have Craig curia and with the growing Asian popularity [Indiscernible - muffled] and last, so [Indiscernible - muffled] has increased automatically get every year we are proposing to [Indiscernible] for all providers. None of us has been introduced yet we hope that will happen soon. The next four bills and will talk about a related to prescription drugs Their build and first one is titled prevention of substance abuse disorders. This is a comprehensive bill that came out of though [Indiscernible]. We are supporting a part of it. It allows the department access. In loss as to track and coordinate care come around it. It is next week. The next bill is called [Indiscernible] and passed yesterday. It goes to the House finance committee it would require health insured benefit managers and manufacturers to provide [Indiscernible] and [Indiscernible - muffled] showing the [Indiscernible - low volume] the next bill is drug production cost transparency. It passed out of committee on Thursday. Attended to the Appropriations Committee. This essentially allows people to collect information from the Department of human services the Department of Corrections and [Indiscernible - muffled] they will analyze that to submit a report. Finally, we have a bill to expand drug import program to import drugs from Canada. This would expand it to import drugs from other countries, as well. That was a lot. Would you mind giving us the actual build numbers? If they have not been introduced, there is not one. Yes. Prevention of drug abuse is HB 2010 85. The price transparency bill is eights D 20 1160. Drug production cost transparency is SD 2107. Expand drug import program is SD 2119. Any other questions? Does anybody on the phone have any questions for Ms. Mullen?

No thank you. Okay. Thank you, very much. [Indiscernible - muffled] . Take a cupcake. Okay. Okay. Let's move on to the [Indiscernible - muffled] may only have five initial rules. Document one. Melanie Reece and Russell Zigler. This is a bonus day. Introduce yourself. Share with us that document one and state for the record.doc or [Indiscernible] joined us. Give us the introduction.

Good morning. I percent the contraceptive role. I will let Milne he introduce it.

I Melanie Reece Reese I am this is a list I'm the hospital [Indiscernible] [Indiscernible - muffled] . You need to use your outside voice a little bit more so everybody can hear. Okay?

All right. This will provide some background. Otherwise a method of payment based on the principal diagnosis(DRG) method of payment assigns a bundled DRG payment to an inpatient hospital claim based on the principal diagnosis for which the patient was treated, surgical procedures involved, and complication of the illness. The DRG relative weight is a numerical value reflecting the relative resource consumption for the DRG to which it is assigned. The DRG relative weight is multiplied by the base rate for the hospital to generate the payment amount. The proposed rule excludes long-acting reversible contraceptives (LARC) devices, inserted following a delivery or implanted prior to inpatient hospital discharge following a delivery, from the DRG bundled payment. Instead, LARC devices will be paid according to the Department's fee schedule. Fee Schedule reimbursement for these expensive devices will exceed the reimbursement for LARCs when included and bundled in the delivery DRG payment, thus incentivizing increased utilization by

inpatient hospitals. The intent of the rule revision is to increase access to, and utilization of LARCs following a delivery by providing separate and more accurate reimbursements for these devices rather than including reimbursement within the DRG payment. Increased utilization of LARCs aligns with Colorado family planning initiatives by decreasing the incidence of unintended pregnancies and supporting a woman's choice of when, or if, she becomes a parent.

Any questions on the phone?

Medicaid. We have two stakeholder comments supporting this on the iPad. We have anybody

