



Medicaid Provider Rate Review Advisory Committee (MPRRAC) Meeting November 20, 2020 Minutes

Colorado Department of Health Care Policy and Financing
303 E. 17th Avenue, Denver, CO 80203
Webinar

A recording of this meeting is available at this [link](#).

1. Call to Order, Introductions & Meeting Overview

Eloiss Hulsbrink, Rate Review Stakeholder Relations Specialist, called the meeting to order at 9:00 a.m.

There were sufficient members for a quorum with fourteen members participating. All individuals participated remotely, due to ongoing health and safety requirements regarding the COVID-19 pandemic.

A. Members on Webinar/Phone

Tim Dienst, David Friedenson, Robert Hernandez, Vennita Jenkins, Kim Kretsch, Gretchen McGinnis, Christi Mecillas, Dixie Melton, Bill Munson, Wilson Pace, Valerie Schlecht, Matt VanAuken, Maureen Welch, Murray Willis.

B. Department Staff Participants

Jami Gazerro, Eloiss Hulsbrink, Jeff Laskey, Matt Wellens, Lindsay Westlund, Michelle Topkoff, Ryan Dwyer

2. Meeting Minutes

MPRRAC members discussed and voted on meeting minutes from the September 18, 2020 MPRRAC meeting. Wilson Pace noted that the minutes did not reflect a conversation around making budget recommendations, however the minutes did not need to be amended. The MPRRAC voted to approve the meeting minutes.

3. Annual Training

The Department delivered annual training to MPRRAC members in accordance with [24-3-7-102\(1\), C.R.S](#) (page 66).



4. 2020 Medicaid Provider Rate Review Recommendation Report

The committee discussed the Department's Medicaid Provider Rate Review Recommendation Report, which was submitted to the Joint Budget Committee in November 2020.

A committee member noted that a therapies service category was previously not rebalanced in another year of review because of budget-neutrality, and that the intent had been to rebalance as many codes as possible within a category while maintaining budget neutrality. The Department noted that this is addressed in the current recommendation and that rebalancing recommendations are no longer budget-neutral, which was the reason the rebalancing project was unable to proceed in a previous year of review. The Department also shared that if funding is not appropriated in the year of review, it is considered in future years, if still applicable.

5. Introduction to Year One (Cycle Two) Service Groupings

The Department provided an overview of Year One (Cycle 2) services, including the data methodology and validation processes.

A. Transportation (EMT/NEMT)

The Department presented initial utilization data, including the top 10 utilized codes. See slides 85-96 in the [November Presentation](#) for more information.

Stakeholder Feedback

No stakeholder feedback was received.

Committee Discussion

The committee asked is the utilizer and provider graph demonstrated an access issue because the two groups kept switching in terms of which was larger. The Department confirmed that it did not indicate an access issue and was rather how the dual axis was being used to show information (using different scales).

The committee also asked for clarification on the difference between two specific codes (Rotary Wing Air Transport) and the Department confirmed that the difference was the use of specific modifiers.

A committee member explained how services are delivered in this service group and how it differs from other service types. The member noted that the rates are not sufficient for the high cost of delivery services and that the committee should consider looking into allowances for treat and release, allowing payments to alternative destinations and higher reimbursement rates.

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B. Home and Community-Based Services (HCBS) Waivers

The Department presented initial utilization data, including the top 10 utilized codes for each waiver service. See slides 100-148 in the [November Presentation](#) for more information.

Stakeholder Feedback

No stakeholder feedback was received.

Committee Discussion

The committee had no questions or feedback about the initial HCBS Waiver data.

C. Targeted Case Management (TCM)

The Department presented initial utilization data, including the top 10 utilized codes. See slides 150-156 in the [November Presentation](#) for more information.

Stakeholder Feedback

No stakeholder feedback was received.

Committee Discussion

A committee member asked if the change in payment methodology was related to TCM moving from 15-minute billing to a per member per month payment, which the Department confirmed.

A committee member asked if the Department would be doing a crosswalk of per member per month rates. The Department committed to exploring if it would be possible.

6. Next Steps and Announcements

The Department outlined the next steps for Year One rate comparison and access to care analysis work.

The Department confirmed the date for the next quarterly meeting, to be held on Friday, February 5, 2021.

A committee member asked about the committee's request for an additional meeting. Committee members agreed that another meeting should be held after the holidays, and by mid-January to finish discussions around recent questions and feedback regarding the purpose, scope, impact, and value of the Rate Review Process. The Department polled members during the meeting as to availability for an additional meeting on Friday, January

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15, 2021. All members confirmed their availability and the Department sent an invitation. Committee members were invited to send suggested agenda items to Eloiss Hulsbrink, which would in turn be shared with the MPRRAC Chair, and aid in their collaborative planning of the meeting.

7. Meeting Adjourned at 11:40 a.m.

