



Medicaid Provider Rate Review Advisory Committee (MPRRAC)

November 15, 2019 Meeting Minutes

303 East 17th Avenue, Denver, CO 80203

9:00 a.m. – 12:00 p.m.

Please find the meeting audio recording at this [link](#).

1. Call to Order and Introductions

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

MPRRAC Members (in person)

Wilson Pace (Chair), Tim Dienst, Jeff Perkins, Jody Wright, Kim Kretsch, David Friedenson, Rob Hernandez

MPRRAC Members (by phone)

Dixie Melton, Tom Rose, Murray Willis, Christi Mecillas, Steve Hehnen, Gretchen McGinnis

2. Meeting Overview

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

Members were reminded of the agreed meeting protocols including sharing the air and not sharing Protected Health Information (PHI). Members were informed that the meeting would be recorded and made publicly available to remain consistent with legislative requirements.

3. Meeting Minutes

Members were advised that June and November Meeting Minutes were currently being finalized and would be sent to members via email. Members were advised to vote to approve, not approve, or to abstain via email.

A committee member requested that meeting minutes be available prior the subsequent meeting. The Department advised that this request would be noted, and consideration would be given to implementing this approach for future meetings.

4. Committee Appointments

Committee members were advised that the Department was waiting on the Speaker of the House of Representatives and the Minority Leader of the House of Representatives to finalize the remaining vacant positions on the committee.

5. Committee Member Labels & Identifications

The committee discussed how members should be identified and the use of formal credentials during committee meetings. Members discussed the historical basis for maintaining a first name basis between members during committee meetings, such as to ensure a level basis for discussion. While members agreed that the use of titles shows respect for education and experience, for the purposes of committee meetings, members would be identified on a first name basis.

It was agreed that this meeting protocol should be made known to new members when joining the committee. Committee members also agreed that the area of expertise/representation should be included on name plates for those in attendance to help with identification (especially for new committee members).

6. Past Year Recommendations Update

An update on the status of recommendations from Years One, Two and Three was presented. For more information, see the [Rate Review Recommendation Status – Update](#) handout.

Committee Discussion

The committee discussion focused on the committee's appreciation to the Department for compiling the information and acknowledging that it was evidence of the achievements of the rate review process and the advisory committee during the first three years.

7. Recommendations for Year Four Services

The final recommendations published in the [2019 Medicaid Provider Rate Review Recommendation Report](#) were presented to committee members. For more information, see slides 10-13 in the [November MPRRAC Meeting Presentation](#).

Committee Discussion

The committee discussion focused on the recommendation for Durable Medical Equipment (DME). Committee members discussed whether work was being done between states, as many states are facing the same issues as Colorado. Committee members noted that efforts should be directed towards Medicare as the conversation around DME is being shaped at the federal level. Committee members noted their appreciation to the Department for making the committee's recommendation explicit in the recommendation report.

8. Break

9. Rate Review Year Five Service Definitions and Considerations

Prior to discussion, committee members discussed and agreed that Wilson Pace would remain as committee chair until remaining appointments were made. This will allow new members to be involved in the voting for the new chair/vice-chair appointments.

The services to be reviewed in Year Five and an outline of the expected timeline of review were presented to committee members. The committee was informed that any further schedule changes had to be voted on and approved by December 1, 2019. For more information, see slides 16-66 in the [November MPRRAC Meeting Presentation](#).

The Department committed to compiling a list of specific definitions for the home health service category and a broader general definition list. The Department will investigate whether a crosswalk of procedure and revenue codes for home health can be made. The Department will also look at the top ten procedure codes (by paid amount) identified for prosthetics, orthotics, and supplies to assess why procedure codes for prosthetics are not appearing. The Department committed to updating the graph for the eyeglass/vision service category to include a larger time period.

Committee Discussion

Committee members discussed that dual eligible members should not be excluded from consideration for home health services, and that their appropriateness for inclusion in other categories should be considered.

