

Medicaid Provider Rate Review Public Meeting

August 16, 2024
9:00am - 2:00pm

Presented by: HCPF & GPS



COLORADO
Department of Health Care
Policy & Financing

Agenda

- Welcome
- Meeting Structure & Logistics
- Year Two Services MPRRAC Recommendations & Fiscal Impacts
 - Email feedback to HCPF_RateReview@state.co.us
 - 20-minute lunch break around 11:30 am
- Next Steps & Announcements
- Adjourn



Housekeeping

- Committee Members only - add “MPRRAC Member” to your Zoom name
- Public Stakeholders - sign up to make public comment during your service - (2 minutes)
- Identify yourself before speaking
- Do not share PHI
- Use Q&A feature for questions
- MPRRAC 101 Fact Sheet



Disclaimer

Dylan Marcy, HCPF Accessibility Technology Specialist

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The PowerPoint presentation for this meeting is in draft form and may be updated with new information up until the day of the meeting. Materials did not have the time to undergo accessibility review before the meeting. New versions of materials that have gone through a full ADA review will be posted on our website as soon as possible after the meeting.



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Department of Health Care
Policy & Financing

Overview of Open Records and Open Meetings Requirements of MPRRAC

Presented by:

Jennifer L. Weaver, First Assistant Attorney General



Colorado Open Records Act

- Section 24-72-201 through -206, C.R.S.
- All public records are open to inspection
- Very broad with specific exceptions
- Includes the entire record of the meeting, including members' notes and correspondence to/from the Department and Board.
- No requirement to preserve notes, unless we receive a CORA request.



Open Meetings Law

- Section 24-6-402, C.R.S.
- Declaration of policy: “It is declared to be a matter of statewide concern and the policy of this state that the **formation of public policy** is public business and may not be conducted in secret.”

- Definition of “meeting”: any kind of gathering convened to discuss public business, in person, by telephone, electronically, or by other means of communication.
- “All meetings of **two or more members** of any state public body at which any public business is discussed or at which any formal action may be taken are declared to be public meetings open to the public at all times.”



MPRRAC Subject to OML

- The OML applies to “state public bodies” and this specifically includes advisory boards that are formally constituted.
- See C.R.S. § 24-6-402(1)(d)(I) (A state public body means any board, committee, commission, or other advisory, **policy-making**, rule-making, decision-making, or formally constituted body of any state agency....”



Open Meetings Law

- Department takes care of many OML requirements such as notice to the public and taking minutes.
- Members cannot discuss proposed action or other board business outside of the meeting.
- Consequences of OML violation: fees/costs, injunction, invalidation of order.



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Narrow exception - Executive Session

- Executive session to “obtain legal advice on specific legal questions.”
- Upon motion with 2/3 vote, cite authority and reason for executive session.
- Must be recorded.
- No formal action permitted and must only discuss the legal questions/advice.



Challenges to Executive Session

- Court will review the recording if challenged.
- If court finds that board “engaged in substantial discussion” of matters not for legal advice, or that board “adopted a position” in session, that portion of the recording will be open to the public.
- Consequences of OML violation: fees/costs, injunction, invalidation of action.





Questions from MPRRAC



Rules of Governance

- Self-governance
- Maintain a respectful, safe environment for all
- One person speaks at a time
- Stay on mute unless engaging
- Tough on problems, easy on people
- Use the past only to describe a better future
- Come prepared - review materials in advance, gather & share input from your community, stakeholders, colleagues, etc.
- Chair and Vice Chair Terms:
 - Chair/ Vice Chair: one-year terms
 - Vice Chair will become Chair
 - Annual elections held in November to decide Vice Chair



MPRRAC/ Department Roles

- MPRRAC is a legislatively appointed body that functions collaboratively with HCPF; they are not HCPF staff.
- Rate Review staff is tasked with synthesizing actuarial analyses into digestible reports and works with other HCPF staff to develop recommendations for rate or policy changes, which are then agreed upon by the MPRRAC.
- These recommendations *may* result in future budget actions by HCPF but rate changes must be approved and appropriated for by the Legislature.
- Review of services including analysis and recommendations does not guarantee rate changes, whether increases or decreases, or changes to reimbursement policy.

Out of Scope for the MPRRAC

The MPRRAC does NOT submit budget requests

- While budget requests are submitted by staff of the Department, the process of budget request submission is independent of the Rate Review process.

