

Medicaid Rate Review Quarterly Public Meeting

November 19, 2021
9:00 AM - 12:00 PM

Presented by: Eloiss Hulsbrink, HCPF



COLORADO

Department of Health Care
Policy & Financing

New & Returning Members



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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

9:15 AM Meeting Minutes

9:20 AM 2021 Recommendation Report

9:50 AM Introduction to Year Two Services

10:20 AM Break – 10 minutes

10:30 AM Rate Review Data Metrics Overview

11:10 AM Annual Committee Training



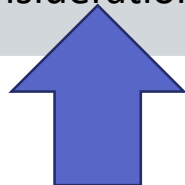
Quarterly Meeting Purpose & Scope

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

- 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:
 - Share updates, if any, on recommendations published in the November 1 report;
 - Receive feedback from stakeholders and the committee on the published report;
 - Review the Annual Committee Training to remain in compliance with HB19-1198;
 - Provide an overview of data metrics used in rate review analyses; and
 - Receive feedback from stakeholders and the committee on considerations for data metrics in the Year Two service analyses.

Rate Review Process Timeline & Status

2021 Recommendation Report

- Shared refined recommendations, based on feedback and additional research (September 2021).
- Finalized recommendations based on stakeholder feedback and additional research
- Report sent to JBC on November 8, 2021, and MPRRAC on November 15, 2021

2022 Analysis Report

- Department began analysis of Year Two (Cycle Two) service groupings in October 2021.
- Department provides overview of metrics applied in analyses and receives considerations for Year Two service grouping analyses (today).
- Preliminary results will be shared in February 2022.
- Department receives feedback from stakeholders and committee members on service rates and access to care (February 2022).

Next Steps

- Department initiates implementation of non-fiscal recommendations from 2021 Recommendation Report.
- Department initiates implementation of fiscal recommendations upon state and federal approval (May-July 2022) from 2021 Recommendation Report.
- Department develops conclusions based on both analysis results and stakeholder and committee feedback during February public meeting.



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.



Meeting Minutes

June & September 2021



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.



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.

Department Recommendations

- Rate Review Recommendation Development
- Department's Final Recommendations
- Stakeholder & Committee Feedback



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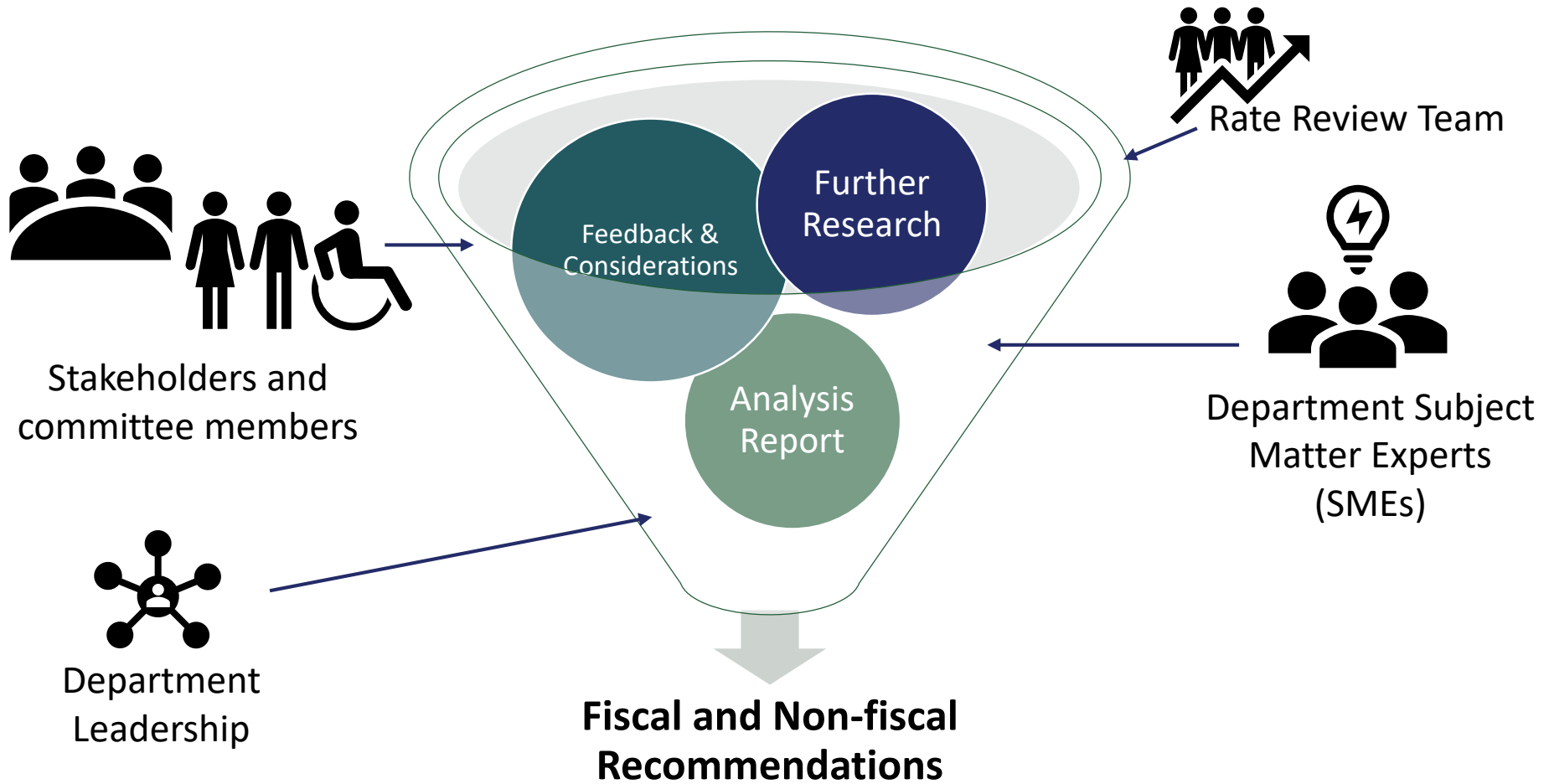
Recommendations

- Recommendations include fiscal and non-fiscal approaches and are evidence-based
- Feedback received during the June meeting was documented, evaluated by the Department, and used to further refine the Department's recommendations
- Feedback received during today's meeting will be documented, evaluated by the Department, and used to finalize the Department's recommendations for the report.

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How are the Department's recommendations developed and refined?



Key Considerations

- The Department must evaluate a multitude of factors, including (but not limited to):
 - regulatory compliance,
 - clinical standards and best practices,
 - access to care,
 - federal and state authority,
 - budgetary authority
- Recommendations must be approved by Department leadership, OSPB, JBC, and frequently CMS
- As a result, some recommendations may receive full or partial approval later in the process, but may have potential for approval in later years as opportunities change

Rate Review Recommendation Considerations



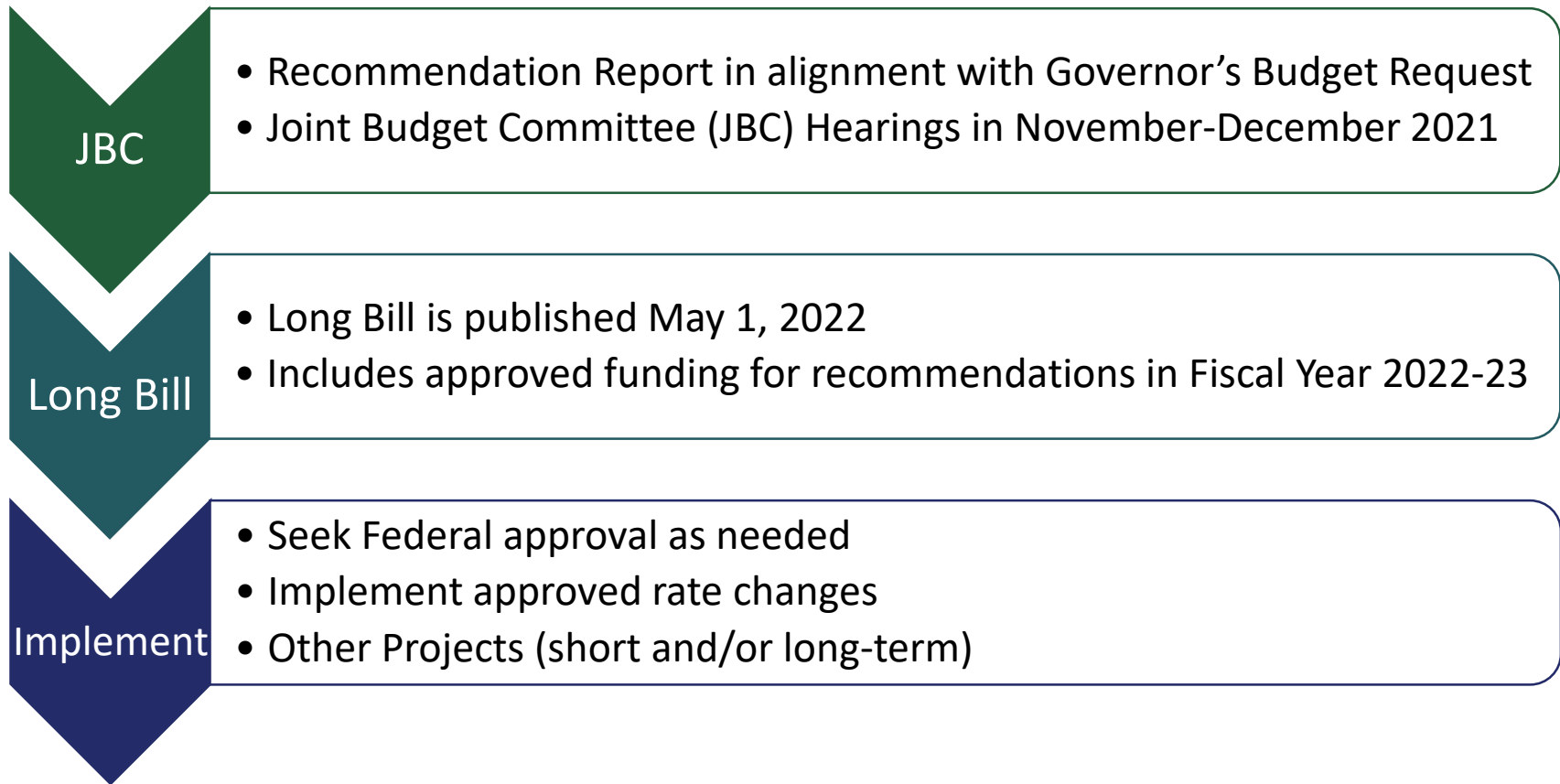
Equity across all services

Objective, Evidence-Based Process



Long-term Objectives

What Happens Once the Report is Published?



