

Medicaid Rate Review Quarterly Public Meeting

June 17, 2022
9:00 AM - 1:00 PM

Presented by: Eloiss Hulsbrink, HCPF



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Department of Health Care
Policy & Financing



Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



Agenda

9 AM Call to Order/Welcome, Meeting Overview

9:10 AM Meeting Minutes

9:20 AM 2022 Medicaid Provider Rate Review Analysis Report Summary & Feedback

9:50 AM Physician Services Recommendations & Feedback

10:30 a.m.:
10-minute
break

10:40 AM Dialysis, Lab/Path, Vision, & Injections Recommendations & Feedback

11:15 AM Out-of-Cycle Review Recommendations & Feedback

11:50 AM Rate Review Process Changes Information & Feedback



Quarterly Meeting Purpose & Scope

August/September

- Share refined recommendations
- Allow time for feedback on recommendations from both committee members and public stakeholders

November

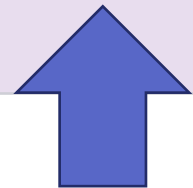
- Feedback on Recommendation Report
- Annual Committee Member Training
- Review data metrics in rate review process
- Allow time for feedback on data considerations

February/March

- Share preliminary data analysis results
- Allow time for feedback on data analysis and considerations for report conclusions

June

- Allow time for feedback on Analysis Report
- Share Draft Recommendations
- Allow time for feedback and/or considerations



Meeting Purpose

- Meeting purpose is for the Department to:
 - Receive feedback from stakeholders and the committee on the 2022 Medicaid Provider Rate Review Analysis Report, published May 2, 2022;
 - Share drafted recommendations for the Department's 2022 Medicaid Provider Rate Review Recommendation Report, due November 1, 2022; and
 - Receive feedback from stakeholders and the committee on the drafted recommendations.

Rate Review Process Status & Next Steps

2021 Recommendation Report

- Department initiates implementation of fiscal recommendations upon state and federal approval from 2021 Recommendation Report.
- Rate changes are scheduled for an implementation date of July 1, 2022.

2022 Analysis Report

- Department incorporated feedback from stakeholder during the public meeting on March 25, 2022.
- 2022 Analysis Report was published May 2, 2022.

2022 Recommendation Report

- Department drafted recommendations to be shared in the June 2022 public meeting (today).
- Further in-depth feedback and comments will be received from committee members and stakeholders during the September 2022 public meeting.

2023 Analysis Report

- The Department is seeking clarification on 2023 reporting pending the new SB22-236
- Contracting/procurement phase for 2023 analysis.



Department's Role

- The Department's role is to:
 - provide policy and program information
 - answer questions as needed
 - keep the meeting on track with time and scope
 - create an inclusive and receptive space to receive feedback from the public

Meeting Etiquette

- Honor the agenda
- Stay solution and scope focused
- Direct policy questions to the Department policy experts
- Identify yourself before speaking
- Honor and respect everyone
- Q & A box

Protected Health Information (PHI)

- Protected Health Information is individually identifiable information relating to the past, present, or future health status of an individual.
- Information such as diagnoses, treatment information, medical test results, and prescription information are considered PHI under HIPAA, as are national identification numbers and demographic information such as birth dates, gender, ethnicity, and contact/emergency contact information.
- This meeting is recorded and will be made publicly available on the Department website.
- Shared PHI may result in the portions of the meeting recording being deleted and delays posting the meeting recording.



Stakeholder Engagement Guiding Principles

The Department will:

- Thoroughly and thoughtfully evaluate all questions and feedback.
- Identify what feedback can be incorporated now or potentially in the future.
- Transparently communicate the outcomes of feedback and questions.
- Refer individuals to appropriate Department resources for out-of-scope topics.



Rate Review Guiding Principles

The Department will:

- Thoroughly and thoughtfully evaluate services within and across benefits.
- Strive to promote member access to quality care and provider retention.
- Be guided by **recent data analyses and evidence-based research** and best practices.
- Work to identify methods to collect meaningful data when there an absence of evidence or when conflicting evidence or feedback exists.



