COLORADO
Department of Health Care Policy & Financing

Minutes of the September Medicaid Provider Rate Review Advisory Committee (MPRRAC) Quarterly Public Meeting

September 9, 2022

Colorado Department of Health Care Policy and Financing

303 E. 17th Avenue, Denver, CO 80203

Virtual Zoom Meeting, 9:00 a.m. – 10:45 a.m.

A recording of this meeting is available at this link
https://www.youtube.com/watch?v=lO8AykYl7ac

1. Call to Order, Roll Call, and Meeting Overview

Brian Pool, facilitator from GPS Consulting, called the meeting to order at 9:04a.m. There were sufficient members for a quorum with 8 members participating. All individuals participated remotely.

A. Members on Zoom/Phone

Dixie Melton (Chair), Terri Walter, Melissa Benjamin, Rob Hernandez, Wilson Pace, Jude Wolpert, Dan Soderlind, Bryana Marsicano

B. Department Staff Participants

Amanda Villalobos, Donna Kellow, Kevin Martin, Raine Henry, Morgan Anderson, Jeff Laskey, Alex Wichselbaum, Brian Pool and Greg Bellomo from GPS Consulting (facilitators)

C. Other Participants

JJ Gorsuch, Sara Clare Leal

16 total participants at 9:16am; 19 total participants at 10:24am

2. Meeting Overview

Brian from GPS reviewed the department's mission, meeting purpose, agenda, meeting logistics, and ground rules for participation.

Brian then reviewed the overall MPRRAC calendar and where we are in the process, and the various roles of all people participating today, and the importance of not sharing protected health information (PHI)

Chat was used as the roll-call record (available upon request).

3. Meeting Minutes

Dixie Melton, Chair, opened a discussion of the June Meeting Minutes at 9:19am. Wilson Pace and Terri Walter moved MPRRAC members to approve meeting minutes. The MPRRAC voted via chat to approve the June 2022 meeting minutes at 9:20am.

4. 2022 Medicaid Provider Rate Review Recommendation Report – DRAFT: Physician Services

Summary of conclusions ACROSS Categories:

- Rates are compared to the Benchmarks. Those that fall in the 80-91% are typically deemed sufficient. Those below 80% of benchmark typically earn a recommendation to increase rates.
- Others covered today with a focus on rates below 80% of benchmark:
    - Physician Services
    - Out-of-Cycle Review: PT/OT/ST Outpatient & Home Health Services—we e will discuss those under 80%
    - Specialty Drugs – Cost & Reimbursement Summary The department has accommodated and increase from 72% to 90% of net invoice cost

Stakeholder Feedback / Questions

- No public comment on the overview

Committee Discussion

- Wilson—the summary and approach look reasonable
- No other comments
- *Note: The group agreed to keep going and skip the planned break as we are ahead of schedule.*

Topic: Physician Services:

- Reviewed the items recommended for rebalancing (Slide 25)
- Reviewed recommendations for
    - Ophthalmology: The Department recommends educating providers on appropriate codes for highly specialized and custom services.
    - Women's Health and family planning: The Department recommends increasing E&M rates with the FP modifier services rates to align with the same service rates paid to other provider types.

Stakeholder Feedback / Questions

- No questions or comments from the public
- Q from Wilson Pace—Is it a true that any provider who do Women's Health CPT codes will receive the updated rate?
- Confirmed by Jeff Laskey from HCPF

Committee Discussion

- *Note: In discussion, there was agreement from Dixie Melton (chair) to have Brian Pool facilitate all sections.*
- No other discussion from the Committee

5. 2022 Medicaid Provider Rate Review Recommendation Report – DRAFT: Dialysis & Nephrology, Laboratory & Pathology, Eyeglasses & Vision, and Injections/Miscellaneous J-Codes Services