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2021 Recommendations

Emergency Medical Transportation (EMT)

- Increasing EMT services rates to 80% of the benchmark.
- Evaluating the authority to develop and implement an EMS treat-in-place model for Health First Colorado EMS providers.
- Continuing to pursue opportunities for policy development, working with community partners to understand current practices and community needs.

Non-Emergent Transportation (NEMT)

- Increasing NEMT services rates to 80% of the benchmark.
- Continuing to monitor transportation claims data and utilization trends to identify if there is an ongoing issue related to the COVID-19 pandemic, and the impact, if any, on access to care and provider retention.

Adult Home and Community-Based Services (HCBS) Waivers

- Seeking authority to implement the results of a recent Transitional Living Program (TLP) rate setting project.
- Evaluation of tiered rate reimbursement development for Alternative Care Facilities (ACFs) to support higher need members in the community.



2021 Recommendations

Children's HCBS Waivers

- Further increasing the CHRP foster care home rates to align with DD waiver host home rates.
- Adding host homes as a residential provider type for members ages 18 and under to increase facility capacity limits and provider capacity.
- Aligning respite service limits provided under the CHRP waiver with respite service limits under the CES waiver.

Aggregate Waivers & Waiver Services

- Prioritizing efforts to stabilize and strengthen the long-term care direct care workforce.
- Aligning rates for services that span multiple waivers.
- Pursuing the implementation of geographic rate modifiers for waiver services to address disparities of provider capacity across the state.
- Further investigation of respite services, including provider capacity and retention, and access to respite services across populations.
- A minimum of a 10% rate increase in order to support the lowest paid direct-care workers to the following services: ACF per diem, adult day, CDASS HMA/personal care/homemaker, Day habilitation, GRSS, Homemaker basic/enhanced, IRSS, IHSS HMA/personal care/homemaker, and personal care.

Targeted Case Management (TCM)

- Continuing support to the Case Management Redesign project/team to ensure the project/team considers all stakeholder perspectives, as well as evidence-based data that can be used to inform project initiatives.

Regarding Changes to Analysis Report Results

- Please note that HCBS rates and payment methodologies are notoriously hard to measure, analyze, and compare.
- Comparison between states is even more difficult, as each state may have different provider or worker requirements, service definitions, regulatory structures, and federal agreements.
- Nearly a year has passed since we conducted the analysis of the rates. In that year, the entire industry has entered a workforce crisis.



(Cont.)

- The COVID-19 pandemic coupled with pre-existing factors like demographic shifts, emerging and significant competition in hiring these workers across industries, and stagnation in wage and compensation have created an unparalleled workforce crisis.
- The Department has recognized this emergency and has many different strategies to address this crisis, including new funding for a higher base wage to help stabilize and strengthen the HCBS ecosystem to ensure Colorado's aging and disabled populations are able to receive these critical services now and into the future.

Direct Care Workforce Collaborative

- Use the following link to access more information about the Direct Care Workforce Collaborative:

https://urldefense.proofpoint.com/v2/url?u=https-3A__hcpf.colorado.gov_direct-2Dcare-2Dworkforce-2Dcollaborative&d=DwMFaQ&c=sdnEM9SRGFuMt5z5w3AhsPNahmNiq64TgF1JwNR0cs&r=wMwFeWYUOWLxkQeavibbtRc7MZ4LG0fFExfyeqxvdRg&m=KiMdtEMiEufMcz3FsexNp01eQdUetTAeEdA2Es2vldY&s=T6PFnQvZ10m-5ZZBmhUIDDaxd_kUIdT_bccNuIDUt_M&e=



Committee Questions



Stakeholder Comments





Committee Discussion

Year Two (2022)

Rate Review Cycle Two (2021-2026)

https://hcpf.colorado.gov/sites/hcpf/files/Updated%20Rate%20Review%20Schedule_Final_July2019.pdf



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Year Two (Cycle Two) Service Groupings


- Physician Services
- Injections & Misc. J-Codes
 - Dialysis & Nephrology
 - Laboratory & Pathology
 - Vision & Eyeglasses



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Service Grouping - Physician Services

- Cardiology
 - Cognitive Capabilities Assessment
 - Ear, Nose, and Throat
 - Gastroenterology
 - Health Education Services
 - Ophthalmology
 - **Other Physician Services** 
 - Primary Care and Evaluation & Management Services
 - Radiology
 - Respiratory
 - Vaccines & Immunizations
 - Vascular
- Allergy
 - Diagnostic & Therapeutic Skin Procedures
 - Genetic Counseling
 - Health & Behavior Assessments
 - Infusions & similar products
 - Miscellaneous Services
 - Motion Analysis
 - Neurology
 - Psychiatric Treatment
 - Treatment of Wounds

Physician Services Description

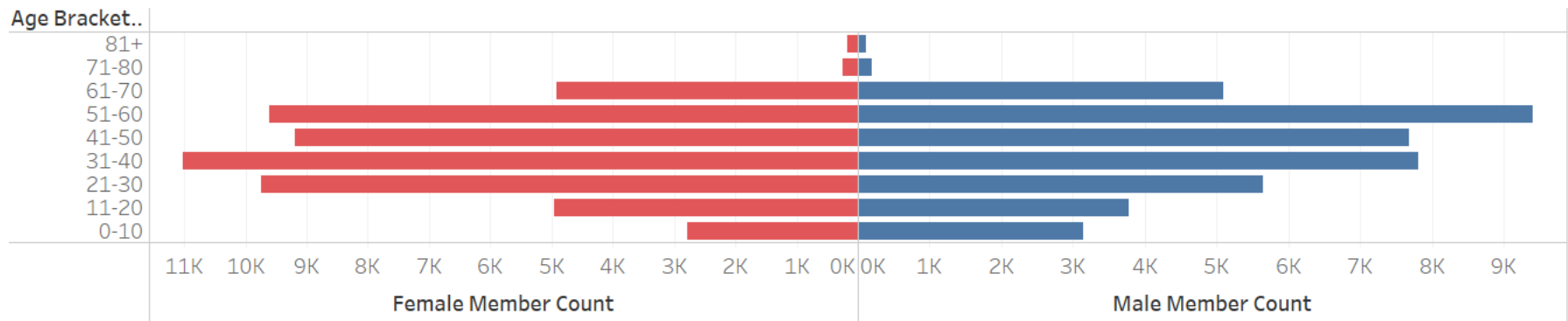
- Physician Services are services provided in the office, the member's home, a hospital, a nursing facility, or elsewhere.
- Physician Services are a mandatory State Plan benefit.
- All Physician Services appear on the Fee Schedule.
- Physician Services were previously reviewed in years Two (2017) and Three (2018) of Cycle One.



Cardiology - Physician Services

- Testing and treating the heart, including (but not limited to):
 - Hospital-based diagnostic studies (e.g., echocardiogram)
 - Electrocardiogram (EKG)
 - Catheter procedures (diagnostic and therapeutic)
- Most often provided in the outpatient hospital setting (including Emergency Room)

Population Pyramid (CY 2020)

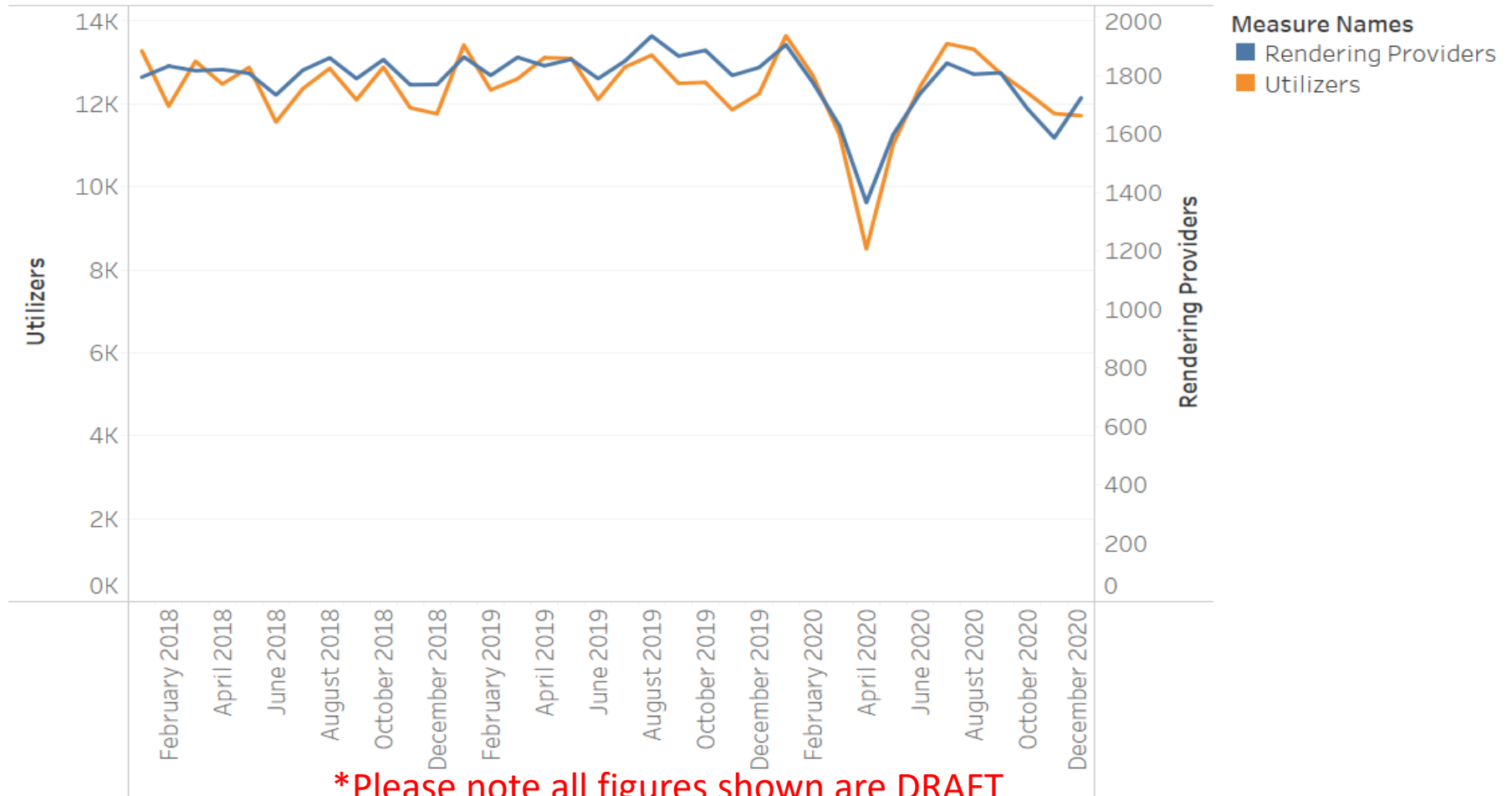


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Cardiology - Utilizers & Providers Over Time

