



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, January 20, 2017
9:00 AM – 12:00 PM

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

Rebecca Craig, Rob DeHerrera, Bruce Densley, Tim Dienst, Jennifer Dunn, Lisa Foster, David Lamb, Gretchen McGinnis, Wilson Pace, Jeff Perkins, Tom Rose, Tia Saucedo, Barbara Wilkins-Crowder, Murray Willis, Jody Wright.

2. Agenda Review

MPRRAC members approved meeting minutes from November 18, 2016. Tom Rose and Lisa Foster, MPRRAC Chair and Vice Chair, reviewed the agenda and plans for an end of meeting discussion.

3. Surgery and Anesthesia Presentations

For surgeries and anesthesia services under review in year two, Department staff presented information regarding:

- service descriptions;
- rate benchmark comparisons;
- rate ratio scatter plots; and
- access analyses.

Corresponding [PowerPoint Presentation slides](#) can be accessed via the MPRRAC website. A meeting handout titled "[Preliminary Year Two Surgery and Anesthesia Analyses](#)" was referenced throughout the meeting and can be found on the MPRRAC website. Common discussion topics are outlined below.

Digestive Systems

Committee members noted that the rate ratio scatter plot for digestive systems (and for other services) showed the rate ratio to Medicare's non-facility rate. They suggested the Department provide rate ratio scatter plots for both Medicare's non-facility and facility rates.

Committee members also asked about the feasibility of having two fee schedules, which would correspond to place of service. The Department committed to research the feasibility of two fee schedules in the new claims system.

Jeff Perkins, an MPRRAC member, also noted that while it is important to examine how future recommendations may impact services with high utilization, it is still important to understand what may happen to codes with low utilization, to be equitable to the doctors that provide service with lower utilization.

Musculoskeletal Systems

Committee members noted that, for musculoskeletal systems, it appeared as if Medicare's facility and non-facility rates were more similar than other surgeries.

Cardiovascular Systems

Committee members noted that cardiovascular systems appeared to have one of the biggest differences between Medicare's facility and non-facility rates. They also commented that the rate ratio scatter plot appeared to be more scatter than the rate ratio scatter plot for other surgeries.

Integumentary Systems

Committee members noted that the integumentary systems rate ratio scatter plot appeared to have the lowest rate ratio for the highest utilized service, when compared to the highest utilized service in other surgeries.

Eye and Auditory Systems

The Department noted that for some surgeries, there are specific member to provider ratio metrics, such as cardiology. For eye and auditory surgeons, the Department noted that there is not an agreed upon member to provider ratio. Instead, the Department plans to use the Graduate Medical Education National Advisory Committee's (GMENAC) general surgeon target physician to population ratio.

Respiratory Systems

Committee members discussed that Health Statistic Region 9 seemed to have a lower Access to Care Index score for respiratory surgeries, and hadn't performed lower in other surgeries.

Anesthesia Services

Murray Willis provided documentation prepared by the Colorado Society of Anesthesiologists and reiterated his belief that Medicare is not an appropriate comparator for anesthesia services. He provided a report prepared by the U.S. Government Accountability Office titled "Medicare and Private Payment Differences for Anesthesia Services" to support this idea. Lila Cummings explained to other committee members that the Department had reviewed these documents and after consideration still planned to compare anesthesia services to Medicare.

Murray Willis provided information regarding the average private insurance payment for anesthesia services and Jeff Perkins noted Medicaid payments are approximately 50% of the numbers Murray provided.

4. Stakeholder Comment

No stakeholders provided public comment.

5. MPRRAC Discussion

Tom Rose and Lisa Foster led a discussion regarding expectations for the workgroups. Building off slides developed during year one, the suggested template for workgroups to use when developing recommendations this summer would be to document:

- data observations;
 - including highlighting “outliers”;
- general impressions;
- system-wide effects;
- initial prioritization; and
- draft recommendations.

The Department and committee members then discussed the need for “check-ins” regarding any updates the Department might have regarding recommendations from previous years. It was agreed that June or July would be a good time for updates, after the legislative session concludes.

6. Meeting Adjourned