- Dialysis and Nephrology:
  - Consideration: Members are eligible for Medicare on day 1 of in-home treatment and day 91 of facility treatment.
  - The department recommends:
    - Increasing dialysis facility-based and professional services rates to 80% of the benchmark.
    - Investigating innovative methods for encouraging providers to help patients switch to Medicare when eligible.
- Eyeglasses and Vision:
  - Considerations: Frames are becoming more expensive and current rates do not generally cover the cost of goods and adult members are only eligible for eyeglasses & vision services if they have previously undergone eye surgery.
  - The Department recommends increasing rates for eyeglasses and frames to support members in acquiring appropriate corrective eyewear.
- Injection Services:
  - Consideration: The Department has received feedback concerning current reimbursement for injection services that any decrease in rates may cause issues for members accessing these services.
  - Dept recommends increasing J codes to those that are under 80% up to 80-100% of the benchmark

Stakeholder Feedback / Questions

- Wilson: Is it true that the J Codes for procedures and the medication have been moved to Pharmacy?
  - Jeff confirmed that this is true—most is no longer in these J codes.
  - Wilson—this makes sense and addresses the former problem of costs going unrecovered. You lost money every time you tried to do it. But this is this is the procedural part, and so makes sense to me.
  - There are a couple vaccinations, like rabies, that are physician administered
- Terri—to clarify, I though J Codes were for the medications.
  - Jeff Laskey: Mostly J codes are covered under Pads, but there are a few that are still in this area and those are being reviewed. Those few are in the appendix of the main report, and they are being reviewed.
  - Dr. Pace—where it was clear that we were not covering the costs of the medication or vaccine, we needed to address that. This is getting addressed.
- Wilson--Separate question: Do private clinics have to go through the open market to get vaccines for their patents or can they get discounted vaccines from the health department. We used to have different bins with different vaccines depending on payer source.
  - Terri—I think you can still get children's vaccines through the health department.
  - Morgan Anderson—that also covers some routine vaccines for adults
  - Wilson—This alleviates the concern

- Sarah Clare Leal—I represent an orthobiologic type of injection. It's on the PAD. What sort of review process is there for this?
    - Kevin Martin—Is the question: How do we set the rates and which ones are covered and not?
    - The definition of a PAD is determined by the Pharmacy Policy Folks—that's mostly determined by rebate status. The Medicaid rebate drug program. There are a few things that are gray as to whether they're a drug. Vaccines often fall into the gray area.
- Rate Setting: Kevin reviewed a multi-step process.
    - We look to the Medicare ASP file—that automatically has a 6% increase above ASP, and we replace this with 2.5%. There has been some feedback that this is not always representative of providers' costs and there is an ongoing effort to investigate an alternative average acquisition cost pricing model. If the ASP is not available, we use the average WAC. If the distribution is very wide and we determine that the average is not viable then we do manual pricing which consists of pricing the claim off of the WAC for the submitted NDC.
    - Sarah--Visco supplementation. There are only two single injections covered and they are being visited at 139% and 137%. Is there a process to have these drugs . Some drugs are not listed on the PAD. Medicaid though
        - Kevin: We have removed Pads from this process, but there remains some gray area. It's fine to discuss here but we may not be able to .
        - Sarah agreed to send by email to Kevin.Martin@state.co.us a list of codes and Kevin Martin will care it to the policy people and follow-up.
- Went to Jeff Laskey's report file:
    - J codes: Code J2805 is not under pads
    - Injection codes not under Pads:

Procedure Code	Procedure Description
11900	INJECT SKIN LESIONS </W 7
11901	INJECT SKIN LESIONS >7
64612	DESTROY NERVE FACE MUSCLE
64615	CHEMODENERV MUSC MIGRAINE
67028	INJECTION EYE DRUG
67345	DESTROY NERVE OF EYE MUSCLE
67500	INJECT/TREAT EYE SOCKET
67515	INJECT/TREAT EYE SOCKET
68200	TREAT EYELID BY INJECTION
J2805	SINCALIDE INJECTION
Q9950	INJ SULF HEXA LIPID MICROSPH
Q9957	INJ PERFLUTREN LIP MICROS,ML

- Dixie: Is it true that adults must undergo eye surgery in order to get frames?
    - Kevin: Yes, this is true. There has been talk about expanding this for several years. It's difficult to change because it's in law. It has not yet been acted upon.
    - Member feedback: Dixie feels strongly about it. If a person has Medicaid and they need eyeglasses, this should be covered. People need glasses to see. When was the law put into effect?