Meeting Minutes

March 2022



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2022 Medicaid Provider Rate Review Analysis Report

Summary of Conclusions



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Summary of Conclusions

Sufficient	May not be sufficient, but fall between 80-91% of the benchmark	May not be sufficient, rates below 80% of the benchmark
Cognitive Capabilities Assessment	Cardiology	Vision
Respiratory	Primary Care/E&M	Ear, Nose, & Throat (ENT)
Vaccines & Immunizations	Radiology	Gastroenterology
Vascular	Women's Health & Family Planning	Health Education
Laboratory	Other Physician Services	Ophthalmology
Injections	PT/OT	Dialysis – Facility & Professional
Home Health PT/OT/ST		Speech Therapy



Physician Services

- Rate Comparisons

Service	CO as a percentage of the benchmark	Service	CO as a percentage of the benchmark
Cardiology	90.7%	Radiology	90.6%
Cognitive Capabilities Assessment	127.2%	Respiratory	97.5%
Ear, Nose, & Throat	76.4%	Vaccines & Immunizations	107.9%
Gastroenterology	63.5%	Vascular	121.2%
Health Education	62.4%	Women's Health & Family Planning	83.4%
Ophthalmology	78.2%	Other Physician Services	83.7%
Primary Care/E&M	84.0%		

Dialysis, Vision, Lab & Path, and Injection Services

- Rate Comparisons

Service	CO as a percentage of the benchmark	Service	CO as a percentage of the benchmark
Dialysis – Facility	78.5%	Laboratory & Pathology	93.7%
Dialysis – Professional Codes	61.1%	Injections & Miscellaneous J-Codes	95.6%
Eyeglasses & Vision	57.4%		

Out-of-Cycle Review: PT/OT/ST Outpatient & Home Health Services

- Rate Comparisons

Service Grouping	CO as a Percentage of the Benchmark
PT/OT	91.0%
ST	79.0%
Home Health ST	100.2%

Service Grouping	Average Paid Amount Per Day (Combined Timed and Untimed Codes)	Home Health PT/OT/ST Per Diem (Average of July 2019/2020 Rates)
PT	\$43.11	\$121.96
OT	\$72.10	\$122.75
ST	\$58.46	\$132.53



Specialty Drugs - Cost & Reimbursement Summary

Procedure Code	Drug Name	Units (CY 2020)	Per Unit Cost (Based on Children's Hospital Invoice Data)	Current Reimbursement at 72% of Per Unit Cost
J2326	Spinraza	16	\$95,923.00	\$ 69,064.56
J3399	Zolgensma	2	\$1,761,625.00	\$1,268,370.00
J0567	Brineura	26	\$22,383.00	\$16,115.76
Q2042	Kymriah	2	\$328,747.50	\$236,698.20
Q2041	Yescarta	-	n/a	n/a
J9999	Danyelza	-	n/a	n/a



Questions?





Public Comments



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Committee Discussion



2022 Medicaid Provider Rate Review Recommendation Report

Overview of Drafted Recommendations



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MPRRAC Guiding Principles

- Do not reinvent the wheel (e.g., if an established rate structure exists, consider using it).
- Support recommendations that work towards providing services in the least restrictive and most cost-effective environment.
- Develop methodologies to address geographic differences.
- Strive to reimburse for costs of hard goods.

Questions to Consider

- Do the recommendations presented address the considerations and analysis results?
- Do any of the recommendations require more clarification?
- Is there anything you would add or remove from the recommendations presented?

Physician Services

Services Being Recommended for Rebalance	
Cardiology	Primary Care/E&M
Cognitive Capabilities Assessment	Radiology
Ear, Nose, & Throat (ENT)	Respiratory
Gastroenterology	Vaccines & Immunizations
Health Education	Vascular
Ophthalmology	Women's Health & Family Planning
Other Physician Services	

Other Physician Services Recommendations

Ophthalmology

The Department recommends:

- Educating providers on appropriate codes for highly specialized and custom services.

