



COLORADO

Department of Health Care
Policy & Financing

Medical Services Board

MINUTES OF THE MEETING OF THE MEDICAL SERVICES BOARD

303 East 17th Avenue 11th Floor Conference Room, Denver, CO 80203
December 8, 2023

Call to Order

Mr. Honea called the meeting to order at 9:08 a.m.

Roll Call

The Board Coordinator called the roll. There were sufficient members for a quorum with eight members participating.

A. Members Present

Cecile Fraley, Simon Hambidge, Morgan Honea, William Kinnard, James McLaughlin, Barry Martin, Idalia Massa-Carroll, An Nguyen and Vincent Scott.

B. Members Excused

Laura Carroll and Christina Mulkey.

C. Staff Present

Adela Flores-Brennan, Medicaid Director; Jennifer Weaver, Attorney General; and Chris Sykes, Board Coordinator

Announcements

Mr. Honea announced the next Medical Services Board Meeting will be held at 303 E 17th Ave, 11th Floor conference Room, Denver, CO 80203 on Friday, January 12, 2024 at 9:00 a.m.

It is the policy of this Board and the Department to remind everyone in attendance that this facility is private property. Please do not block the doors or stand around the edges of the room. Please silence cell phones while in the meeting room.

Approval of Minutes

Mr. James moved for the approval of the November minutes. The motion was seconded by Mr. Simon. The minutes were approved, 8:0.

Rules

A. Emergency Adoption

Document 09, MSB 23-10-23-A, Revision to the Medical Assistance Act Rule Concerning Specialty Drug Carveout from DRG Payments, Section 8.300.5

Andrew Abalos, Rates Division, presented the rule and explained hospitals are reimbursed for the provision of inpatient services to Health First Colorado members using the All-Patient Refined Diagnosis Related Groups (APR DRG) methodology, which is a prospective payment system developed by 3M which relies on statistical and clinical analysis of historic data to prospectively determine reimbursement for inpatient hospital stays. As this method relies on historic data, it does not consider hospital charge data for new-to-market specialty drugs in its reimbursement calculations. The purpose of this rule change is to allow for the reimbursement of these drugs outside of the APR DRG methodology to reduce barriers to care.

Board Discussion – NA

Public Testimony – Kevin Wilson, Children’s Hosp, support the rule. New drugs and therapies are being created and can be pricey, these carveouts are very beneficial to inpatient care. Thanks for the hard work.

Dr. Hambidge moved for the emergency adoption of Document 09. Dr. Nguyen seconded the motion.

The Board voted the emergency adoption of Document 09, 8:0.

Document 11, MSB 23-10-27-A, Revision to the Medical Assistance Act Rule concerning Habilitative Services, Section 8.017.F.1-2

Erica Schaler, Compliance Section, presented the rule and explained revisions remove the 5-unit daily limit and the 48 unit per fiscal year limit from Habilitative Physical or Habilitative Occupational Therapy. Additionally, the proposed rule removes the 5 unit per date of service limit from Habilitative Speech Language Pathology services. The current rule will not align with the State Plan nor the Alternative Benefit Plan as these limits have been removed from both the State Plan and the Alternative Benefit Plan.

Board Discussion – NA

Public Testimony – NA

Dr. Fraley moved for the emergency adoption of Document 11. Mr. McLaughlin seconded the motion

The Board voted the emergency adoption of Document 11, 8:0.

Document 12, MSB 23-10-04-A, Revisions to the Medicaid Assistance Rule Concerning the Hospital Expenditure Report Data Collection, 8.4000

James Johnston, Special Financing Division, presented the rule and explained the proposed rule adds a new section to the current rule. With recently enacted legislation, House Bill 23-1226: Hospital Transparency and Reporting Requirements, hospitals are required to submit quarterly financial data to the Colorado Department of Health Care Policy & Financing (HCPF) beginning with the last quarter of calendar year 2023. This rule will outline requirements and parameters for hospitals to submit quarterly financial information to HCPF, and in doing so, HCPF will reduce administrative burden for both hospitals and HCPF.