  - Kevin—don't know for sure, but it predates Kevin's experience, so it's been this way for a while
- MOTION FROM THE COMMITTEE:
  - Wilson: At 9:57am, moved that the Department work with the state legislature to provide glasses and basic vision services to adult Medicaid members.
  - Seconded by Dixie Milton
  - Discussion:
    - Terri: FFS Medicare doesn't pay for eyeglasses either. This is not right or wrong. Only the exam is covered. Agree that this should be explored and not sure about HOW.
  - Unanimous vote for the motion (Record is available in the chat)
- No public comments

Committee Discussion

- No other discussion

5. 2022 Medicaid Provider Rate Review Recommendation Report – DRAFT: Out-of-Cycle Review

- Two services being recommended for rebalance: Outpatient PT/OT and Outpatient Speech Therapy
- **PT/OT/ST Home Health**
  - Considerations
    - Average home health visit is 22 minutes according to initial Electronic Visit Verification (EVV) data.
    - The current rate structure for home health PT/OT/ST may incentivize shorter home health visits for similar services provided in outpatient settings reimbursed in 15-minute unit increments.
    - Home health agencies are required to pay for certifications and other agency overhead costs, which are currently covered in the per diem rate.
    - Colorado's Home Health rate reimbursement structure is not in alignment with either Medicare or similar outpatient services rate reimbursement structure.
  - The department recommends investigating opportunities to better align rate reimbursement methodologies across similar services.

- **Specialty drugs:**
  - The Department recommends implementing increased reimbursement methodology to more closely align with the total cost of net invoice, upon federal approval.

Stakeholder Feedback / Questions

- CLARIFICATION Question from Wilson: If you're being reimbursed at 15 minutes and the average is 22, do you just bill two increments?
  - Jeff: Outpatient is at 15 minutes and the 22 minutes is for Home Health
- Additional discussion on PT/OT
  - Wilson: The department moved quickly when Medicaid mentioned dividing this into three parts—from a single code to additional codes based on complexity (3 codes).

Medicare never implemented the complexities. This can do a disservice to the physical therapists, and it's caused a loss of income for them.
    - Jeff L—the three codes were reviewed this year. Not sure there is a push for these to be changed.
    - WP: We often use Medicare as a benchmark
    - JL—this is all in the home health area.
    - WP—Got it. That's not where the problem was. .
    - We don't have a rate structure for home visits. Is the intake assessment on that list?
    - Confirmed
- NO PUBLIC COMMENTS (10:06pm)

Committee Discussion

- No additional committee discussion.

6. Rate Review Process Changes

- Review Senate Bill (SB) 22-236
    - Kevin Martin from the Department clarified plans for implementing SB22-236.
        - Slide 48—new construct is 7 members, and those members will be appointed in December and the first meeting of the new committee will be after March 1 per the law. We will coordinate with the new committee. Appointment requirements changed a bit and are a bit less restrictive. Appointees must represent the community, but fewer specialties prescribed.
        - Slide 49: Move to a three-year cycle. This will require accommodating new deadlines and we will adhere to the letter of the law in the first year and then get onto the new rhythm. Seeking clarification on what is meant by "strategies to address capacity issues"
        - Slide 50: Work off the assumption that our 3-year cycle will be approved. No new resources, so we will by necessity go after lower-hanging fruit in the near terms. There are new requirements for inviting and conducting the meeting. Much of this we already do but we will be more explicit in the future.
        - Slide 51: Into effect May 2025, this requires COPY From slide 51. There is a requirement to include a section that makes more explicit HOW The feedback is used in the report. May do this sooner than 2025 and will cover options with the new committee.
    - Questions:
        - Dixie: Is there a process for those who are on the committee volunteering to continue to serve.
        - Kevin: Members can reach out to the appointing members to offer their services. Kevin can also pass along names, but that's a less efficient process. The ED will also provide feedback
        - Rob Hernandez: What are the criteria for feedback on potential appointees? Is it the ED's whim? "Oh, I like this member, I don't like that member." What are the criteria for recommendation?
        - Kevin: In Section 3.3 of SB22-236 it reads: THE STATE DEPARTMENT MAY MAKE RECOMMENDATIONS TO THE GOVERNOR, THE PRESIDENT OF THE SENATE, AND THE SPEAKER OF THE HOUSE OF REPRESENTATIVES CONCERNING THE QUALIFICATIONS OF MEMBERS APPOINTED TO THE ADVISORY COMMITTEE.