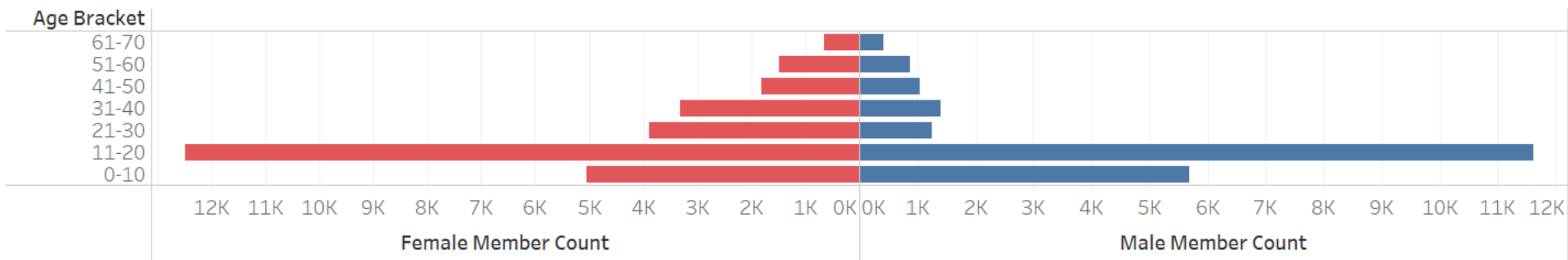
Utilizers & Providers Over Time (January 2018-December 2020)



Cognitive Capabilities Assessment - Physician Services

- Services are generally types of depression screens, developmental testing and screening, or psychological/neuropsychiatric testing
- Majority of utilizers are children
- Most often provided in the office setting

Population Pyramid (CY 2020)

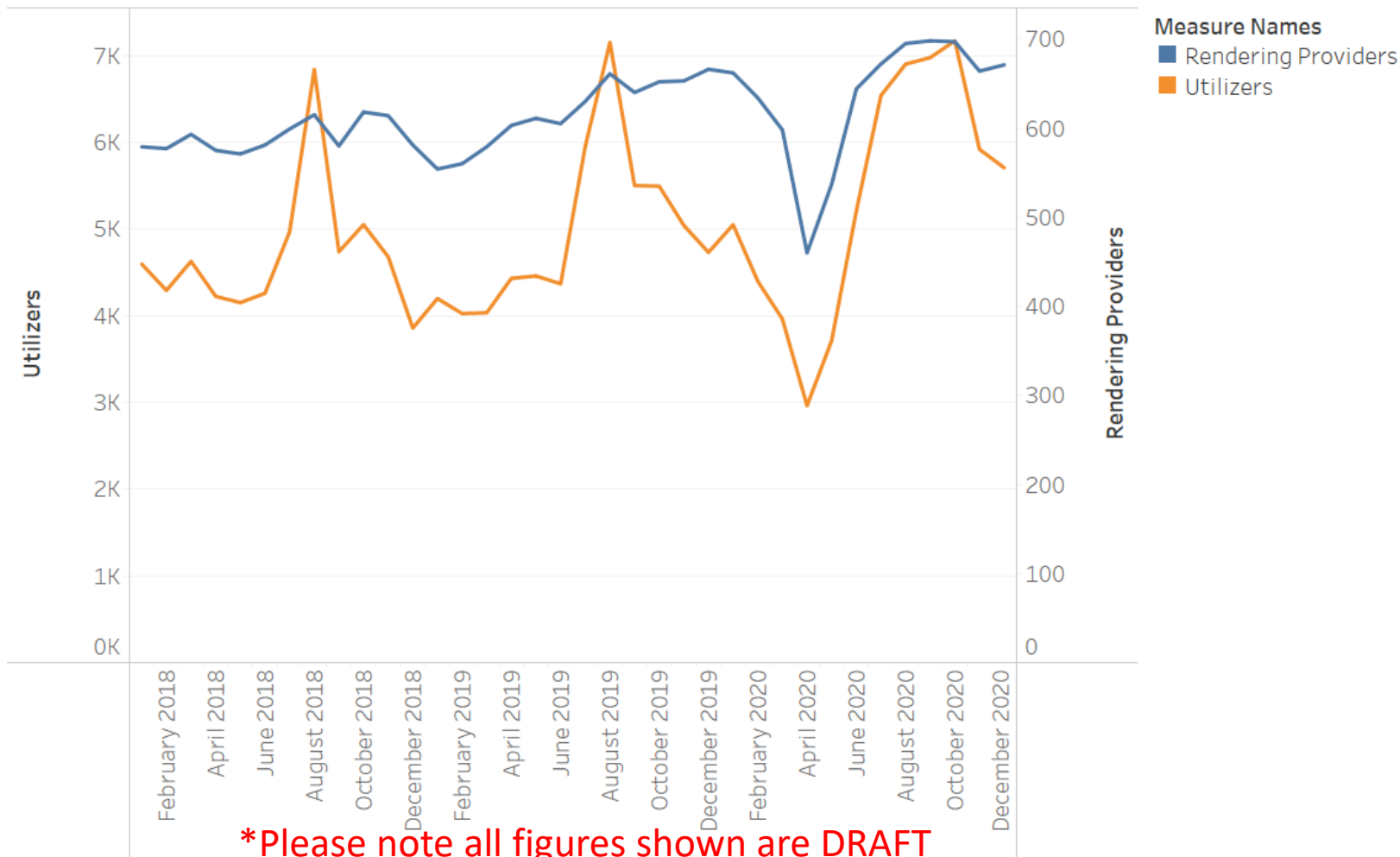


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Cognitive Capabilities Assessment - Utilizers & Providers Over Time

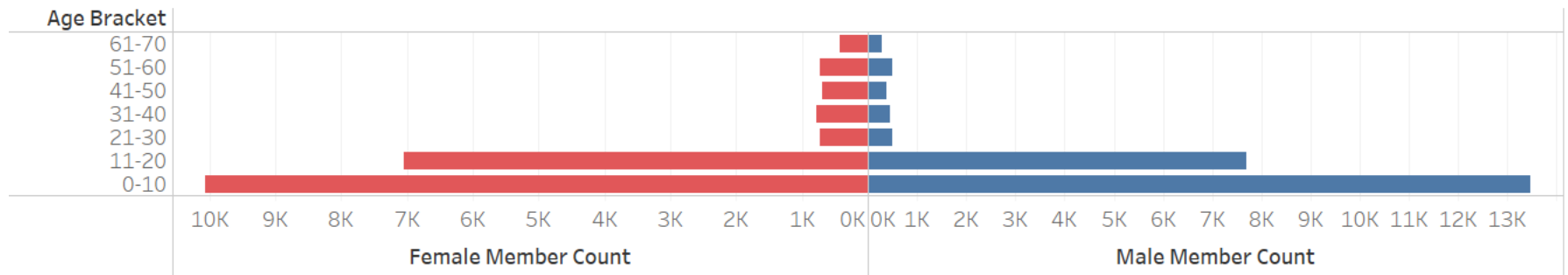
Utilizers & Providers Over Time (January 2018-December 2020)



Ear, Nose, & Throat (ENT) - Physician Services

- Hearing tests and hearing device fitting
- Tympanometry
- Physician diagnostic tests (e.g., fiberoptic scope to view throat and larynx, ear microscopy, etc.)
- Utilizers tend to be children

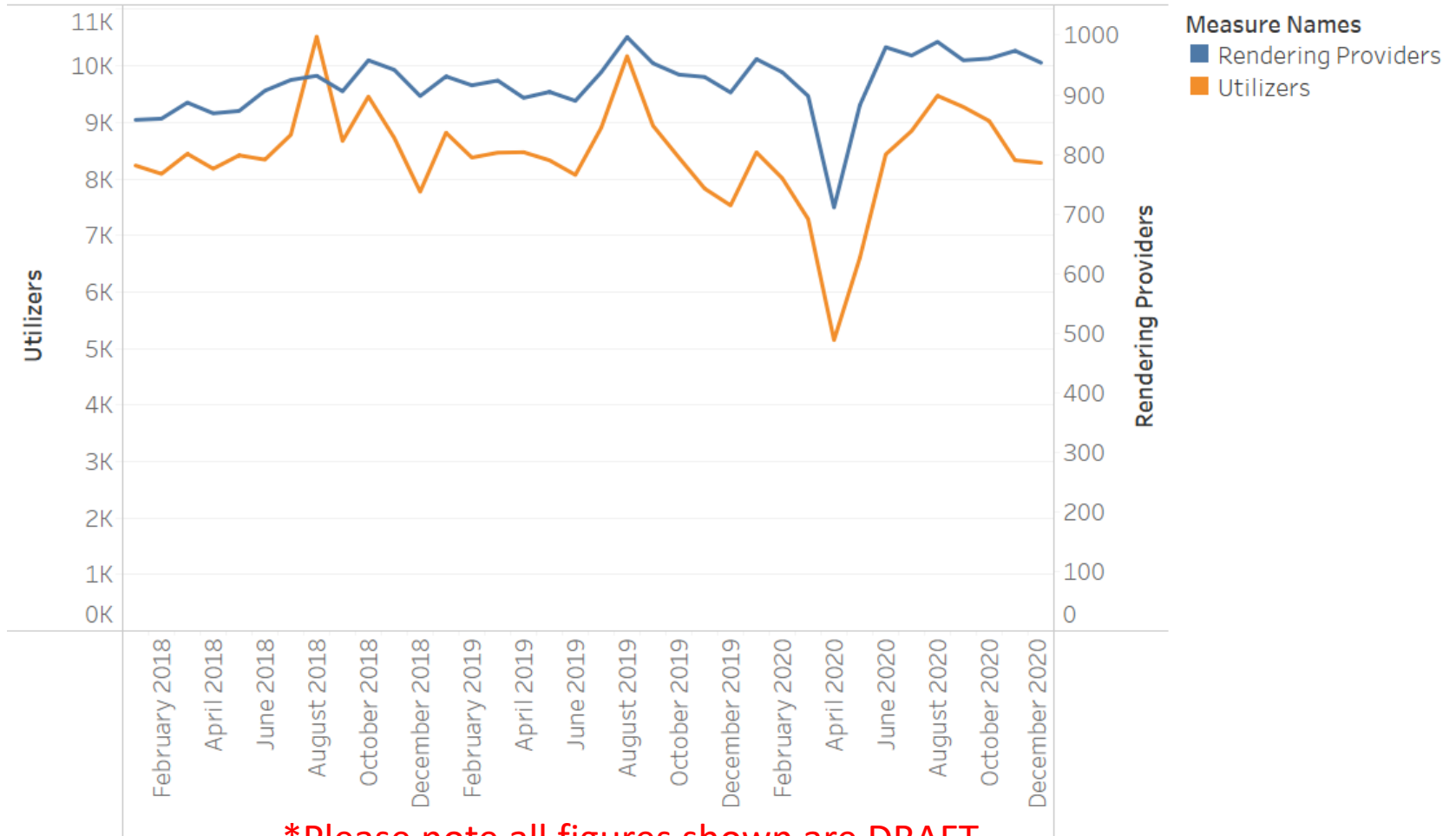
Population Pyramid (CY 2020)



