



MINUTES OF THE MEDICAID PROVIDER RATE REVIEW ADVISORY COMMITTEE (MPRRAC)

The Colorado Department of Health Care
Policy and Financing
303 East 17th Avenue, 7th Floor Conference Room

Friday, November 18, 2016
9:00 AM – 12:00 PM

1. MPRRAC Members Present (in person or via phone)

Rebecca Craig, Rob DeHerrera, Tim Dienst, Jennifer Dunn, Sue Flynn, Lisa Foster, David Lamb, Dixie Melton, Wilson Pace, Jeff Perkins, Tom Rose, Arnold Salazar, Tia Saucedo, David Smart, Barbara Wilkins-Crowder, Murray Willis, Jody Wright.

2. Agenda Review

Dixie Melton, MPRRAC member, asked that the MPRRAC meeting minutes from September 16, 2016 be changed to reflect that she was not present at the meeting. With this change, the MPRRAC approved the September 2016 meeting minutes.

3. Rate Review Schedule

Tom Rose, MPRRAC Chair, led a discussion regarding the [five-year rate review schedule](#). Jody Wright, MPRRAC member, explained he would like for Durable Medical Equipment (DME) Services to be moved from year four to year three of the rate review process. He explained there are anticipated changes in DME payments at the federal level and would like for current rates to be reviewed before these changes occur. The MPRRAC, by majority vote, directed the Department to amend the rate review schedule and review DME services in year three.

Jeff Perkins, MPRRAC member, also suggested a change to the schedule. He said the Physician Services workgroup advocates moving End-Stage Renal Disease (ESRD) and Dialysis Physician Services from year two to year four of the rate review process. Dialysis center rates are scheduled for review in year four, and Jeff said that it would make more sense to review similar services together. The MPRRAC, by majority vote, directed the Department to amend the rate review schedule and review ESRD and Dialysis Physician Services in year four.

4. Guiding Principles and Participation Discussion

Lisa Foster, MPRRAC Vice Chair, restated the MPRRAC's guiding principles. Tom Rose also encouraged MPRRAC members to attend MPRRAC meetings and to try, as much as possible, to attend meetings in person. Lila Cummings, the Department's Rate Review Stakeholder Relations Specialist, shared that the Department is always open to suggestions on how to make the MPRRAC meetings more accessible. Lila also asked committee members to think about how their

expertise relates to all services and to continue to provide their unique perspectives, regardless of the fact they might not be an expert in a particular service.

5. Physician Services Presentations

Department staff and MPRRAC members of the Physician Services workgroup co-presented Physician Services information regarding:

- service descriptions, provider characteristics, and utilizer characteristics;
- Physician Services workgroup impressions;
- preliminary rate benchmark comparison analysis data; and
- preliminary access and utilization analysis data.

Corresponding PowerPoint slides can be accessed via the MPRRAC website. Common discussion topics are outlined below.

Ophthalmology Services

Workgroup members pointed out the spread between the Medicaid to Medicare rate ratio, which ranged from 12% to 125%, and commented that the MPRRAC could choose to suggest that the Department pay all codes at the benchmark in a budget neutral way. Members also discussed that the rate for fitting lenses seems to be less than other state Medicaid rates.

Speech Language Pathology Services

Workgroup members noted that Colorado pays similar to comparator states for most codes within this service. They also noted that stakeholders at the Rate Review Information Sharing Session on October 31, 2016 expressed that the reimbursement for a particular code, 92526, was too low.

Cardiology Services

Noting that the preliminary benchmarks indicate Colorado pays around 70% of the benchmark for Speech Language Pathology Services and 85% of the benchmark for Cardiology Services, the workgroup said it would be important for the MPRRAC and Department to discuss if there was an inherent reason for this difference, or if there was room for savings by, for example, recommending the Department attempt to reimburse at 80% of the benchmark for both services.

Cognitive Capabilities Assessment Services

Workgroup members explained that, for this service, the majority of codes did not have a Medicare comparator rate, and that Colorado pays around 160% of comparator state Medicaid rates. Gretchen Hammer, Medicaid Director, said the Department has focused efforts on making certain cognitive capability assessments more accessible via policy changes. MPRRAC members noted it would be important for the Department to continue to provide this sort of information in the May 1st report, so that the MPRRAC could properly develop recommendations.

Vascular Services

A workgroup member commented that, since the primary place of service for vascular services is

the hospital, this access analysis might be related to access to hospitals.

Respiratory Services

Workgroup members commented that one Colorado rate is 600%+ of Medicare rates and wondered if this was related to a drug going generic.

Ear, Nose, and Throat Services

It was noted that around 20% of these services does not have a comparable Medicare rate. A workgroup member asked for more information regarding high-volume codes 92588 and 92587.

Gastroenterology Services

Workgroup members noted that all gastroenterology services have a comparable Medicare rate.

6. Stakeholder Comment

Bryan Shepard, representing Pediatric Speech Therapy Associates, provided comment and said that the rates for Speech Language Pathology Services, within the Physician Services scope, should be paid at the same rate as Speech Language Pathology Services within Home Health Services scope. He also stated that speech language pathologists experience Medicaid client no-show rates of around 30%. He further stated that the reimbursement rate for feeding services is too low.

Jenny Vail-Stencel, the State Advocate for Reimbursement for the Colorado Speech-Language Hearing Association, provided two documents, which can be accessed on the MPRRAC website. She echoed Bryan's comments and read from the executive summary document she provided.

Betsy Murray spoke on behalf of home care agencies and stated that California and Illinois might not be good comparators for Home and Community Based Service waivers, which will be examined as a part of the rate review process.

Stacy Warden, parent, provided comment regarding the speech language pathology care her son receives. She stated that low rates and a reduction in rates would negatively impact her son's health.

7. Meeting Adjourned