The MPRRAC does NOT have the authority to change rates without legislative approval and appropriation



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Meeting Structure

MARCH

- Share preliminary data analysis results

JUNE

- Discuss supplemental analyses (if applicable) and receive recommendations from the committee
- Start planning for 2025

AUGUST

- Share refined MPRRAC recommendations and fiscal impact analysis

NOVEMBER

- Lessons learned
- Review schedule and off-cycle requests for 2025



Meeting Purpose

AUGUST MEETING:

- HCPF will share fiscal impacts statements for MPRRAC recommendations
- Opportunity to amend recommendations if necessary

NOVEMBER MEETING:

- Lessons learned and planning
- Review schedule and off-cycle requests for 2025



Meeting Minutes

June 28 & July 12 Meetings



Heads up!

MPRRAC/ JBC Presentation

- MPRRAC to present to JBC on or before December 1st
 - Overview of:
 - provider rate review process
 - summary of services under review
 - strategies for responding to feedback
 - MPRRAC recommendations
 - and more
 - More details to come
 - Decide on 2024 presenter



Reminders

- HCPF is not able to share draft report or HCPF recommendations
- MPRRAC recommendations will be taken into consideration when deciding HCPF's, as well as budget considerations
 - Any amendments to MPRRAC recommendations made today may not be included in HCPF recommendations
- Some analyses will be updated in the final report (based on provider/ SME/ MPRRAC feedback) but will not be reflected in today's presentation



2024 MPRRAC Recommendations & Fiscal Impacts



Year 2 Services (2024)

Year 2 (2024)	
Home and Community Based Services	
	<i>ADL Assistance and Delivery Models</i>
	<i>Behavioral Services</i>
	<i>Community Access and Integration</i>
	<i>Consumer Directed Attendant Support Services (CDASS)</i>
	<i>Day Program</i>
	<i>Professional Services</i>
	<i>Residential Services</i>
	<i>Respite Services</i>
	<i>Technology, Adaptations, and Equipment</i>
	<i>Transition Services</i>
Emergency Medical Transportation	
Non-emergent Medical Transportation (rates-only comparison)	
Qualified Residential Treatment Programs (QRTP)	
Psychiatric Residential Treatment Facilities (PRTF)	
Home Health Services	
Pediatric Personal Care	
Private Duty Nursing	
Physician Services	
	<i>Sleep Studies</i>
	<i>EEG Ambulatory Monitoring Codes</i>
FFS Behavioral Health SUD Codes	



Year 2 Services Overall Fiscal Impact

MPRRAC Recommendation Fiscal Impact:

Total Funds: \$585,325,315

General Funds: \$286,510,954



Emergency Medical Transportation (EMT)

Overall Benchmark Ratio: 67.08%

MRRAC Recommendations:

- Policy Recommendation:
 - Pay for treatment in place.
 - Explore policy modifications to pay for mobile crisis response (which incorporates telehealth) and community integrated health.
- Rate Recommendations:
 - For regular codes with a benchmark ratio:
 - Increase to 80% of the benchmark if the current benchmark ratio is under 80%
 - No change for codes with a benchmark ratio above 80%.
 - For codes without a benchmark ratio:
 - For A0021, match its rate with that of similar service code (i.e., A0425, 70.16%). So, the proposed rate for A0021 should match the rate of A0425 after it is adjusted to 80% of the benchmark.

Fiscal Impact:

- \$12,237,729 Total Funds
- \$2,962,754 General Funds





Comments Regarding EMT



MPRRAC Discussion



Non-Emergent Medical Transportation (NEMT) (Rates-only Comparison)

Overall Benchmark Ratio: 63.59% - 161.78%

MRRAC Recommendations:

- Bring all codes under 80% to 80% of the benchmark.
- No change for codes with a benchmark ratio above 80%.

Fiscal Impact*:

- \$13,987,037 Total Funds
- \$3,923,364 General Funds

*SFY 2021-2022 claim data was used for proxy fiscal impact estimation.





Comments Regarding NEMT





MPRRAC Discussion



Qualified Residential Treatment Program (QRTP)

Overall Benchmark Ratio: 49.8%

MRRAC Recommendations:

- Increase to 80% of the benchmark.

Fiscal Impact:

- \$2,640,290 Total Funds
- \$1,320,145 General Funds





Comments Regarding QRTP





MPRRAC Discussion



Psychiatric Residential Treatment Facilities (PRTF)

Overall Benchmark Ratio: 98.30%

MRRAC Recommendations:

- Increase to 100% of the benchmark.
- Policy recommendation: for those members with high acuity based on diagnosis or treatment, increase their PRTF rates to 120% of the benchmark (no fiscal impact calculation now)

Fiscal Impact:

- \$282,688 Total Funds
- \$141,344 General Funds





Comments Regarding PRTF





MPRRAC Discussion



Physician Services - Sleep Studies

Overall Benchmark Ratio: 121.85%

MPRRAC Recommendations:

- Increase to 80% of the benchmark if the current benchmark ratio is under 80%.
- Decrease to 80% for those codes with benchmark ratio above 80%.
- Leave unattended (home-based) codes as is for cost savings.
- Adjust the rate of G0399 (without benchmark rate) to be similar to the rates for codes G0398 and G0400.