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ENT - Utilizers & Providers Over Time

Utilizers & Providers Over Time (January 2018-December 2020)



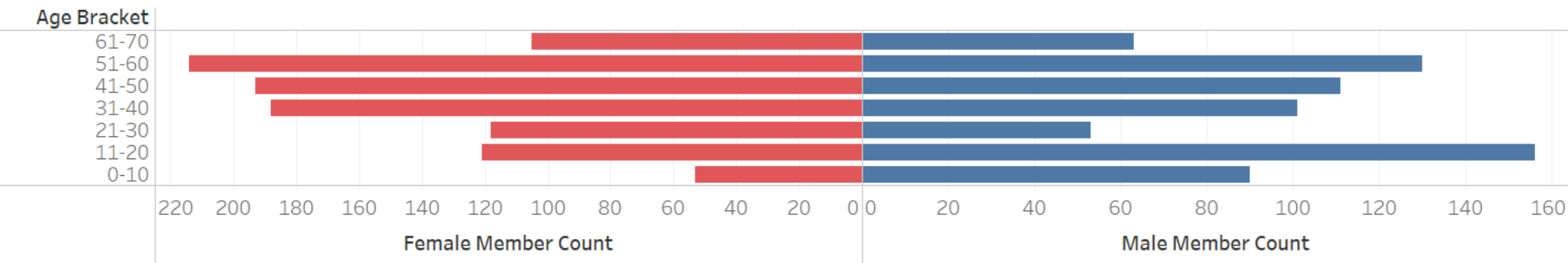
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Gastroenterology - Physician Services

- Diagnosing and treating diseases of the digestive system/gastrointestinal tract (e.g., tests for gastroesophageal reflux (GERD))
- Utilizers are adults
- Most services are provided in the outpatient hospital and office setting

Population Pyramid (CY 2020)

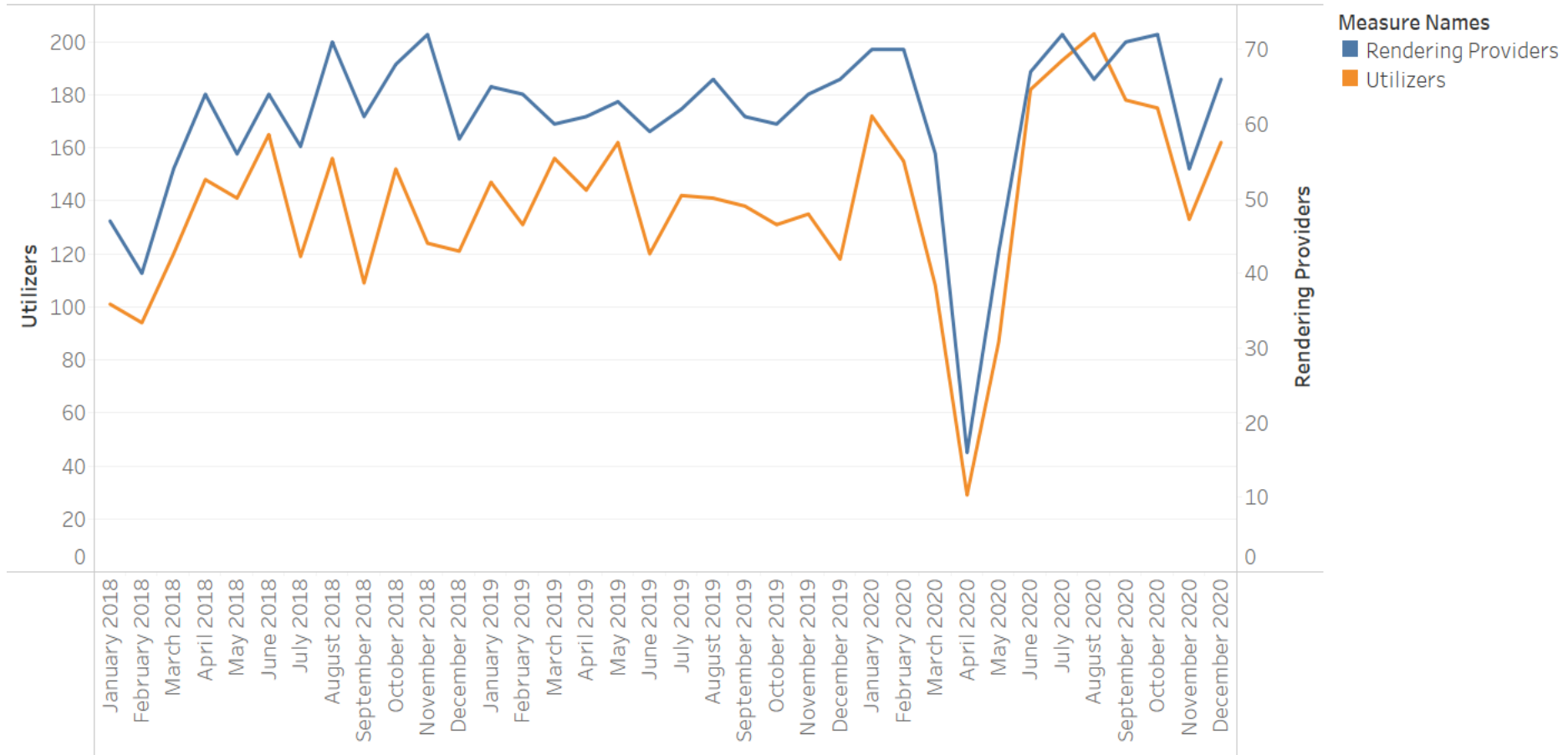


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Gastroenterology - Utilizers & Providers Over Time

Utilizers & Providers Over Time (January 2018-December 2020)



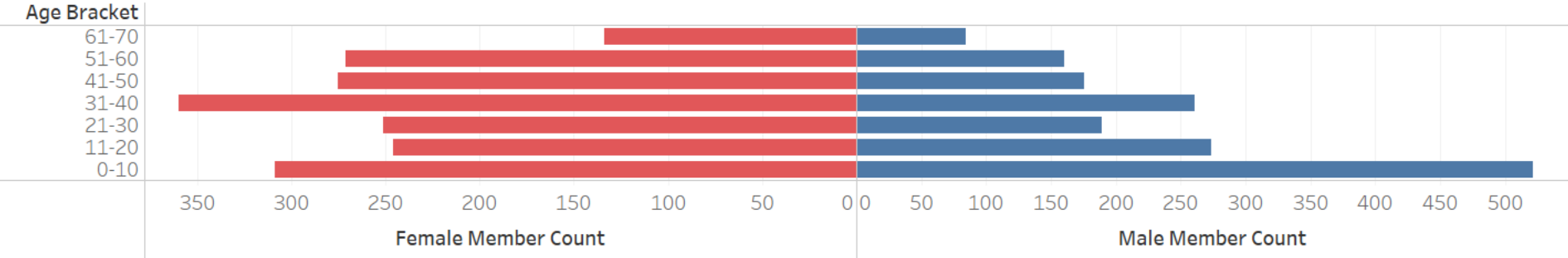
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Health Education - Physician Services

- Refers to services designed to improve health literacy, including improving knowledge and developing life skills which are conducive to individual and/or community health.

