



**Medicaid Provider Rate Review Advisory Committee (MPRRAC)  
2/15/19 Meeting Minutes**

303 East 17th Avenue, Denver, CO 80203

9:00 a.m. - 12:00 p.m.

Please find the meeting audio recording at this [link](#).

**1. Call to Order**

The meeting was called to order at 9:05 a.m.

**2. Roll Call**

**MPRRAC Members (in person)**

Susan Flynn, Bill Munson, Wilson Pace, Jeff Perkins

**MPRRAC Members (by phone)**

Rebecca Craig, Rob DeHerrera, Dixie Melton, Arthur Schut, Murray Willis, Jody Wright

**3. Agenda Review**

Eloiss Hulsbrink, Rate Review Stakeholder Relations Specialist, welcomed participants and outlined the meeting agenda.

**4. Meeting Minutes Approval**

January Meeting Minutes will be reviewed at the 3/29/19 MPRRAC meeting to give MPRRAC members time for review.

**5. Preliminary Rate Comparison Analysis - Durable Medical Equipment (DME)**

DME FY2017-18 descriptive data were presented. Please refer to slide 6 of the [February MPRRAC Presentation](#).

DME rate analysis methodology, rate benchmark comparisons, and rate ratio scatterplots were presented. Please refer to slides 7-39 of the [February MPRRAC Presentation](#).

**6. MPRRAC Discussion**

Jody Wright, MPRRAC member, asked why code E1390 was adjusted from daily to monthly rates, when it was always billed as a monthly rate. January Montaño, the DME benefit specialist, clarified that code E1390 was billed as 30 units for a one-month rental. It was necessary in the data analysis to match the Medicare rate,

which is one unit for one month, to crosswalk the claims data to the Department's data set. Thus, the data will show as a daily rental even though it was calculated and paid at a monthly rate.

Jeff Perkins, MPRRAC member, asked what the Department's logic was for excluding dual-eligible members. Jeremy Tipton, Special Projects Section Manager, responded that there were data issues that affected the overall validity of the results, so dual-eligibility was excluded from the analysis. This methodology is consistent with past rate comparison analyses.

Jody Wright, MPRRAC member, asked if the non-Upper Payment Limit (UPL) DME codes that were compared to other states were codes the Department identified as not paid by Medicare. Jeremy Tipton, Special Projects Section Manager, affirmed this. Jody stated that Medicare does pay for those codes. Jeremy responded that these codes did not have matching data available in the first check of the Medicare fee schedule, which is why these codes were compared to an average of the other states' Medicaid rates. Jody committed to try to help identify the Medicare rates for the missing code set.

Wilson Pace, MPRRAC Chair, asked if Medicaid could pay less than the Upper Payment Limit (UPL). Jeremy Tipton, Special Projects Section Manager, responded that the UPL means states can't reimburse above Medicare's rate. The Department elected to come into compliance with the UPL by reimbursing 100% of Medicare, which means the Department would raise rates up to 100% if they were below the Medicare rate.

Jeff Perkins, MPRRAC member, asked the Department for an example of a manually priced claim. Jeremy Tipton, Special Projects Section Manager, said that the rate for miscellaneous code E1399 can change based on the manufacturer's suggested retail price (MSRP) and has its own reimbursement methodology. Wilson Pace, MPRRAC Chair, commented that it's difficult to check manually-priced rates from state to state, because every state would be in a different point in the process of bringing these kinds of codes into their standard rates versus where they are still manually coding. Jeremy affirmed this and added that there is variance in the items billed with this code, from a hospital bed to a certain type of lift, etc.

Jeff Perkins, MPRRAC member, commented that it would be useful to understand what the net effect of the UPL was, considering non-UPL codes are at 116% percent of the benchmark, compared to the UPL at 100% of the benchmark. Wilson Pace, MPRRAC Chair, asked the Department to provide the MPRRAC with more information on pre- and post-UPL implementation rates, noting that it would be helpful to have overall data for codes or areas brought up by stakeholders. Wilson clarified that it would be useful to look at 2017 data for previous rates and compare them to the projected rates for 2019 to see the overall impact that the CMS regulation had on DME providers in Colorado.

Jody Wright, MPRRAC member, stated that he will share data with the MPRRAC regarding the correlation between DME suppliers' business closures and DME UPL implementation.

Eloiss Hulsbrink, Rate Review Stakeholder Relations Specialist, shared that the access and utilization analyses that were previously completed by Department staff were contracted this year due to staffing changes. The contract has not yet been executed so that data will be presented in the March MPRRAC meeting.

Data was presented for oxygen supplies codes that were analyzed separately because the UPL implementation reduced provider reimbursement. The oxygen rates provide an example of the most significant adjustments resulting from the UPL. The Department is aware of stakeholder feedback concerning several DME suppliers changing their business models, and it potentially affecting client access. Please see slides 48 and 49 in the [February MPRRAC Presentation](#) for the descriptive statistics and line graph of Paid Dollars in Oxygen codes over time.

## 7. Stakeholder Comment

The floor was opened for stakeholder comments. None were provided.

## 8. Revisit HB18-1198

Eloiss asked the MPRRAC if there were questions regarding HB18-1198. Wilson asked if the guiding principles or rules of governance are adequate for the purposes of the bill. Eloiss clarified that the Department is interested in feedback from current MPRRAC members regarding what new MPRRAC members may need to know. These comments will be taken into consideration when designing the annual MPRRAC training.

The committee suggested:

- Guiding Principles
- Rules of Governance
- Meeting minutes approval
- Global perspective of rate review evaluation and recommendations
- Purpose of the committee
- Disclosure and management of conflicts of interest in the MPRRAC setting
- Voting process - rules regarding quorum

Wilson suggested a new rule of governance that more explicitly states whether and when a quorum is needed to make changes to the Rules of Governance. He further suggested that the Department provide 10-day notice (as specified in the Rules of Governance) of this proposed change and that the committee potentially vote on the change in March.

These comments will be considered in the development of the presentation slides for the MPRRAC Annual Training. A draft of the MPRRAC Annual Training slides will be shared with MPRRAC members in March.

## 9. Next Steps

The Department will evaluate additional DME analyses and data requested.

The Department will send out reappointment information to MPRRAC members in the coming weeks.

Please see slide 45 of the [February MPRRAC Presentation](#) for details on additional next steps.

## 10. Adjourn

The meeting was adjourned at 11:50 a.m.

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