Fiscal Impact:

- **(\$602,660)** Total Funds
- **(\$200,204)** General Funds





Comments Regarding Sleep Studies



MPRRAC Discussion



Physician Services - EEG Ambulatory Monitoring Codes

Overall Benchmark Ratio: 91.30%

MRRAC Recommendations:

- Decrease codes 95708 and 95714 to 100% of the benchmark.
- Increase code 95715 to 80% of benchmark.

Fiscal Impact:

- \$127,986 Total Funds
- \$42,517 General Funds





Comments Regarding EEG Ambulatory Monitoring Codes



MPRRAC Discussion



Fee-for-service Behavioral Health SUD Codes

Overall Benchmark Ratio: 72.18%

MRRAC Recommendations:

- For regular codes with a benchmark ratio:
 - Increase to 80% of the benchmark if the current benchmark ratio is under 80%
 - No change for codes with a benchmark ratio above 80%
- For codes without a benchmark ratio:
 - For S9445, increase the rate by an amount that is proportional to the overall recommendation increase (i.e., 9.33%)

Fiscal Impact:

- \$19,181 Total Funds
- \$4,498 General Funds





Comments Regarding FFS Behavioral Health SUD Codes





MPRRAC Discussion



Home Health Services

Overall Benchmark Ratio: 70.88%

MRRAC Recommendations:

- Increase the overall benchmark from 70.88% to 75%, defer to the department on which codes to prioritize that will have greatest impact on access.
- Do not change the rates of codes above 100% of the benchmark.
- Increase codes without a benchmark by 3%.

Fiscal Impact:

- \$36,305,888 Total Funds
- \$18,152,944 General Funds





Comments Regarding Home Health Services





MPRRAC Discussion



Pediatric Personal Care (PPC)

Overall Benchmark Ratio: 84.12%

MRRAC Recommendations:

- Align the rates of same services across PPC and HCBS Community First Choice
- Select rates around whichever is higher

Fiscal Impact:

- \$1,103,519 Total Funds
- \$551,760 General Funds





Comments Regarding PPC





MPRRAC Discussion



Private Duty Nursing (PDN)

Overall Benchmark Ratio: 88.07%

MRRAC Recommendations:

- Increase PDN revenue codes 552 and 559 to 100% of the benchmark.
- No change to the other PDN revenue codes.
- If possible, use the PDN CPT codes for benchmark comparison analysis in the future. This is a review process recommendation instead of policy recommendation.

Fiscal Impact:

- \$4,910,555 Total Funds
- \$2,455,278 General Funds





Comments Regarding PDN





MPRRAC Discussion



Home and Community Based Services (HCBS) - RECOMMENDATION FOR ALL CATEGORIES

PART I:

- For codes with a benchmark ratio:
 - Increase any code that remains below 100% to 100% of the benchmark.
 - No change to codes already above 100%.

- For codes without a benchmark ratio:
 - Increase all codes with no proxy or benchmark by 3%.
 - Codes with proxy codes: treat the benchmark ratio for the proxy codes as their benchmark ratio, increase the rate by (100% - proxy code benchmark ratio) if it is under 100%

PART II:

- Standardize uneven rates for the same service across different programs by adopting the highest rate
 - As an addition to recommendation Part I



Home and Community Based Services (HCBS) - RECOMMENDATION FOR ALL CATEGORIES - Continued

PART III:

- Align the Denver rate and the non-Denver rate by selecting the higher of the two, after uneven rates adjustment.
 - As an addition to recommendation Parts I and II

Overall Fiscal Impact:

- \$514,313,102 Total Funds
- \$257,156,554 General Funds
- Will break down by category on upcoming slide



HCBS Fiscal Impact - MPRRAC Recommendation Part I

Fiscal Impact Summary By Scenario				
Scenarios	Current Overall Benchmark Ratio	New Overall Benchmark Ratio	Fiscal Impact (TF)	Fiscal Impact (GF)
With Benchmark Ratio	76.45%	104.89%	\$333,471,370	\$166,735,685
Without Benchmark Ratio			\$69,350,747	\$34,675,374
CDASS (Rate Only) *			\$53,747,838	\$26,873,919
Total			\$456,569,955	\$228,284,978

* Due to CDASS's unique attribution model, we cannot reprice.