Committee members provided feedback on how data visualizations could be made clearer (e.g., color-coding axes, inclusion of blank boxes where data has been suppressed, inclusion of total percentage of Medicaid spend, definitions of CPT modifiers).

Committee members requested that codes with multiple modifiers be rolled up if the reimbursement rate is the same to ensure that a greater percentage of overall procedure codes appear in the top ten analysis. Committee members also discussed using previous years analysis as a baseline if a service category has been previously reviewed.

10. Rate Comparison and Access to Care Metrics

The rate comparison and access to care metrics and methodology, including validation and exclusions, were presented. For more information, see slides 67-79 in the [November MPRRAC Meeting Presentation](#).

Committee Discussion

Committee members discussed the improvement in data collection and presentation from the initial years of the rate review process. Committee members discussed the access to care index and the rationale behind why it has been removed, including questions over its usefulness at measuring access and its validity.

11. Data Analysis Considerations

Stakeholders were invited to present on data analysis considerations within the scope of the services being reviewed in Year Five. Comments for services and topics not related to the meeting agenda were invited via email to HCPF_RateReview@state.co.us.

Stakeholder Comments

Angela Mangoon from Children Matter provided feedback on the proposed analysis of speech-language pathology rates. Angela stated that modifiers are important for analyzing speech pathology rates as they indicate place of service. Modifiers are required for in-home services for children 0-3 years old. Under individual service plans (ISPs), rate reimbursement is the same in-home as for a patient coming into a medical office. Angela requested a graph that shows utilization is increasing but provider numbers/quantity is decreasing. Angela highlighted CPT code 92625 as an example for committee members. Code 92625 is a flat rate code for feeding services and reimbursement is only \$25 for an hour of in-home service, and this does not cover the actual cost of delivering the service (e.g. transportation to home, wages). Angela requested that the committee consider increasing the rate to the equivalent of other services in-home for one hour.

Mark Davidson from Colorado Behavior provided feedback on the proposed analysis of pediatric behavioral therapy. Mark questioned if the proposed ArcGIS map included in-home data or only center-based services. The Department took this question on notice and would clarify what data is included. Mark also requested that the committee consider the reassessment code modifier, as this service takes time to deliver.

David Bolin from CLASP, provided feedback that there are not enough pediatric personal care providers.

Betsy Murray from the Home Care Association of Colorado and the Colorado Physical Therapy Association provided feedback on the proposed analysis of home health and physical therapy services. Betsy questioned why physical therapy was being considered again if there were no rate increases from the original review. Betsy noted that the original rate review report on home health services was not clear on what was a committee recommendation and what was a Department recommendation. Betsy noted that homemaker and personal care should be considered at the same time as home health services. Betsy noted that the committee should look at the time between the decision to release a patient from hospital and when the home health services are actually received.

Zach Maple from the Developmental Disabilities Resource Center provided feedback on the proposed analysis of pediatric behavioral therapy. Zach noted that there is a plateau from kids under waiver and when they age out. Zach noted that they have had to waitlist services because intensive services can't be received – children are receiving too many other services that week to have time to receive more e.g. speech, occupational therapy etc.). Zach noted that the Department was not considering the cost and time for the new electronic visit verification (EVV), in particular the time needed to train staff and have staff add this into their routine. This would add costs for each agency. Zach noted that codes need more clarification as there is confusion in how to bill correctly for services.

Maureen Welch provided feedback on the MPRRAC process. Maureen noted that the committee should try to increase transparency to members. Maureen requested that the committee should hold a meeting for stakeholders to share their lived experiences and provide input. Maureen noted that the MPRRAC website does not currently list members. Maureen noted that stakeholders should be given the opportunity to comment on reports.

From webchat:

Matthew Dolph from VitalCare asked if the committee had thought about or prepared for the impact of county based minimum wages. Matthew also asked if the data could determine the percent of children on the Pediatric Personal Care benefit who have behavioral issues and the number of children who have skilled services as well.