Women's Health & 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.



Questions?





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Committee Discussion



Break

10 minutes



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Dialysis, Vision, Laboratory, and Injection Services

Services Being Recommended for Rebalance

Eyeglasses & Vision

Laboratory &
Pathology

Dialysis & Nephrology - Other Recommendations

Considerations

- 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 & Vision - Other Recommendations

Considerations

- Frames are becoming more expensive and current rates do not generally cover the cost of goods.
- 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.

Injections & Miscellaneous J-Codes - Other Recommendations

Considerations

- The Department has received feedback concerning current reimbursement for injection services that any decrease in rates may cause issues for members accessing these services.

The Department Recommends:

- Increasing Injection & Miscellaneous J-Code rates that are currently under 80% of the benchmark to 80%-100% of the benchmark.





Questions?





Public Comments



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Committee Discussion

Questions to Consider

- Do the recommendations presented address the considerations and analysis results?
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Out-of-Cycle Review: PT/OT/ST Outpatient & Home Health Services

Services Being Recommended for Rebalance

Outpatient PT/OT

Outpatient ST

PT/OT/ST Home Health - Other Recommendations

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.



Questions?



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Public Comments



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Committee Discussion



Questions to Consider

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Rate Review Process Improvement



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SB22-236

Changes to Rate Review Process



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Effective Dec. 1, 2022

- Committee changes to 7 members
 - 3 appointed by the governor
 - 2 by the president of the senate (or their designee)
 - 2 by the speaker of the house (or their designee)
- Changes in requirements for being appointed, a little less restrictive
- New requirement for committee to present to the JBC before Dec. 1 of each year

Effective July 1, 2023

- Change to 3-year cycle with new schedule due by Sept. 1, 2023
- Ability for HCPF to explain if an out-of-cycle review is not possible, explanation must be submitted within 30 days of notification
- Analysis report is no longer required, analysis is still performed and presented
- Response to the analysis must include "strategies to address capacity issues"

Effective July 1, 2023

Continued

- New requirements for public meetings
 - HCPF must invite "providers, recipients, and other interested parties directly affected by the services scheduled to be reviewed"
 - "each public meeting must consist of":
 - "a discussion of the analysis and review"
 - "public comments from providers, recipients, and other interested parties concerning:"
 - "the analysis and review"
 - "recommended changes to the provider rate review process that may enhance or improve the process"

Effective May 1, 2025

- Requirement to include in the recommendations report:
 - "a description of the information discussed during the quarterly public meeting; the state department's response to the public comments received from providers, recipients, and other interested parties; and an explanation of how the public comments informed the provider rate review process and the recommendations concerning provider rates."

GPS has not had an opportunity to share observations with the Department. This document is preliminary and will be edited based on feedback and the Department's vision for the Committee.

Thoughts on MPRRAC Improvement

May 15, 2022



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Process

- The Department has engaged Government Performance Solutions (GPS) to co-facilitate future MPRRAC meetings
- To develop a perspective on meeting enhancements, GPS:
 - Interviewed a selection of 8 Committee members
 - Observed the March 25th meeting
- GPS has compiled observations and proposals for Department and Committee feedback



Observations

- Meetings involve presentation of information but minimal dialogue, potentially consuming more time than needed
- Slide constructs are consistent across categories, but:
 - Comparisons between categories are not presented
 - Department policy or data insights from each slide are not annotated on the slide
 - The underlying philosophy for differences between benchmarks v. Colorado's rates is not explored
 - Some designs do not deliver information clearly (ex: Overlap between categories means that numbers cannot be added)
- There is a shared desire for continuous improvement

Opportunities

Adjust the Meeting Design

Change the way materials are shared to optimize the insights of committee members and enrich the discussion