Okay. That's pretty straightforward, I think. This is Christie 1801 98 revision to the medical assistance rules section 81 301 five and according to the statement in purpose the sticks for the record. Please say Aye. Abstain? On the phone Dr.? Aye. Dr. Fraley. Aye. Dr. Goodman Aye. Miss Robert. Aye. Motion passes. Thank you. Thank you, all. Thank you. Okay. It is. It is kind of your show for the first four we have anybody else joining us okay this about document two, please once again, my name is Russ Sigler we present the speech therapy role. Yes, good morning I'm Alex I am the manager for primary habilitative care for the department. I am the policy benefit administrator for the patient speech therapy benefit. Stakeholders have requested the department revise the speech therapy role to allow documentation. Along us all of these are included.The proposed revision to this rule will allow providers appropriate flexibility in selecting a documentation format for recording visit notes under the Outpatient Speech Therapy benefit. As the rule is currently written, providers are restricted to using only the Subjective, Objective, Assessment and Plan (SOAP) tool. With this revision, providers will have discretion to use any tool that includes all of the SOAP elements, which are written into the rule text. The rule revision will remove the administrative burden for providers using documentation formats other than SOAP that are otherwise appropriate and sufficient. I brought that question, to Alex.

Thank you, for doing that. Hello. Briefly, I received a summary of the comments that were made last time. But would you be able to restate the question and concerns so we have more dialogue on that?

Thank you. He is here, I forgot so, it's my understanding that in the past, patient speech therapy was offered over the age of 21 regardless of the person using technology to communicate if they had an IDD facility and I understand that when things changed last spring and we began requiring documentation for speech therapy, you also enact did at that time, that the removal of that service, or people over the age of 21, at no longer will receive speech therapy unless they have had a stroke or event or are on a communication device my concern is, that we are no longer providing, my concern is that, we select people to offer services to, but, my true concern is, there are folks with IDT over 21, that can have epilepsy events, etc., to use those devices but continue to need speech therapy, intermittently but not constantly come and they can no longer get it. Unless they are under [Indiscernible] I believe I said that correctly. But anyway, so, that's my concern. We did provided for a while, until we enacted this speech therapist has no problem doing documentation it's a matter of, we now have a ablation that cannot access services that need services still. And my wrong? I I'm not the only one.

Thank you for that. I had services via email and a summary of the history of this and I would like to read., at this time. It will take me a few minutes. In the year 2012 the department collaborated with stakeholders which govern the coverage of outpatient speech therapy benefit. In 2013 the department wrote policies and the board approved these rules. Eligible clients include client age 20 and under, and adult clients who qualified for medical necessity and necessary services qualifying adult clients may receive services for non-chronic conditions and acute illness and injuries the rule states these programs are not covered for adult clients. In 2013 the department began involving expansion numbers of part of the care act. With this came the paradigm for therapies as rehabilitated or had been located and was adopted across the industry insurance plans, and by healthcare. Speech therapist means it's clinical judgment to determine if it is rehabilitative or habilitative. Rehabilitative therapy turns acute illnesses that are not chronic. Rehabilitative therapy is short-term. Rehabilitative outpatient speech therapy is a covered benefit for members of all ages. All children and all adults, regardless of waiver, status or diagnosis. Habilitative therapy is the opposite of rehabilitative therapy it treats chronic conditions with a purpose of helping the member retain or include skills and functioning that were affected by that condition. Habilitative therapy may differ the long-term in nature. The department considers habilitative therapy to be synonymous with the term [Indiscernible] since 2014. Habilitative up patient speech therapy as a covered benefit of children, ages zero to 20. Habilitative speech therapy is not a covered benefit for adults, because of the aforementioned exclusion which states maintenance programs are not covered for adults. Expanded sin adults are federally required to have habilitative speech therapy covered. [Indiscernible - muffled] there is a small group do still have this covered. Adults were not on the alternative benefit plan do not have habilitative outpatient therapy covered. This set of policies has been in operation since January, 2014. Beginning April 2019, so, five years later, the department began requiring prior authorization of the speech therapy benefit to combat fraud waste and

abuse. This process is critical for preventing the department from incurring federal financial participation this allowances which would force the state to refund the federal government monies from the general fund. In short, prior art versus financial risk to Colorado. The department vendor has been enforcing the policies rules which include the policy.adult not have maintenance programs covered. Providers use clinical evaluation of the member, to determine the proposed treatments is rehabilitative or habilitative therapy. The provider has the responsibility to classified the proposed treatment as rehabilitative or habilitative. Is telling the provider whether the treatment is rehab or habit. The provider is telling us if the treatment is rehabilitative or bullet data. The provider reset submit the request. That is how the vendor makes these denials and services. If the service request is for habilitative services, maintenance and the adult is not only alternative benefit program they will issue a denial in accordance with the [Indiscernible]. That's a lot of information.