Population Pyramid (CY 2020)

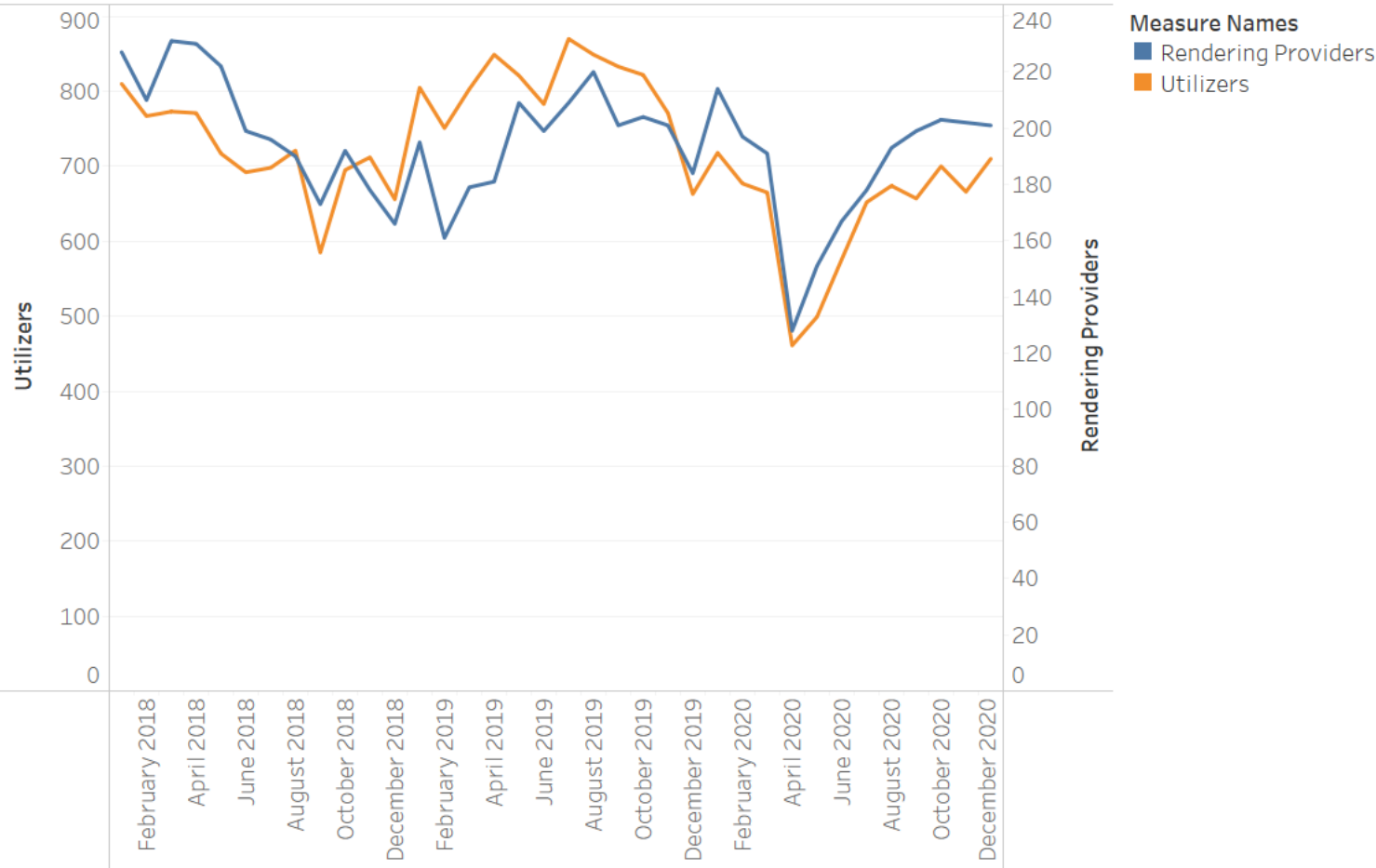


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Health Education - Utilizers & Providers Over Time

Utilizers & Providers Over Time (January 2018-December 2020)



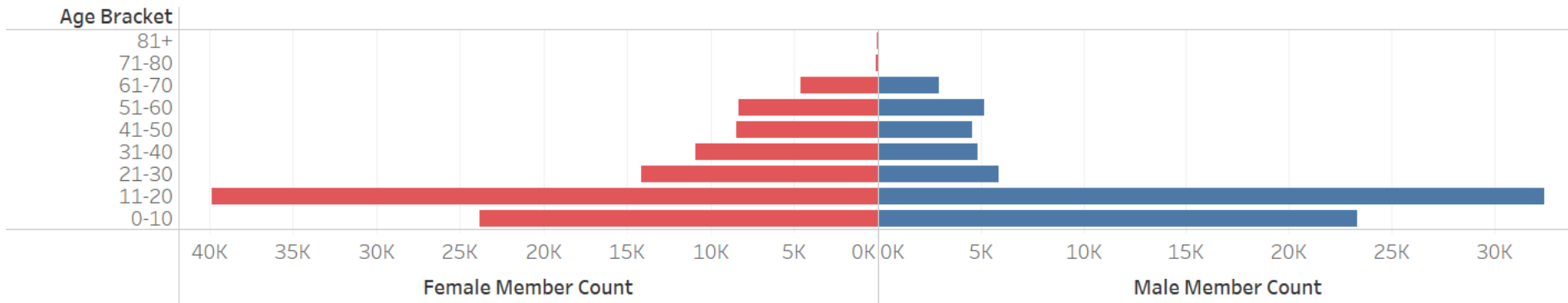
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Ophthalmology - Physician Services

- Eye exams, screening and diagnosing problems associated with the eye system
- Predominantly provided in the office or clinic setting

Population Pyramid (CY 2020)

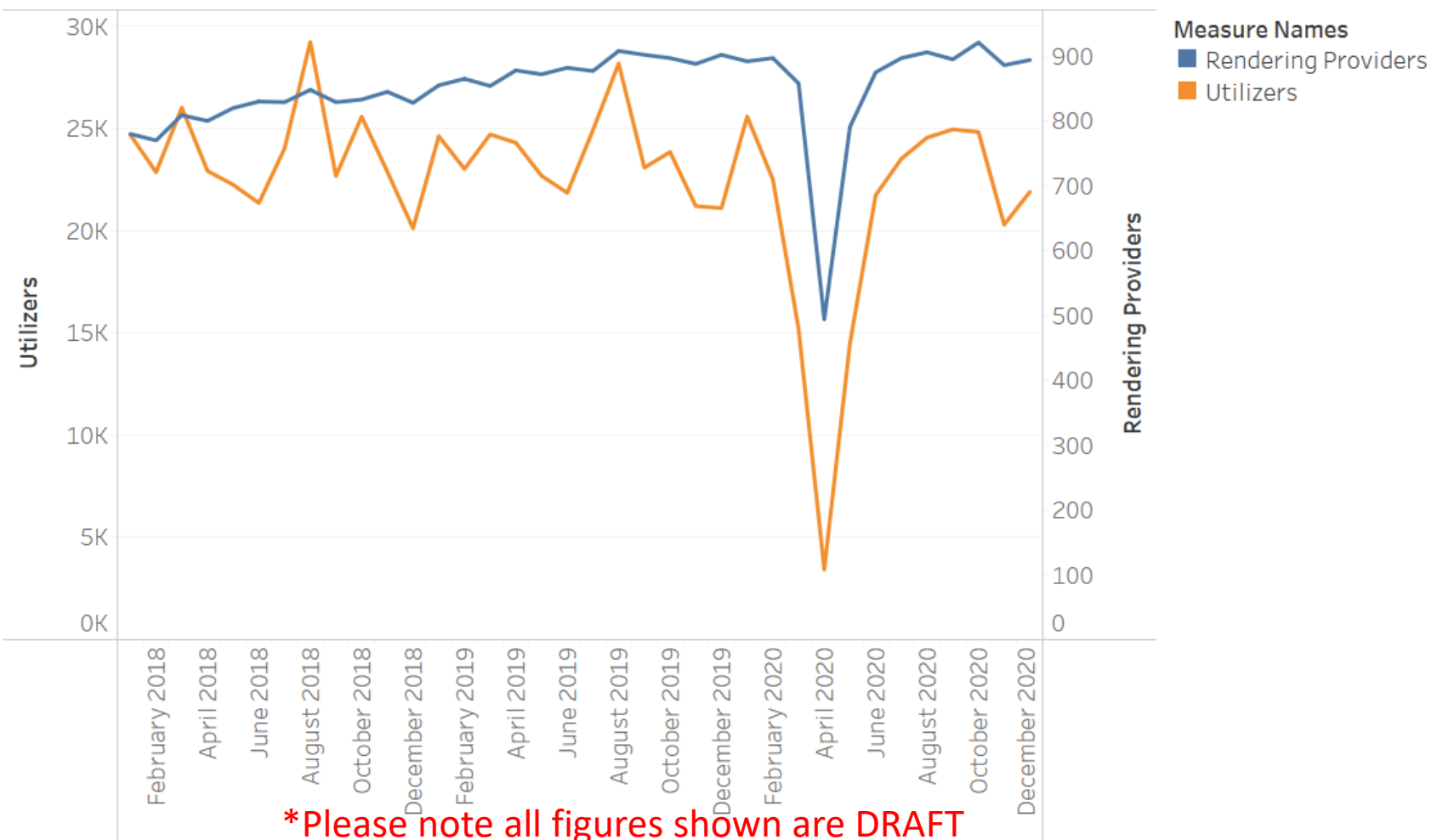


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Ophthalmology - Utilizers & Providers Over Time

Utilizers & Providers Over Time (January 2018-December 2020)

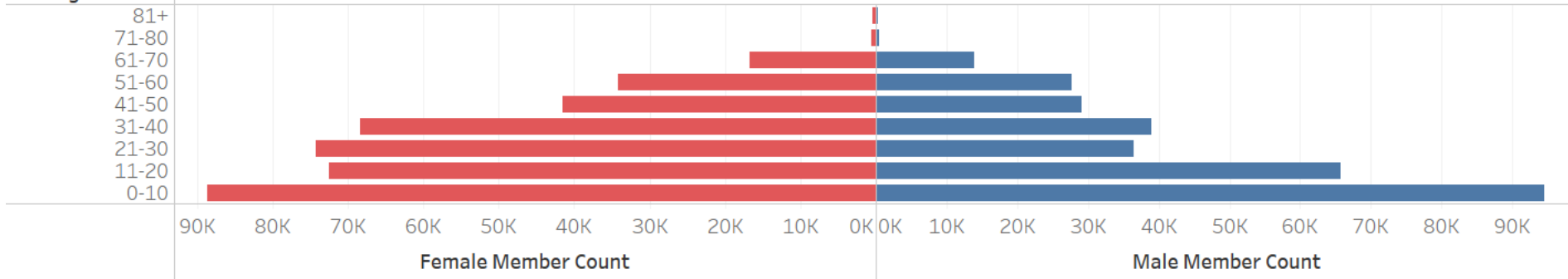


Other Physician Services

- Allergy services, neurology services, infusions & similar products, sleep studies, skin procedures, genetic counseling, and miscellaneous services

Population Pyramid (CY 2020)

