Medicaid Provider Rate Review Advisory Committee (MPRRAC)
June 28, 2019 Meeting Minutes

303 East 17th Avenue, Denver, CO 80203

9:00 a.m. – 12:00 p.m.

1. Call to Order

The meeting was called to order at 9:00 a.m.

2. Roll Call

MPRRAC Members (in person)

Rebecca Craig (Vice Chair), Susan Flynn, Dixie Melton, Arthur Schut, Bill Munson, Jeff Perkins, Jody Wright

MPRRAC Members (by phone)

Tom Rose, Rob DeHerrera

3. Agenda Review

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

4. Vote on Proposed Changes to Five-Year Rate Review Schedule

Eloiss Hulsbrink went over the changes to the schedule for members who had not attended the June 14th webinar. There was a motion to approve and there were no dissenters; the committee voted to approve the new five-year rate review schedule.

5. Working Recommendations – Ambulatory Surgical Centers

The analysis results, stakeholder and Department considerations, and the preliminary recommendations were presented. For more information, please see page 1 of the Working Recommendations document and slides 8-10 of the June MPRRAC Presentation.

Committee Discussion

Committee members commented that opening procedure codes in ASCs would be a way to cut costs and help bridge the gap between hospitals and ASCs, which fits under the MPRRAC guiding principles.

Stakeholder Comment

The Department did not receive any feedback from stakeholders regarding ASCs during the June MPRRAC meeting.

6. Working Recommendations - Fee-for-Service Behavioral Health Services

The analysis results, stakeholder and Department considerations, and the preliminary recommendations were presented. For more information, please see pages 2-3 of the Working Recommendations document and slide 14 of the June MPRRAC Presentation.

Committee Discussion

There were not any questions or comments from the committee regarding FFS behavioral health services.

Stakeholder Comment

The Department did not receive any feedback from stakeholders regarding FFS behavioral health services during the June MPRRAC meeting.

7. Working Recommendations - Residential Child Care Facilities

The analysis results, stakeholder and Department considerations, and the preliminary recommendations were presented. For more information, see pages 3-5 of the Working Recommendations document and slide 18 of the June MPRRAC Presentation.

Committee Discussion

Committee discussion centered around the stakeholder feedback from the March MPRRAC meeting indicating that overall payments associated with RCCFs do not cover the cost of services; since the MPRRAC guiding principles state that payments should cover the actual cost of service, committee members suggested performing a cost analysis.

Stakeholder Comment

The Department did not receive any feedback from stakeholders regarding RCCFs during the June MPRRAC meeting.

8. Working Recommendations - Psychiatric Residential Treatment Facilities

The analysis results, stakeholder and Department considerations, and the preliminary recommendations were presented. For more information, see page 5 of the Working Recommendations document and slide 22 of the June MPRRAC Presentation.

Committee Discussion

Committee discussion centered around the Department's recommendation to perform a rate setting project for both RCCFs and PRTFs, specifically that the Department would conduct the rate setting project in line with Department best practices. Department staff indicated best practices for rate setting includes looking at costs, facility overhead, national benchmarks and standards, and evidence-based research.

Stakeholder Comments

The Department did not receive any feedback from stakeholders regarding PRTFs during the June MPRRAC meeting.

9. Working Recommendations – Special Connections Program Services

The analysis results, stakeholder and Department considerations, and the preliminary recommendations were presented. For more information, see pages 6-7 of the Working Recommendations document and slide 27 of the June MPRRAC Presentation.

Committee Discussion

Committee discussion centered around where the Special Connections rate benchmarks originated and expressed concern over the various settings, variances in different states' health care operations, and access concerns stemming from unknown waitlist data, which may affect the recommendations to some degree.

A committee member stated that they would appreciate more information regarding members' ability to access Special Connections Program services so that the final recommendations for these services are meaningful and concrete.

Stakeholder Comments

The Department did not receive any feedback from stakeholders regarding Special Connections Program services during the June MPRRAC meeting.

10. Working Recommendations – Dialysis and ESRD Treatment Services

The analysis results, stakeholder and Department considerations, and the preliminary recommendations were presented. For more information, see pages 7-8 of the Working Recommendations document and slide 31 of the June MPRRAC Presentation.

Committee Discussion

Committee discussion centered around the various methods for providing in-home hemodialysis and how they differ from each other, both in administration of care and payment methodologies. Eligibility factors for both Medicaid and Medicare were also discussed.

Stakeholder Comments

The Department did not receive any feedback from stakeholders regarding Dialysis and ESRD Treatment services during the June MPRRAC meeting.

Wendy Funk Schrag, from Fresenius, provided written comments to the MPRRAC.

11. Working Recommendations - Durable Medical Equipment

The analysis results, stakeholder and Department considerations, and the preliminary recommendations were presented. For more information, see pages 8-9 of the Working Recommendations document and slide 35 of the June MPRRAC Presentation.

Committee Discussion

Committee discussion centered around the impacts of the Upper Payment Limit (UPL) implementation and the difficulties delivering DME. The DME access to care data tracking and survey data were discussed as well.

Stakeholder Comments

Doug Coleman, from Major Medical, provided public comment, stating that the DME industry has experienced reimbursement cuts over the last decade, which has had an impact on access to DME. Some of these cuts have come from the Upper Payment Limits required by the Centers for Medicare and Medicaid Services (CMS). Doug summarized that increased reimbursement for service and delivery components of DME services would prevent further access issues.

Doug provided written comments to the MPRRAC.

Julie Reskin from the Colorado Cross-Disability Coalition provided public comment to the committee. Julie stated that repairs are a main concern when it comes to DME. She also indicated that value-based payment methodologies may be one solution for the Department to consider. Julie stated that members needing respiratory equipment are having trouble accessing the services.

Julie provided written comments to the MPRRAC.

Several other comments were made by Medicaid members; names are excluded to comply with the Health Insurance Portability and Accountability Act (HIPAA). These comments centered around difficulties accessing repairs for DME, such as wheelchairs, which are necessary to continue normal activities in the home and community.

A representative from Apria provided public comments to the MPRRAC agreeing with the statements from Doug Coleman. She also presented her experience from a national company, noting that travel time is not reimbursable for repairs, which makes it difficult for any company to stay in business. Finally, she stated that rental equipment has also become a liability that could be attributing to access concerns.

12. Next Steps

Eloiss Hulsbrink reviewed the next steps, including report due dates and future meeting dates. For more information, see slide 39 in the June MPRRAC Presentation.

13. Adjourn

The meeting was adjourned at 12:10 p.m.