COLORADO
Department of Health Care Policy & Financing

MINUTES OF THE MEETING OF THE Medicaid Provider Rate Review Advisory Committee (MPRRAC)

Colorado Department of Health Care Policy and Financing
303 E. 17th Avenue, Denver CO 80203
Conference Room 7ABC

A recording of this meeting is available at this link.

February 21, 2020

1. Call to Order and Introductions

Eloiss Hulsbrink, Rate Review Stakeholder Relations Specialist, called the meeting to order at 9:05 a.m.

2. Roll Call

There were sufficient members for a quorum with eight members participating in-person and seven members participating remotely.

A. Members Present

David Friedenson, Matt VanAuken, Gretchen McGinnis, Kim Kretsch, Wilson Pace, Jeff Perkins, Robert Hernandez, Bill Munson.

B. Members on Webinar/Phone

Tim Dienst, Christi Mecillas, Kelli Ore, Maureen Welch, Steve Hehnen, Murray Willis (pending reappointment), Dixie Melton (pending reappointment).

C. Department Staff Participants

Eloiss Hulsbrink, Jami Gazerro, Matt Colussi, Alex Koloskus, Alex Weichselbaum, Jeff Laskey, Matt Wellens, Gina Robinson.

3. Meeting Minutes

MPRRAC members discussed and voted on meeting minutes from MPRRAC meetings on June 28, 2019, September 20, 2019, and November 15, 2019. Wilson Pace asked for the word “repairs” be removed from the MPRRAC DME recommendation in the September 20, 2019 meeting minutes; Kelli Ore agreed and confirmed the request.

The MPRRAC voted to approve all meeting minutes, with the amended change mentioned above.

4. Committee Chair/Vice Chair

MPRRAC members discussed and voted on the process for nominating and appointing the next MPRRAC Chair and Vice Chair.

Committee members proposed a number of possible scenarios for this process. The committee voted to approve that nominations for Vice Chair would be accepted until the June 19, 2020 MPRRAC meeting, at which point the committee would vote in a Vice Chair with the assumption that the Vice Chair would assume the role of MPRRAC Chair in September 2020.

5. Data Analysis Results for Year Five Services

A. Pediatric Personal Care (PPC), Home Health, Private Duty Nursing (PDN)

The utilization data, rate comparison results, and access to care analysis were presented. See slides 10-53 in the February MPRRAC Presentation for more information.

Committee Discussion

Committee discussion centered on the restriction on legally responsible guardians from providing PPC services and the low number of agencies rendering PPC services compared to the number of enrolled agencies for PPC services. A committee member requested that the Department look into identifying drive-time GIS mapping analyses for the states used in the rate comparison analysis, unfortunately this data is not publicly available and cannot be analyzed by the Department.

A committee member asked if the Department had any data regarding the percentage of home health caregivers that reside within the home of the member receiving home health services; Department staff responded that the data requested is not collected by the Department. The committee also discussed the utilization trends in the three distinct regions (urban, rural, and frontier).

The committee discussed the differences in RN and LPN rates and the potential for LPNs to provide more PDN services, which could help decrease the time members spend in the hospital (costlier setting); home-based health care, when appropriate, can lead to better health outcomes and quality of life.

Stakeholder Feedback

Themes of stakeholder feedback included:

- the absence of a minimum requirement for home health services, which infers that as long as the provider is there, no matter for how long, they will be paid the fixed rate for the visit;
- disproportionately high home health rates allow home health providers to provide up to two and a half times the amount of services as an independent clinic-based provider can provide; and
- home health agencies can push other services to patients to increase reimbursement for each visit, even if those services are not necessarily appropriate for the in-home setting, which affects independent providers (e.g., PBT or speech therapy providers) who cannot bundle the services as a home health agency can.

B. Pediatric Behavioral Therapy (PBT)

The utilization data, rate comparison results, and access to care analysis were presented. See slide 58-71 in the February MPRRAC Presentation for more information.

Committee Discussion

The question was raised why PBT services were moved from waivers to EPSDT; the Department shared that it was directed to do so by the Centers for Medicare and Medicaid Services (CMS).

Stakeholder Feedback

Themes of stakeholder feedback included:

- anecdotal evidence that some PBT agencies closed due to EPSDT provider requirements when PBT services were removed as a waiver benefit;
- additional requirements compounded with overhead costs not reimbursed by Medicaid and a perceived cut in rates for PBT services;
- agencies have to abide by both waiver and EPSDT requirements to provide the continuum of PBT services;
- the difference in utilization and reimbursement rates across PBT services, since children receive more hours of service than adults for behavioral therapy services, leads to more hours of service provided at the lower EPSDT rate and less hours of service provided at a higher waiver rate; and
- the administrative and bureaucratic burden for PBT providers has become greater due to EPSDT.

C. Speech Therapy and Physical/Occupational Therapy (PT/OT)

The utilization data, rate comparison results, and access to care analysis were presented. See slides 76-104 in the February MPRRAC Presentation for more information.

Committee Discussion

Committee discussion centered on the three PT/OT codes modified by evaluation complexity that were discussed during an earlier year of review, specifically noting the absence of stakeholder feedback during this year of review. Committee members suggested rereviewing these three codes in further detail. Committee members also acknowledged the comments provided by stakeholders regarding speech therapy rates.

Stakeholder Feedback

A stakeholder asked for all those in favor of an increase in speech therapy rates to stand (at which point the stakeholders attending the meeting in person all stood up). Themes of stakeholder feedback included:

- Colorado Medicaid speech therapy rates are significantly below Medicare speech therapy rates even though they provide the same services; in addition, independent speech therapy providers:
    - need supplementary training and education,
    - must supply their own specialized equipment required for care, and
    - require a higher degree of insurance;
- early intervention providers have to provide services in a natural environment, which can decrease availability for visits due to time driving to the service location. As a result, some providers cannot schedule as many visits as clinic-based providers and thus receive lower overall reimbursement, especially because travel costs are not reimbursable through Medicaid;
- increased administrative burden for various reasons including, but not limited to:
    - increased paperwork requirements, and
    - the complexity of navigating denials;
- there are situations that require time to communicate with parents/guardians/caregivers after providing services and failing to do so can negatively impact the member receiving services; however, this is not accounted for in the reimbursement rate; and
- the salary a speech therapist is making now is the same as it was in 1990 (in real dollars, not counting inflation).

D. Prosthetics, Orthotics, and Supplies (POS) and Vision

The utilization data, rate comparison results, and access to care analysis were presented. See slides 108-138 in the February MPRRAC Presentation for more information.

Committee Discussion

Committee discussion centered on utilizer density proportions in particular counties, namely in El Paso and along the I-70 corridor. Committee members also noted that the POS service grouping is unique in terms of the GIS mapping because supplies are often readily available at public pharmacies. Finally, committee members asked why the penetration rate was over 100%; the Department responded that this is calculated as per 1,000 members, which establishes a rate rather than a direct percentage of the total share of Medicaid members.

Stakeholder Feedback

The Department did not receive any stakeholder feedback for POS or vision services at the February 21, 2020 meeting.

6. Next Steps, Announcements, and Web Page Demo

Updates were shared with the committee, including upcoming meeting dates and the new Rate Review Process web page. See slide 142 in the February MPRRAC Presentation for more information.

7. Meeting Adjourned at 2:00 p.m.