Age Bracket

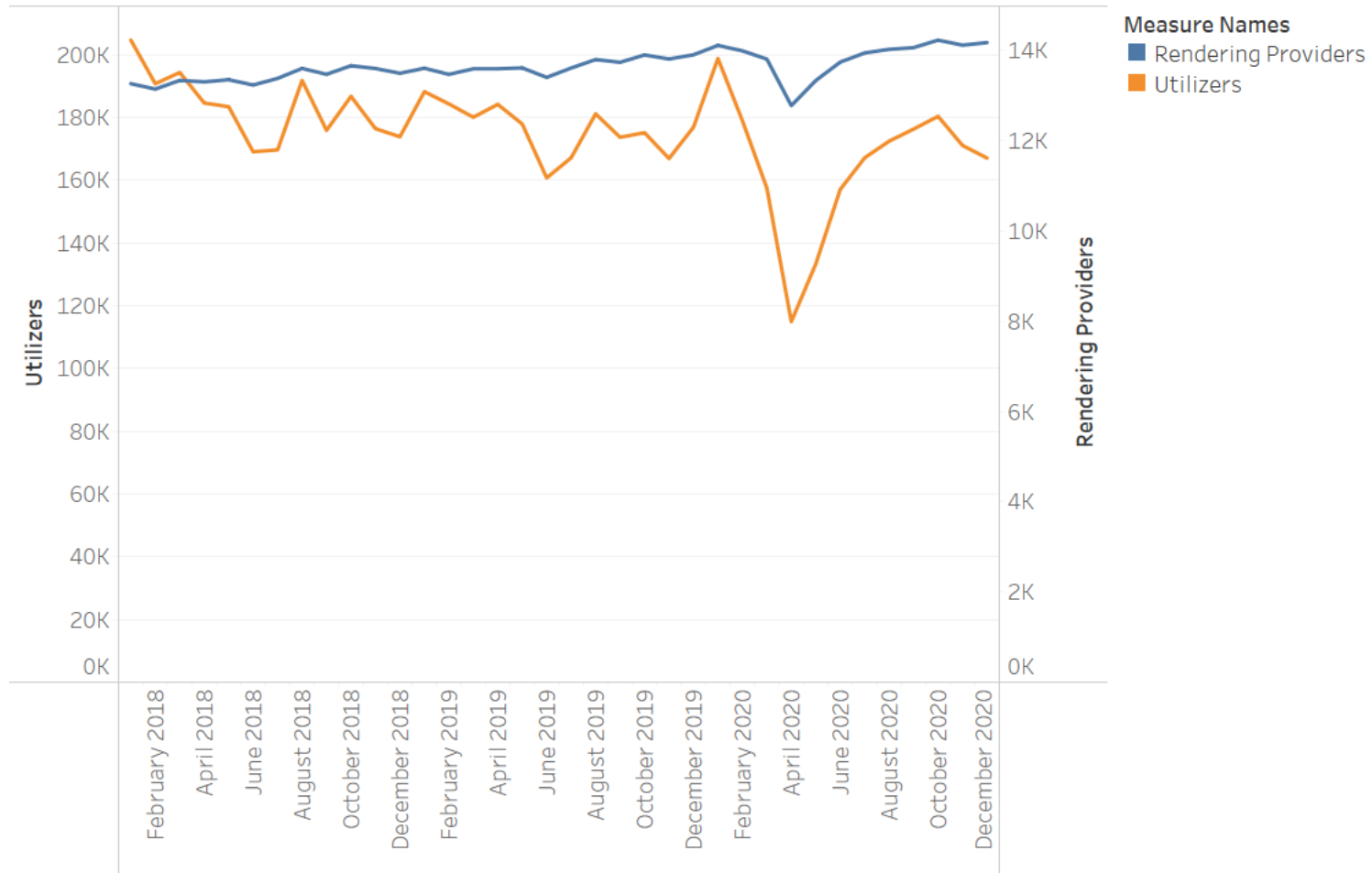


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Other Physician Services - Utilizers & Providers Over Time

Utilizers & Providers Over Time (January 2018-December 2020)



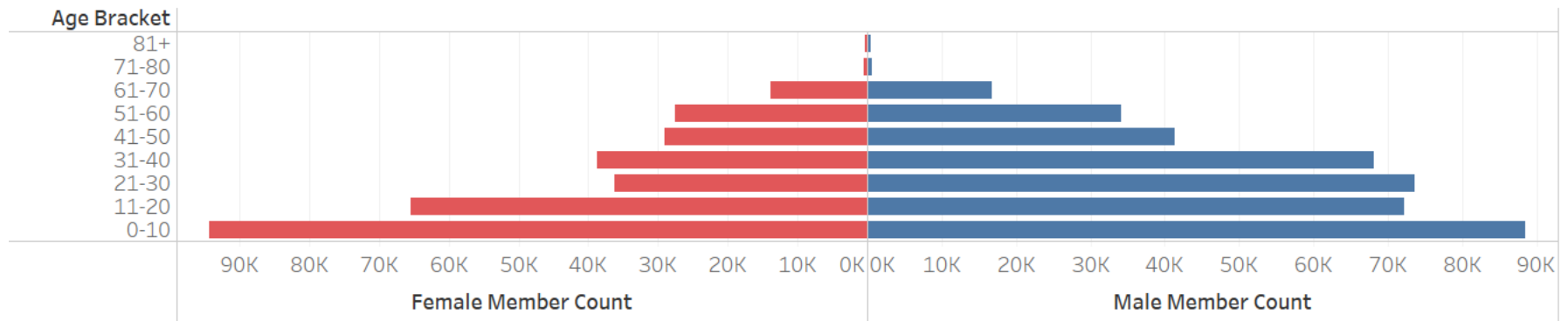
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Primary Care/E & M - Physician Services

- Primary Care/E&M services include basic office visits for medical care

Population Pyramid (CY 2020)

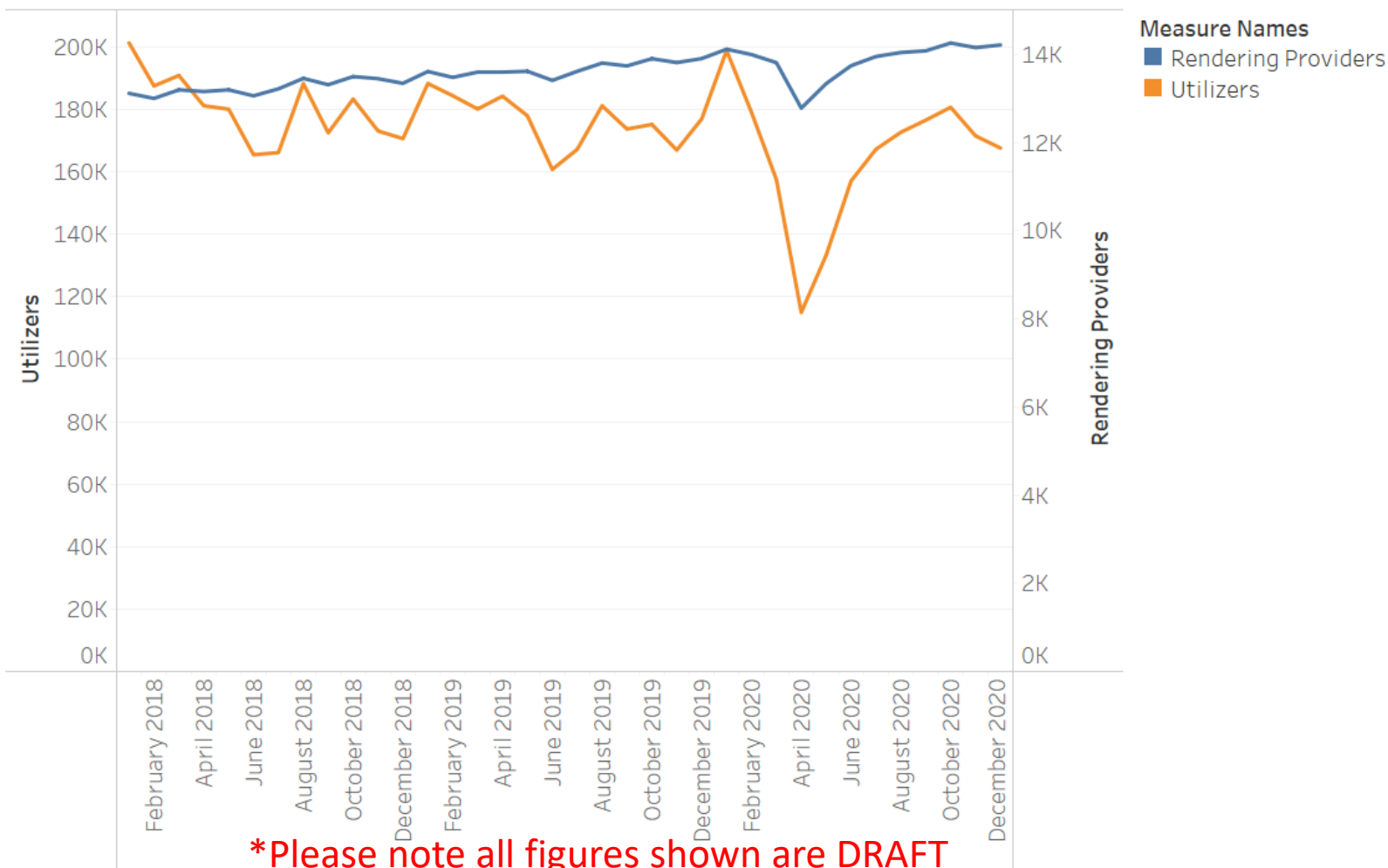


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Primary Care/E & M - Utilizers & Providers Over Time

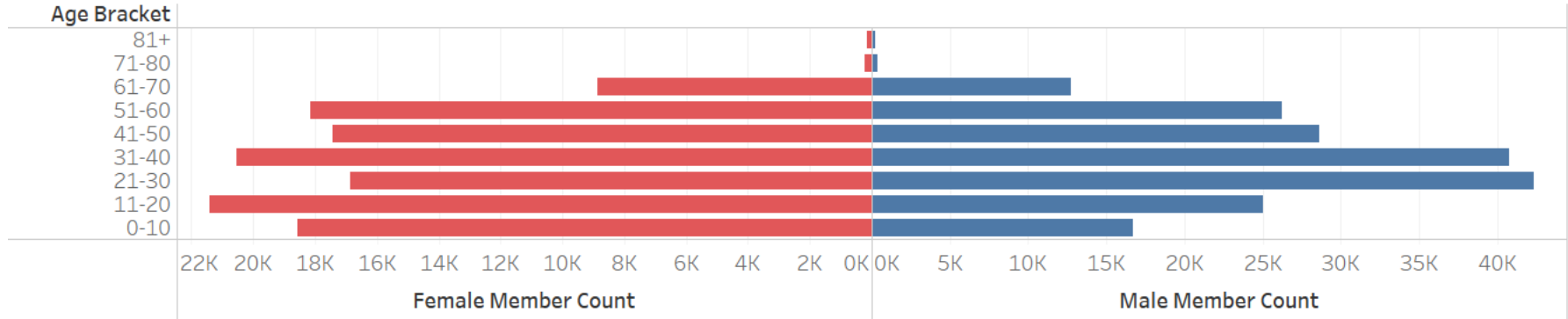
Utilizers & Providers Over Time (January 2018-December 2020)



Radiology

- Radiology services primarily consist of the physician interpretation fee for imaging services, including x-ray, CT scans, and MRIs.