Payton asked if there was a way to consider staff turnover in the data analysis. Payton noted that if reimbursement rates are low, particularly for front line staff, turnover is higher, and resources are overutilized to recruit and retrain transitioning staff. This can also have negative impacts on treatment quality. Payton noted that many providers have a cap on how many patients they will take, since there are codes omitted from coverage and rates are reduced about 30% from the waiver rates. Payton also provided a document for the committee for consideration during the pediatric behavior therapies review – [Supplemental Guidance on Interpreting and Applying the 2019 CPT Codes for Adaptive Behavior Services](#). Payton also noted that the rate for feeding therapy needed to be reviewed as it is too low.

Beth Cole requested that the committee look at the rate for code 92507 with the TL modifier (for early intervention) with the consideration that services must occur in the family's home. The rate that is based on services occurring in the clinic is too low for providers who travel to families' homes and it is causing providers to leave early intervention. Beth requested that all services that use the TL code modifier be considered as separate codes as they are delivered in-home and

require different rates. Beth asked that specializations be considered when reviewing behavioral health as there is a shortage of providers with specialization in infant/toddler mental health.

Travis Blevins from Behavior Services of the Rockies provided feedback on the ArcGIS mapping and asked if any information is included on in-home services drive time and network adequacy. Travis noted that waitlist information is necessary to get a clear picture of actual network adequacy and that in-home services needs to be addressed as well. Travis provided feedback that the reduction in provider pool is related to several variables:

- Provider relations;
- Misunderstanding, misapplication, and miscommunication of federal law to parents and providers;
- In-home services reimbursed at the same rate as clinic-based services
- Arduous and inconsistent PAR approvals, and denials through EQ-suite;
- Not using or approving AMA codes 97154 (specifically); and
- Lack of knowledge of MH parity federal settled law during approvals.

Travis noted that data should be collected on the severity of behavior, which should have a differentiated rate or supplement. The severity of behavior is interfering with all other therapies (SLP, PT, OT, etc.) and preventing families and children from receiving services. Travis also recommended looking at the time from intake to when they first get seen and bills are submitted. That latency is sometimes extremely long and not in accordance with CMS regulations.

Rebecca Urbano Powell from Seven Dimensions Behavioral Health provided feedback that providers are limiting their EPSDT clients or turning them away due to missing AMA codes for parent training, denial of medically necessary services based on service location (school specifically). Rebecca noted that the 2-unit reassessment which is sorely lacking in order to provide a quality re-evaluation. Rebecca stated that no clear response has been given as to when Medicaid will approve codes 97154 and 97158. Rebecca noted that the review process via EQ Suite was arduous and inconsistent. Rebecca also commented that low rates for 97155 do not offset the expense to the provider company for all of the work required not in presence of client to design and provide ongoing quality behavior therapy care.

Jessica Spangler noted that Pediatric Personal Care providers are typically paid \$11.80 per hour. Jessica asked that the committee consider data on how many parents must pay privately for personal care and how many have to spend personal funds on personal care providers to get them to show up. Jessica noted that other funding sources are supplementing rates because minimum wage is not realistic.

Committee Discussion

In response to the stakeholder feedback presented, committee members discussed the ArcGIS mapping and noted that it is only showing patient travel distances it may not be as useful where services are being delivered in-home and the provider is having to travel.

12. Next Steps and Announcements

Next steps, including future meeting dates, were reviewed. Committee members were asked to provide feedback on whether the next meeting should be an extended meeting (4-5 hours) or two separate meetings with a data webinar held before the standard committee meeting. Members agreed that one longer meeting would be their preference. The stakeholder comment process between meetings was discussed and committee members were informed that stakeholder

feedback can be provided at any point and will inform all processes – analysis, interpretation and recommendation.

Committee members were also advised of the Department’s communication preferences – email is the preferred method of communication. Committee members can schedule phone calls with the Department - these requests should include an agenda to ensure the appropriate people are available to answer questions.

13. Adjourn

The meeting was adjourned at 12:05 p.m.

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