Thank you. Thank you. I don't know if there is webinar training for speech therapist. I know speech therapist don't want to do anything wrong, but it is really difficult when you have a person over the age of 21, with the disability and or [Indiscernible] that is chronic you know, and then, if the struggle with something ongoing because it is a long-term I think folks are struggling, with God. Going forward it is difficult. Selecting a group that cannot get a service. So, I'm still struggling with it. But I think you, very much for the explanation and I want and it. I do understand it. I do. I do. The department does publish guidance to assist providers with the definitions of rehabilitative and habilitative. It's fairly transparent. We make an effort not to be prescriptive. We don't want to be telling speech therapist we respect clinical judgment. We don't see the patient. We don't truly know what's going on with them. So, we rely entirely on the therapist judgment. So far, as per adult members with the development disabilities, the department still covers many services that they need and use. Speech generating devices are still covered. The ongoing training on how to use those devices is still covered even if it is rehabilitative or habilitative there is no distinction when it comes to that. One final thing I want to point out is that as with any member of the public they may submit to us a written request for a policy change I encourage you or stakeholders to submit to me a written request asking the department to evaluate this policy thanks very much. I appreciate that comments or questions from the board? Yes, Mr. pump.

I want to thank you. It was exceedingly clear the difference train rehab and habilitative on what that means. We may not really appreciate the implications so thank you very much. Any questions from the phone listeners? Anybody? No thank you note to would you like to sign up for testimony? Come forward we will do the sign up part if that is okay if you would not mind come forward introduce yourself to the board provide your testimony.

Thank you, for the opportunity to comment on the habilitative services. My name is Kyle [Indiscernible] I work in Colorado have five years of experience working and advocating for children and adults with disabilities. I work at hospitals and homes. I would like to raise concerns concerning outpatient speech therapy. Much to the chagrin of [Indiscernible] everywhere with chronic conditions, they do not stop experimenting with the consequences of those disabilities they have frustrations. Individuals with chronic conditions that require ongoing therapy services to improve communication will not expand skill sets and have opportunities someday to speak up for themselves when society decides the services cannot be accessed. After all, it's all about removing not adding accessed two areas. Ages 21 and older, participating and accessing the community. This includes educational opportunities how can they communicate if they stop receiving services? How can they report a violation? The position has to guess? Client cannot express what is wrong. I think we can agree, these are examples. They are necessary to all of us when pursuing what makes us happy. Rehabilitative therapy services are defined as therapy that treats chronic conditions with the purpose of helping them improve skills affected by the chronic condition. It's illegal to offer these services denied them under Medicaid. They may be inaccessible to any adult. In summary, I believe where asking adults and families to choose between [Indiscernible] or the person's happiness. I would like to remind politicians and those with power to affect change not this under represented group and we disagree with that statement that liberty has been compromised. I want to thank you for letting me speak here today on behalf of those who cannot.

Thank you. Any questions? Okay. Okay. Oh, I am sorry. I this rule focuses on change in documentation. So, the concern is brought up, as there's part or has it always been in the rules? Are we talking about two different things?

Correct. This is a broader discussion on how it is currently in the rules? Like you said this was pacifically pertains only to the documentation. That is correct. This is two separate things.