Population Pyramid (CY 2020)

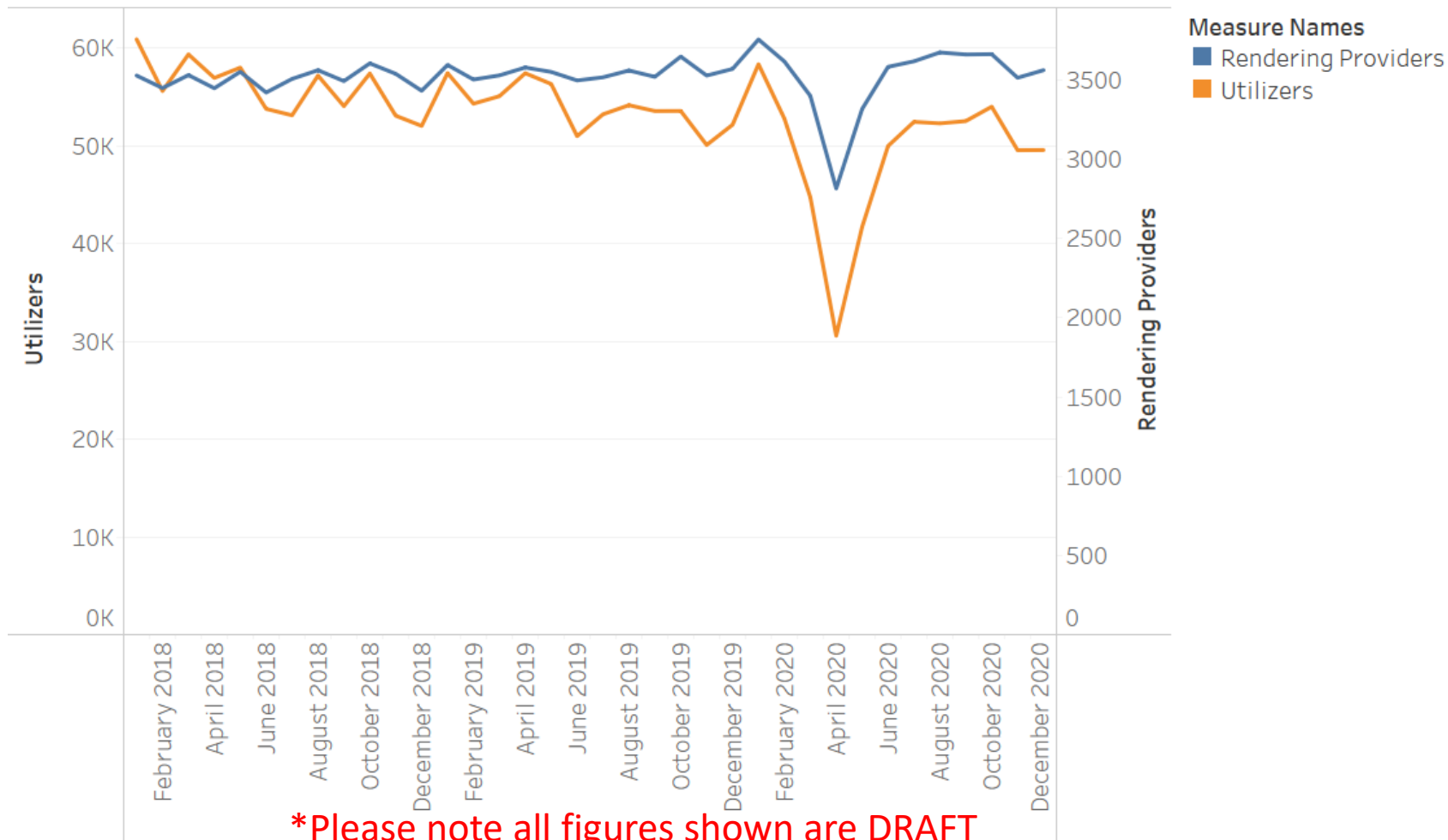


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Radiology - Utilizers & Providers Over Time

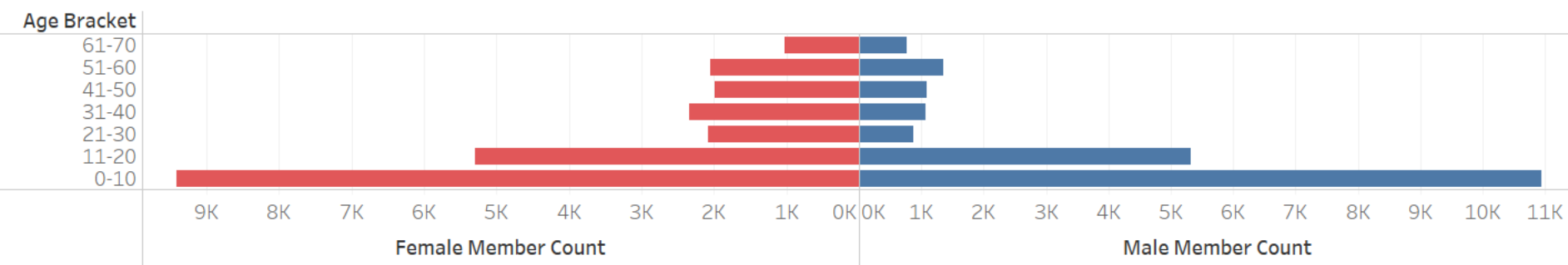
Utilizers & Providers Over Time (January 2018-December 2020)



Respiratory

- Testing and treating breathing issues, including (but not limited to):
 - Lung diagnostic tests
 - Administration of breathing treatments
- Most often provided in the office setting

Population Pyramid (CY 2020)

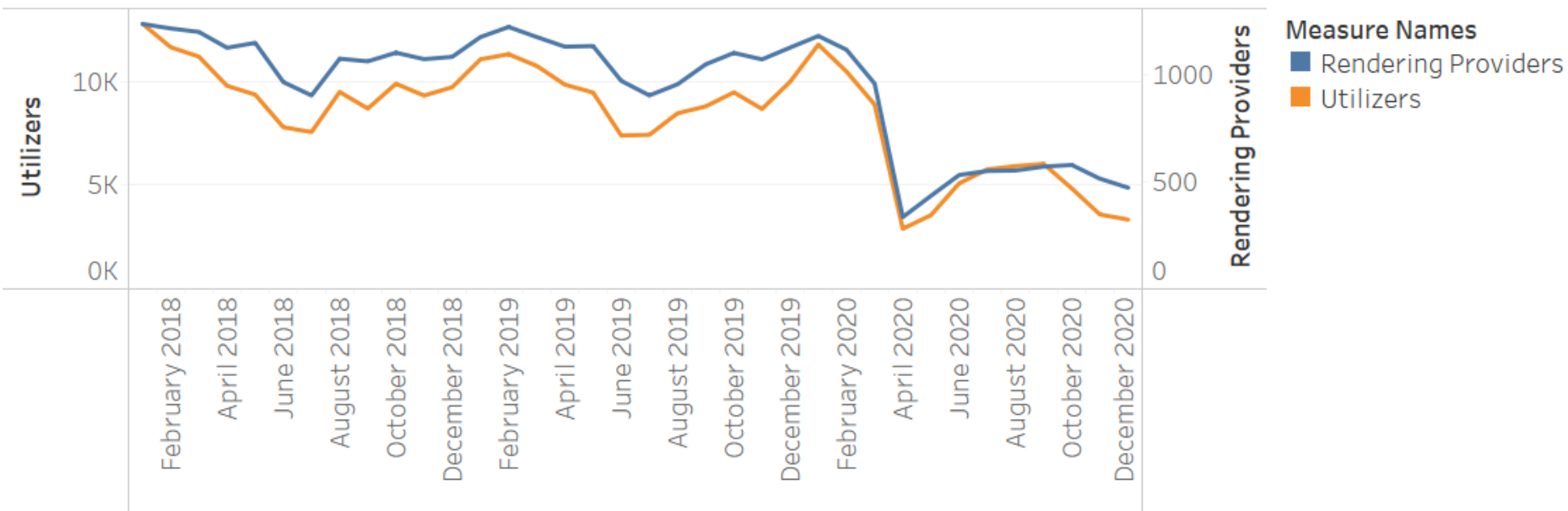


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Respiratory - Utilizers & Providers Over Time

Utilizers & Providers Over Time (January 2018-December 2020)



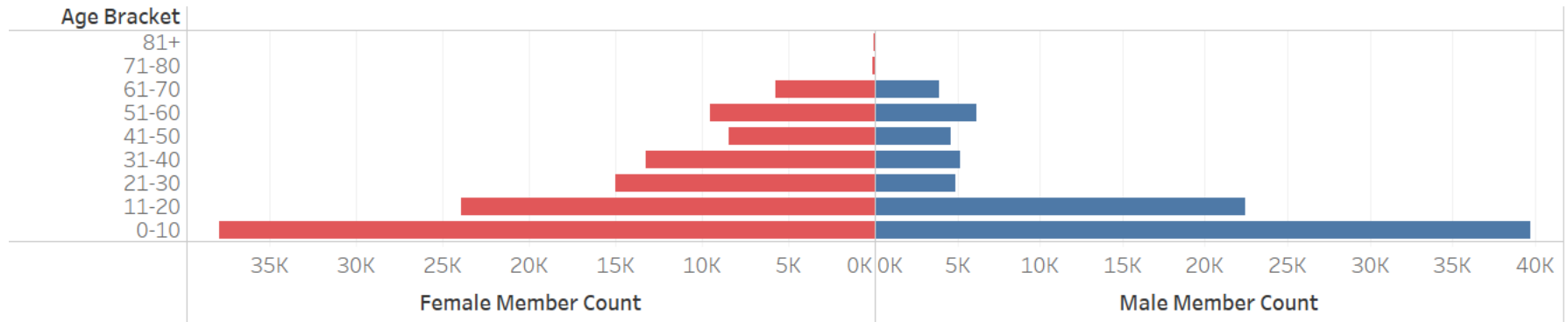
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Vaccines & Immunizations