Board Discussion – Board discussion included an appreciation of the stakeholder engagement done. Making certain cost reporting stays relevant over the years was discussed. The rule allows Hospitals to submit written materials to account for changes.

Public Testimony – NA

Mr. Scott moved for the emergency adoption of Document 12. Dr. Nguyen seconded the motion.

The Board voted the emergency adoption of Document 12, 8:0.

B. Final Adoption by Consent Agenda

Document 01, MSB 22-12-09-A, Revision to the Medical Assistance Rule concerning Resident Personal Needs Accounts, Section 8.400

Document 02, MSB 23-05-05-A, Revision to the Medical Assistance Act Rule concerning Unilateral Cochlear Implants, Section 8.200.3.D.1.2.e.iii-iv

Document 03, MSB 23-06-05-A, Revision to the Medical Assistance Rule concerning Rural Sustainability Payments, Section 8.8500

Dr. Hambidge moved for the final adoption of Document 01, 02 & 03. Dr. Fraley seconded the motion.

The Board voted the final adoption of Document 01, 02 & 03, 7:1.

C. Final Adoption Agenda

Morgan Honea recused himself.

Kim Bimestefer addressed the Board and went over a presentation.

Document 04, MSB 23-02-09-A, Revision to the Medical Assistance Act Rule concerning Electronic Consultation (eConsults), Section 8.095

Russ Zigler, Operations Section, presented the rule and provided a history of the rule over the preceding months and years. Staff went over updates to the rule from the last time it was presented to the Board. A review of the definitions changes and reimbursement was given. The long-term goals for July 2025 were discussed. Staff provided a timeline of the rule work.

Board Discussion – Board discussion included an appreciation of the work by the Department, a request to work with EMS platforms in the future was asked. The approval process for alternate eConsult platforms was discussed. A question if oral/dental health will be included was discussed and staff stated it was always intended to expand to specialists with no limitations.

Public Testimony – Kenny Maestas, Colorado Cross Disability Coalition (CCDC), rural individuals are needing the platform to expand.

Kevin JD Wilson, Children’s Hospital, support the amended rule. Commend staff and leadership on changes and appreciate the extensive stakeholder work done. Providers without a platform may be eligible to use the state approved platform for no cost.

Mr. McLaughlin moved for the final adoption of Document 04. Dr. Fraley seconded the motion.

The Board voted the initial approval of Document 04, 7:0.

D. Initial Approval

Document 05, MSB 23-06-06-A, Revision to the Medical Assistance Act Rule concerning School Based Health Centers, Section 8.295

Russ Zigler, Operations Section, presented the rule and explained the proposed rule will convert the existing School Based Health Centers (SBHC) Benefit Coverage Standard (BCS) into Department rule. The SBHC BCS was developed in conjunction with SBHC stakeholders in 2012. The purpose of this rulemaking is to include the substantive content of the SBHC BCS in Department rule and remove the incorporation by reference of the SBHC BCS. SBHC stakeholders were included in the development of the proposed rule. There are no intended substantive changes to SBHC policy in the proposed rule.

Board Discussion – Board discussion the financial impact of the rule and that there were no changes.

Public Testimony – NA

Dr. Martin moved for the initial approval of Document 05. Dr. Hambidge seconded the motion.

The Board voted the initial approval of Document 05, 8:0.

Document 06, MSB 23-07-17-A, Revision to the Medical Assistance Act Rule concerning the Wellness Education Benefit Section 8.7400

Madeline Quartaro, Office of Community Living, presented the rule and explained the Wellness Education Benefit consists of individualized educational materials designed to reduce the need for a higher level of care by offering educational materials that provide members and their families with actionable tools that can be used to prevent the progression of a disability, increase community engagement, combat isolation, and improve awareness of Medicaid services. The Wellness Education Benefit helps members and their unpaid caregivers to obtain, process, and understand information that assists with managing health related issues, promoting community living, and achieving goals identified in their person-centered service plans. Wellness Education Benefit services include varied topics such as engaging in community activities, nutrition, adaptive exercise, balance training and fall prevention, money management, and developing social networks.