Thank you, force the gain. I appreciate that. The proposed rule around documentation They are inappropriate in whatever format. Does that work for you? It's been no. You know, it's within our purview to determine and due to the fact many of our clients that we serve, Colorado Medicaid, regardless of chronic

conditions, speech language therapy services are denied when they turn 21. We are determining they would benefit from services. But at because of the role when they turn 21 services are denied.
It's more specific around if that will change. It's run how notes are written and is that change of format, what I hear you say is, I would assume nursing facilities they will determine, the process for note keeping would be beneficial, for them. I don't see why that would hurt in any way. [Indiscernible - muffled]
Thank you. Sorry. The second piece is, did you know the process to be able to ask for change specifically around had we had over 20 years of age, that NextStep can happen?
Anything we can do to have that discussion and affect rule changes, people can submit public comment.
Thank you. I look forward to seeing that. Thank you. I apologize I did muddied the waters with this rule. This is an ongoing issue. I wanted to bring it up as we open the speech therapy rule. It is a concern. Thank you, very much. I okay. Over here, is there any further discussion we need to have from the board?
Did anyone else want to provide public testimony? Okay. I will entertain a motion. The document to revision to medical patient speech therapy section 8.200.3 point 3.2 specific [Indiscernible - muffled] all those in favor, please say Aye . Staying? Aye . Dr. Foley. Aye. Mr. Roberts. Aye. Thank you. Motion passes. Thank you. Thank you, very much. Okay. Okay. Let's go for round two. This is document three.
Once again. Once again, I will let him introduce the specific benefit.
He is the chief of service behavior health expert. This is kind of his purview. This is a very straightforward change. No limitation. There should be no impact. Stakeholders were not engaged. That does not change the policy. That seems pretty straightforward are there any questions from the board any questions on the phone? Anybody who would like to sign up for public testimony? All right. All right. Approval of document 04 19 12 revision to the medical assistance mental health centers section eight .7 50.3 be. Incorporating the 30 containment. Second? Right. Night teen 1206 D. Let's switch to document three. It is actually document three. We can make that adjustment and you can second that adjustment is that okay?
Great. Thank you. That had been seconded all those in favor, please say Aye. Opposed? Staying?
On the phone?
Aye. Mr. Roberts. Aye. Dr. Givens? Aye. Thank you motion passes with that correction to document three. Okay. Thank you, for catching that. Okay. Okay move on to document for. Thank you for being here. And then we get to welcome Mr. Richards Delaney. Please introduce this document for. Here to present the revision to the medical assistance act rule. Good morning madam chair and members of the board I am Mr. Delaney I am the oxygen policy specialist to the department. We provide background to develop the standard for the durable medical equipment oxygen benefit was incorporated by records into the rule was incorporated by reference think I [Indiscernible] it's in the process retiring at the purpose of this rule is to remove and incorporate by the durable standard, section eight .5 80 and to move the content from the covered standard into rule. The only change between the standard in the rule, is to require writers to obtain all orders prescriptions certificates of necessity for purpose of rather than just obtain current order as it was documented as a public standard. Both address oxygen and equipment. It is one rule, to bring more clarity. They should not be affected by this change does not change oxygen equipment coverage. It posted the proposed role on the website. The department has responded to all stakeholder comments. They made changes to the proposed rule. Thank you, where open for questions. Any questions from the board? Okay. Any questions on the phone?
Yes. Miss Roberts did you have a comment?
I do. [Indiscernible - low volume] I'm curious about the reimbursement on the reimbursement I make zero point eight reimbursement Medicaid reimburse for DME oxygen and not receiving set comparable to the Medicare ruling that insurance is not covered nursing homes, unless they are part a?
Mr. Delaney. Spent yes, miss Roberts. That is correct.
Okay. [Audio cutting out]
No. Yes. A resident from an Institute or care facility. They the payment, there is no payment from Medicare for a client in an IDD facility. For skilled nursing facility they are supposed to keep Medicare benefit and Medicare pays a skilled nursing facility and it includes oxygen so Medicaid will not pay. For the resident there's no matter coverage. Medicare picks up the oxygen.
Okay. Thank you, very much. Is there a second question on the phone? Okay. I wanted to make sure we can address the questions that we have. Anybody signed up for public testimony? Anybody interested in signing up? No? Okay. I will entertain the motion. Okay. Trent 12 section 8 .5 80 and 8.5 incorporating the statement purpose everybody in favor, say Aye . Anybody opposed say no. Miss Roberts. Dr. Givens. Aye. Thank you, motion passes. Okay. Okay we say goodbye to you, now. Thank you. Thank you, Mr. Delaney. We will move on to the last rule were today document five you have a friend. I'm from the long-term care facility for your department. Okay. Welcome. Please share with us. Have a back program. They transition from the hospital into a nursing facility. The purpose of the revision is to provide greater clarity regarding clinical