HCBS Fiscal Impact - MPRRAC Recommendation Part II

Standardize uneven rates for the same service across different programs by adopting the highest rate

Fiscal Impact Summary (In addition to Part I)	
Fiscal Impact (TF)	Fiscal Impact (GF)
\$46,906	\$23,454



HCBS Fiscal Impact - MPRRAC Recommendation Part III

Align the Denver rate and the non-Denver rate by selecting the higher of the two, after uneven rates adjustment.

Fiscal Impact Summary By Scenario (In addition to Part I and II)		
Scenarios	Fiscal Impact (TF)	Fiscal Impact (GF)
With Benchmark Ratio	\$13,838,522	\$6,919,262
Without Benchmark Ratio	\$43,857,719	\$21,928,860
Total	\$57,696,241	\$28,848,122



HCBS Fiscal Impact - Summary

Fiscal Impact Summary By Scenario		
Scenarios	Fiscal Impact (TF)	Fiscal Impact (GF)
MRRAC Part I (100%, Proxy)	\$456,569,955	\$228,284,978
+ MRRAC Part II (Standardize uneven rates)	\$46,906	\$23,454
+ MRRAC Part III (Align Denver rate)	\$57,696,241	\$28,848,122
Total	\$514,313,102	\$257,156,554



HCBS Fiscal Impact - Summary by Service Category

Fiscal Impact Summary By Service Category

Service Categories	Benchmark Ratio	Fiscal Impact (TF)	Fiscal Impact (GF)
HCBS ADL Assistance and Delivery Models	64.81%	\$326,174,297	\$163,087,149
HCBS Behavioral Services	124.09%	\$1,252,163	\$626,082
HCBS Community Access and Integration	156.37%	\$5,235,386	\$2,617,693
HCBS Consumer Directed Attendant Support Services (CDASS)	73.37% - 82.15%	\$53,747,838	\$26,873,919
HCBS Day Program	70.10%	\$68,831,683	\$34,415,842
HCBS Professional Services	109.70%	\$233,747	\$116,874
HCBS Residential Services	114.93%	\$56,079,846	\$28,039,923
HCBS Respite Services	131.75%	\$2,590,812	\$1,295,406
HCBS Technology, Adaptations and Equipment	N/A	\$66,999	\$33,500
HCBS Transition Services	106.25%	\$100,331	\$50,166
Total	76.45%	\$514,313,102	\$257,156,554





Comments Regarding all HCBS categories





MPRRAC Discussion



OVERVIEW - Fiscal Impact Summary

Service Categories	Fiscal Impact (TF)	Fiscal Impact (GF)
EMT	\$12,237,729	\$2,962,754
NEMT	\$13,987,037	\$3,923,364
QRTP	\$2,640,290	\$1,320,145
PRTF	\$282,688	\$141,344
Physician - Sleep Study	-\$602,660	-\$200,204
Physician - EEG Ambulatory Monitoring	\$127,986	\$42,517
FFS BH SUD	\$19,181	\$4,498
HH	\$36,305,888	\$18,152,944
PPC	\$1,103,519	\$551,760
PDN	\$4,910,555	\$2,455,278
HCBS ADL Assistance and Delivery Models	\$326,174,297	\$163,087,149
HCBS Behavioral Services	\$1,252,163	\$626,082
HCBS Community Access and Integration	\$5,235,386	\$2,617,693
HCBS CDASS	\$53,747,838	\$26,873,919
HCBS Day Program	\$68,831,683	\$34,415,842
HCBS Professional Services	\$233,747	\$116,874
HCBS Residential Services	\$56,079,846	\$28,039,923
HCBS Respite Services	\$2,590,812	\$1,295,406
HCBS Technology, Adaptations and Equipment	\$66,999	\$33,500
HCBS Transition Services	\$100,331	\$50,166
Total	\$585,325,315	\$286,510,954



Next Steps for Recommendations

- We are waiting to know how much funding is available and our latest budget targets in order to finalize HCPF recommendations
- Staff are finalizing the November 1 report



Next Steps

NEXT MEETING:
Friday, November 15, 2024
9:00am - 2:00pm



Announcements

MEETING MINUTES

- Sent to Chair and Vice Chair, then to committee
- Posted on website within 1 week of meeting

WEBSITE

- [Medicaid Provider Rate Review Webpage](#)



Contact Info

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Thank you!