Board Discussion – Board discussion including thanking the department for the work. The cost is low, and member impact was discussed. Staff researched other states and found that Washington has the benefit, and it is impactful. Excitement among Colorado members. If article subject matter is outside HCPF expertise outside experts are sought. An accessibility question was asked due to some members having limited access to devices and the Department will make certain all platforms reviewed and no barriers based on technology. Every member receives a hard copy of materials and an electronic copy. Low tech features, use of You tube etc. Staff are committed to looking into different modalities to get information out. The methodology to track effectiveness is built into the contract with a provider.

Public Testimony – NA

Mr. McLaughlin moved for the initial approval of Document 06. Dr. Nguyen seconded the motion.

The Board voted the initial approval of Document 06, 8:0.

William Kinnard joined.

Document 07, MSB 23-03-13-A, Creation of Medical Assistance Act Section Rule concerning Case Management, Member Rights and Responsibilities Home and Community Based Services and Provider Agency Requirements, Section 8.7000

Tiffani Domokos and Cassandra Keller, Office of Community Living, presented the rule and explained the rule is streamlined. Proposed rule is to be more accessible

for members and providers. This revision sets foundation for future revisions. A review of stakeholder engagement was given. Staff reviewed the working document color key and the member's rights section. The waiver rule section creates one section for all waiver requirements. Historically waivers were spread over many sections of rule. The case management agency rule section centralizes requirements for case management agencies and cleaned up the language. The provider section of rule was created to streamline where people need to go to locate information. The benefits rule section creates standardization by being centralized. Staff are committed to making revisions that come out of this meeting.

Board Discussion – Board discussion included an appreciation for the huge amount of work put into the rule. This is a large rule is there a way to get access to revisions earlier for ease of processing. Any downsides to waiting a month were discussed. Federally required to have the rule implemented by July and delaying the rule could be problematic. The Department will work with the Board President to verify adequate time on the agenda for the January meeting. Staff request that the Board trust staff will have updated language for January. Psychotropic medications need to be addressed in the rule. Dr. Hambidge voted by phone as he needed to leave the room but stay on the call for the meeting.

Public Testimony – Jose Torres-Vega, CCDC, thank the Department for the engagement and staff for working with changes. This has been a long process involving many stakeholders.

Mona Vyas, CCDC, plain language focused and still some work to be done on the rule.

Robin Bolduc, CCDC, discussed two issues – cost containment is misinterpreted by members and must be made clear. Clarify safety in the community. CDASS exclusions, HCBS services are not in acute care – clarified for exceptions.

Kristie Braaten, Developmental Pathways, appreciate the responsiveness of staff. The document is overwhelming. Request incorporating stakeholder suggestions before initial approval.

Megan Bowser, Family Voices, health maintenance activities – skilled care versus unskilled care, direct or assist or not. Much more involved than that.

Katie Wallat, CCLP, some unresolved concerns and the Department agrees to make changes that works to support the rule.

Kenny Maestas, CCDC, representing rural Colorado. Thank you for working on the document.

Dr. Nguyen moved for the initial approval of Document 07. Dr. Fraley seconded the motion.

The Board voted the initial approval of Document 07, 6:2.

Dr. Hambidge left the meeting

E. Consent Discussion

Mr. Honea motioned to add Document 05 & 06 to the Consent Agenda.

The Board voted to add Document 05 & 06 to the Consent Agenda; 7:0.

F. Closing Motion

Mr. McLaughlin moved to close the rules portion of the agenda. The motion was seconded by Dr. Martin.

Open Comments

NA

Department Updates

- Department Updates/Questions – Adela Flores-Brennan, Medicaid Director

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

The next scheduled meeting of the Medical Services Board is at 9:00 a.m. on Friday, January 12, 2024 at 303 East 17th Avenue 11th Floor Conference Room, Denver, CO 80203.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303- 866-4416 or chris.sykes@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.