documentation. Medical criteria to include individuals and needs to require ongoing support. Does anybody have any questions?
Any questions from the board?
I do. 14 I don't understand. So, page number one. Client eligibility. All prospective clients must meet all of the requirements of one of the three categories. All all of the requirements
I cut that. When I would recommend is, you have that one statement, about clinical eligibility. Everything else is crossed out. You dive into research and management and something, no. It seems more appropriate, it would be more appropriate to go down to client eligibility they either have to be, [Indiscernible - muffled] you dive right into care. Looks like you missed eligibility summary it .7 the order seems funky.
The next section is a different number. I think we can look at putting a statement there, labeling those three. We can make it more clear.
To be fair, we don't have a clean version, either. It might look a little cleaner. It is hard to identify what three pieces you are talking about, though.
To make it less funky. Okay. Any other comments from the board? Any comments from folks on the phone? Anybody signed up for public testimony? Anybody want to sign up for public testimony? Okay. Any other comments before we move forward? As I know. No. All right. I will entertain a motion. I moved the initial approval of the current 12 level of care section 8.470. Move is seconded. All those in favor, say Aye. Oppose . Abstain. On the phone? Aye. Aye. Miss Roberts? Aye. Dr. Givens. Aye. All right, thank you. Motion passes. Thank you, very much for coming forward. Thank you, for making a change. Okay. Before we go on to the closing motion can we have a motion for dialogue of consent.
I have one, two, three, and four. I I think so. Okay. Wow. Okay. That a formal nine I think we all agree. [Indiscernible - multiple speakers] please provide a formal motion I move that documents I think document one, document two, document three and document four and document five will be on the consent agenda for the March meeting.
Thank you is there a second? Okay. All those in favor, please say Aye. Opposed? Abstain? On the phone? Miss Roberts? Aye Dr. Givens? Aye . Motion passes. Moved on rules adopted moved all the rules adopted at this meeting of the medical services board finance moved to Craig Curia which are incorporated by reference. Met and okay. All right. Let's move on to our Aye . Let's do so this is in regard to a children's residential update. We would like to invite forward, miss Michelle Craig to share preparations for the next meeting. Welcome.
Good morning members of the board and Madame President I in this section manager. In March, it is also known as [Indiscernible]. 505 10 what the this will last and brought forward in [Indiscernible] to bring revisions to the rule. As part of ongoing efforts to improve access to church services the department is proposing a role change to allow family members to reimburse residents full services and respite services. They proposed rules to provide [Indiscernible] they are in the process of stakeholder engagement. Some of that stakeholder engagement offers [Indiscernible] improvement to the waiver. Great.
Any questions? Any questions on the phone? Okay. We look forward to seeing you, next month. Thanks for coming forward. It looks like that would be the only initial role. [Indiscernible - multiple speakers] let's go to the open room. Let's go to the open forum.
Thank you. I'm Bethany I have one additional comment but the speech issue. I ended and we are not covering speech services for adults. I think you know the fact that the ADA requires the health benefits and alternative that if the plan for adults, adopted is that you will find overtime, benefits are important, for adults. That's a good reason to look into, a change in the role or the change in whatever is required, to make sure adults who have disabilities have access to services. It does not make sense. I think it would be a worthwhile change. If there is a formal process for the public to request that a rule be revisited, I think it would be great to have that written or explained on the record, for others to know about. I think you. Thank you. Would you like to address that? [Indiscernible - multiple speakers] the typing said a CA? I want to correct, whatever was [Indiscernible] it said ADA. I just caught that. Okay we are switching it, for clarification on the screen. It was not ADA but rather [Indiscernible] okay. [Laughter] did you address the public record. Certainly. If anybody is interested in requesting the department review, starting benefits review, as Alex explained earlier, to reach out to myself you can reach out to the policy individual the information is on the public website about how to get involved, there is a variety of ways type in stakeholder in the search. You will come up with a list of opportunities to engage. As the medical service board coordinator people can email me. I will make sure it gets to the correct people in the department. Other people know who they need to speak with. They can email them, directly. That would be the way to initiate.
Thank you. Okay. Any other interest in open forum comment? Okay. All right. Let's move ahead with department updates. We have Miss Johnson. She's wearing some really cute cowboy boot. She's going to provide department updates. So the department released our report the General assembly charged us a while