Establish and Reinforce Group Norms

Adopt group norms that promote inclusion and make the most of each person's commitment



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Ideas for Adjusting Meeting Design

1. Pre-share the rates data in a memo X days prior to the meeting to enable prereading
2. Create tables with side-by-side data to offer comparisons across categories
3. Annotate graphs with available insights. Examples:
 - Percent differences over time
 - Explanation on what the numbers mean
4. Consider sorting and color coding tables/graphs to show comparisons to benchmarks, or outside “normal” deviation/ distribution patterns.
5. Use meetings to discuss anomalies/patterns in the data, potentially using a single table with the benchmarks, past results and current results.
6. Explore philosophy for differences more than X% from benchmark
7. Adjust the time from 90% presentation, 10% comments closer to 50-50.
8. Shorten meetings to avoid disengagement
9. Clarify committee process for committee input on final report

Clarify Process to Incorporate Committee Input in Final Report

- There is a shared desire for clarity around the scope/scale and timing of committee member input on the Final Report.
 - Initial Draft Report in June, - this is their first chance to see the basic elements of the reports and we can frame the issues that will be evaluated through September.
 - Final Draft Report collecting member feedback in September - this is their chance to propose language / recommendation changes before Kim's review and final approval.
 - Final Report (including final changes from discussions with Dept Staff, and Kim's final edits/changes) in November

Ideas for Establishing and Reinforcing Group Norms

1. Send meeting minutes and pre-reading X days in advance of the meeting
2. Committee members pre-read materials and come to the meeting with questions
3. Clarify the roles of each participant—Committee members, Department staff, and facilitator
4. Provide options to accommodate without reading slides:
 - Record ahead of time and post as a supporting file
 - Ask if anyone needs that accommodation this time – if not, move ahead with discussion-based format
 - Gather HCPF Department SMEs input to agree it is “unreasonable accommodation” to read for several hours with highly paid professional volunteers, especially since this was the most common complaint in the interviews.
5. Close the loop on all actions and questions

Sample Roles & Responsibilities

Committee Members

1. Actively participate; provide expertise and representation for your stakeholder group
2. Ask clarifying questions to further understanding; listen and respect varying opinions
3. Perform independent research (if needed)

Facilitator

1. Provide a structured approach
2. Keep the group focused and progressing towards their goals
3. Work with members to share relevant data & research
4. Help the group balance perspectives and expertise to achieve consensus

Department Staff

1. Share Data & Methodology
2. Approve/Deny/Amend Recommendations
3. Draft & submit implementation and execution of recommendations

Ideas for Establishing and Reinforcing Group Norms

We recommend reminding the team of consistent ground rules to promote effective collaboration to reach agreement in a diverse group:

1. One person speaks at a time
2. Stay on mute unless engaging
3. Say what you mean, ask questions to promote understanding
4. Tough on problems, easy on people
5. Use the past only to describe a better future
6. Come prepared – review materials in advance, gather & share input from your community, stakeholders, colleagues etc.
7. Collaborate – listen, learn and contribute patiently (be a part of the answer, not the answer)
8. Focus – stay focused on our scope related to PBC and not conflate other challenges we face in CC
9. Public Policy Perspective – favor durable, data-supported evidence & logic, over individual stories, anecdotes, or emotional appeals.
10. Constructive orientation – assume positive intent of other stakeholders



Questions?



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Discussion



Next Steps & Announcements

- **Next public meeting:** September 9, 2022, from 9:00 a.m. - 1:00 p.m.
 - **Primary Purpose:** Review Recommendations for the 2022 Medicaid Provider Rate Review Recommendation Report; receive stakeholder and committee feedback and considerations on drafted recommendations.
 - Committee members can prepare by:
 - Reviewing the drafted recommendations
 - Coming prepared to discuss recommendations and provide feedback on the drafted recommendations
 - Considering ideas for process improvement and come prepared to discuss next steps



Questions?



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Thank you!