- Review GPS Plans for Process Improvement
    - Brian from GPS reviewed plans for the collaborative process improvement project on slides 54-61. Here are the highlights:
        - The Department engaged Government Performance Solutions (GPS) to facilitate MPRRAC meetings
        - GPS interviewed 9 committee members, observed a meeting, shared thoughts with the department, then and co-facilitated the June meeting.
        - There is a shared desire to improve meetings, to make them shorter, with less reading and more dialogue, and simplified presentation of the information
        - GPS also proposed adjusted norms that help members get the information they need to be prepared and efficient early in the process. We didn't do well on that this time but are committed to hitting deadlines. GPS will turn around meeting minutes w/in 7 days
    - Committee Discussion:
        - Dixie—liked the process today. It was efficient. There has been some turnover in staff, and it would have been helpful to know this. Tried emailing Eloiss—didn't know she was gone and therefore missed the preparation meeting. More communication with the chair; keep up the efficiency.
        - Sarah: I can't speak to comparing this to prior meetings, but I appreciate how smooth the meeting ran and how welcoming and helpful everyone was. Thank you!
        - Brian offered that members could share their feedback in a number of methods: Email Kevin.Martin@state.co.us or by contacting Brian (brian@governmentperformance.us) outside of the meeting, whatever feeds safe.
- **Questions and Feedback (12:05 p.m.)**
    - The next meeting will be on November 18, 2022, from 9:00 a.m. – 11:00 a.m.
    - The primary purpose of the meeting will be to summarize status of the MPRRAC recommendations, improvements and share the approach for new Committee.

7. Public Comments, Next Steps and Announcements

General Public Comments:

- JJ Gorsuch
    - In June, JJ pleaded his case for PD 97153. Not sure how his comments were recorded and that these rates should be reviewed. (GB from GPS reviewed notes and confirmed that his remarks were recorded).
    - CMac was sympathetic but progress has been slow. Is Matt Colussi the right path?
- Kevin: In this transition year, not sure how the out of cycle will work. Since the committee changes over on December 1. Can capture it in the report and make a recommendation to review these codes. However, recommendations taken up next year would have an effective date of July 2024.
- JJ—if that's the best avenue, that's great. Going back to the first question. Since it was in the June minutes, should the topic have been considered in this meeting?
- Wilson: In general, the committee doesn't have the prerogative to bring off cycle items into consideration except for once per year). There are other avenues. Recommends to JJ talking to the Department about other . Going to Matt is probably the quickest avenue.
- JJ—will pursue the path with Matthew. The process says that part of this committee should take public comment for what should be reviewed out of cycle.
- Wilson —it happens only 1 time per year at the first quarterly meeting.

- Rob Hernandez: Adding to the discussion. If there is a sense of urgency, you do have the option to request time in front of the Joint Budget Committee and they will allow 15 minutes. That's another option. All you must do is request time to inform them (JBC Clerk?). And they appreciate that.
- Wilson: No one wishes to ignore his concern, but this is a slow, carefully constructed process.

8. Meeting Adjourned at 10:42 a.m.

Motion to close by Rob at 10:42 seconded by Wilson and meeting was adjourned