ago I would have to look up the year, to track payers are paying you know, charging higher premiums as a result of cost shifted onto them. So, this is written into the Colorado healthcare affordability act. We reproduce this report. That was released January 23rd. And I will highlight this in the findings. Because of this ADA passing affordable care act, [Indiscernible - muffled] professional career, however, healthcare cost and private healthcare costs, going up sharply in Colorado more so than nationally. Hospital margins have increased 280% since 2009 and 2018. Hospital prices went up far more sharply. They went up [Indiscernible] and so they drew the conclusion, that the cost shift is not driven across care but by strategic decisions by hospitals. They are interested in [Indiscernible - muffled] I will share it with you. And I have this copy if you want to see what it looks like. I have additional information [Indiscernible - low volume] thank you. I appreciate that. Other updates, the Supreme Court ruled on January 27th come to lift the injunction on the public [Indiscernible] rule. This expands the public programs that can influence whether immigrants can receive [Indiscernible] essentially. That will go into effect on the bright 24th. February 21st. We are concerned they are not subject to these rules. There is, nonetheless a chilling effect. People are fearful. We are concerned enrollment will reflect that. It is hard for us to do an analysis to prove that. But we are concerned. We want to ensure that those that are eligible for healthcare are able to access that. We have been able to talk to community organizations to strategize. The governor's office is experimenting on and outreach campaign. We want to combat beer fear and monitor this more closely. The department is getting our annual report ready for publication. Were hoping to have that ready soon. [Indiscernible - low volume] if that is ready, I will [Indiscernible - muffled] this came out of the oxygen role. I'm wondering if there is any data about, how many people and how many clients, receive oxygen, more so than other states, because of the altitude that we are on. I'm just curious. It came up in my brain. Is there any data like that? No? He is sick in his head. He is shaking his head. I'm really curious. I took one bite of a pretzel.

[Laughter] my name is Richard and I am the policies was a list and there is no data. Oxygen isn't diagnosis. It would have to come from the Department of Medicaid and anecdotally, yes. Does appeared there is more need for oxygen in Colorado. We don't have hard data on that. I appreciate that.

Yes. Yes. Any time send anybody from the elevation here, to the mountains, particularly etc. the requirement for oxygen is exponentially increased.

Think you. Thank you on the oxygen note understanding that high altitude oxygen is a huge, huge, huge issue and very difficult to get back and forth to appointments the altitude does change so much you cannot get the tanks charge because air pressure is so low. There are other issues. It does not, you cannot see it that way. When I talked to oxygen people, it was an issue. It does not matter fear in the Denver Metro . or higher elevation, still . So, traveling up and down is a huge issue. Just as a side note.

Any other questions? Any questions on the phone? Okay. That's another thing I need to

. Dr. Johnson and Donna, do I address you as Mr. doctor?

Mess unfortunately miss. I do not know you are missing out on cupcakes and pretzels. Nice little treats for Miss Blakely. We can take care of that and we hope to hear next month in April meeting.

[Laughter]. I want to say, you had a couple of really easy meetings.

[Laughter].

[Event concluded]