- Refers to services that improve immunity to a particular disease

Population Pyramid (CY 2020)

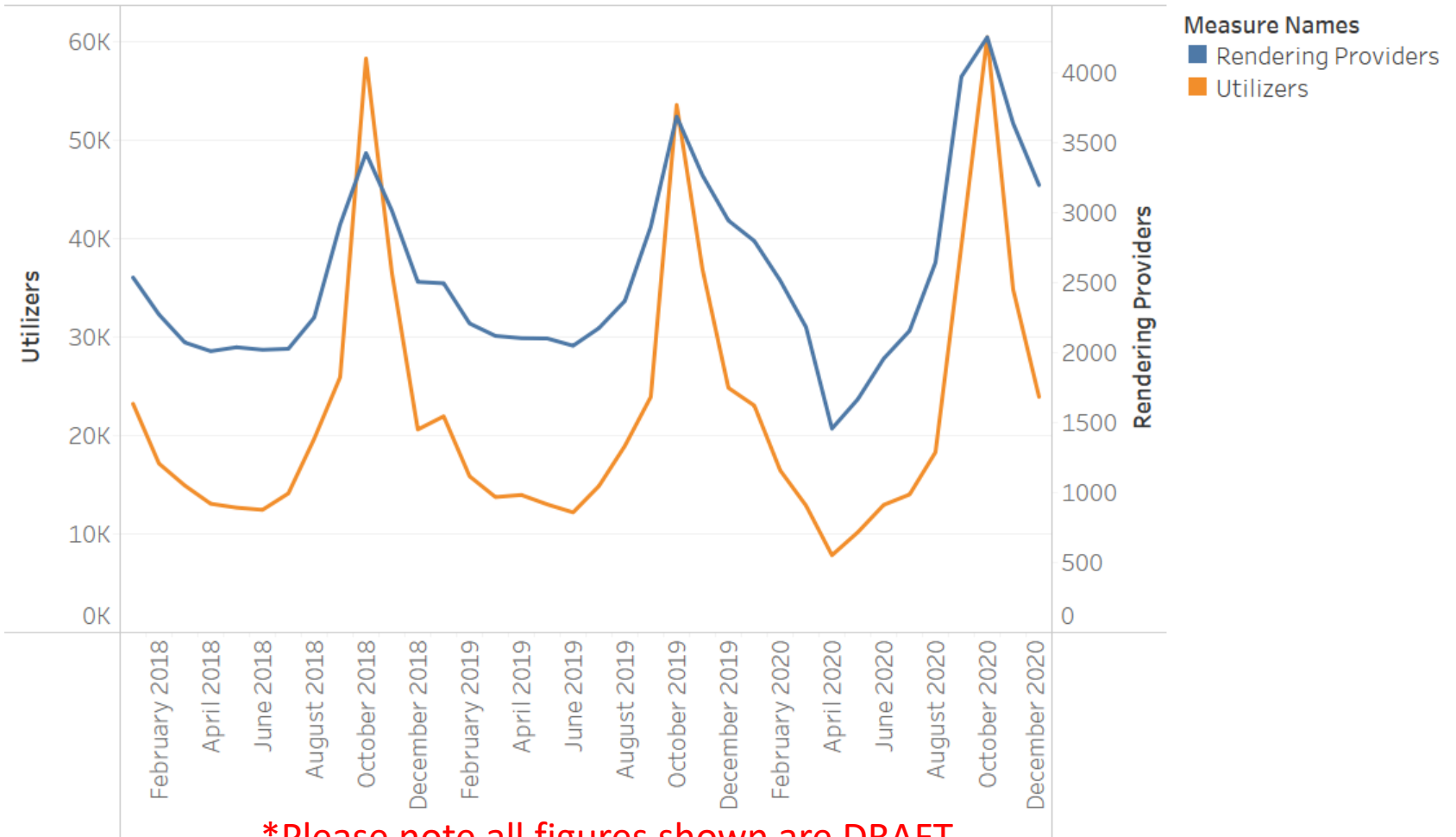


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Vaccines & Immunizations - Utilizers & Providers Over Time

Utilizers & Providers Over Time (January 2018-December 2020)



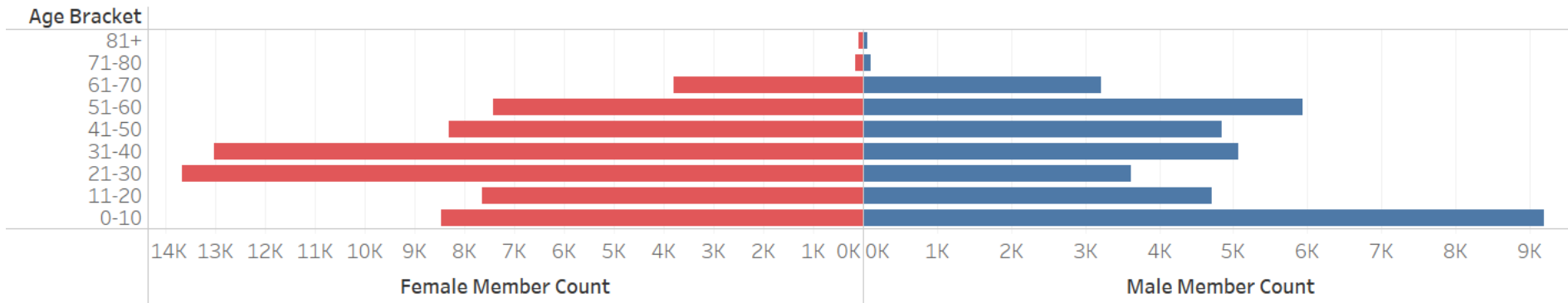
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Vascular - Physician Services

- Testing the function of arteries and veins, including (but not limited to):
 - Ultrasound/Doppler-based diagnostic studies
 - Ankle/brachial index
- Most often provided in the outpatient hospital setting

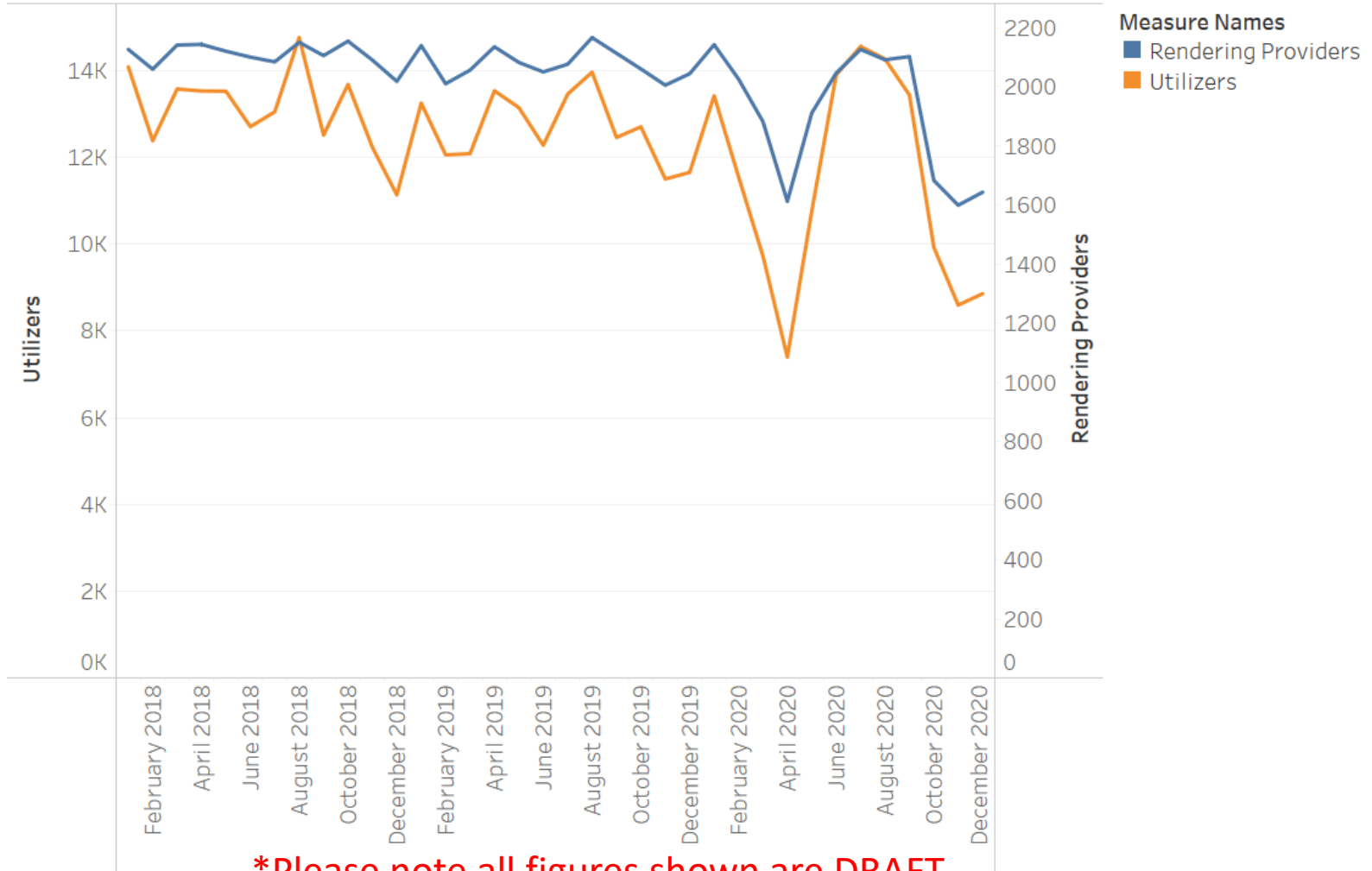
Population Pyramid (CY 2020)



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Vascular - Utilizers & Providers Over Time

Utilizers & Providers Over Time (January 2018-December 2020)



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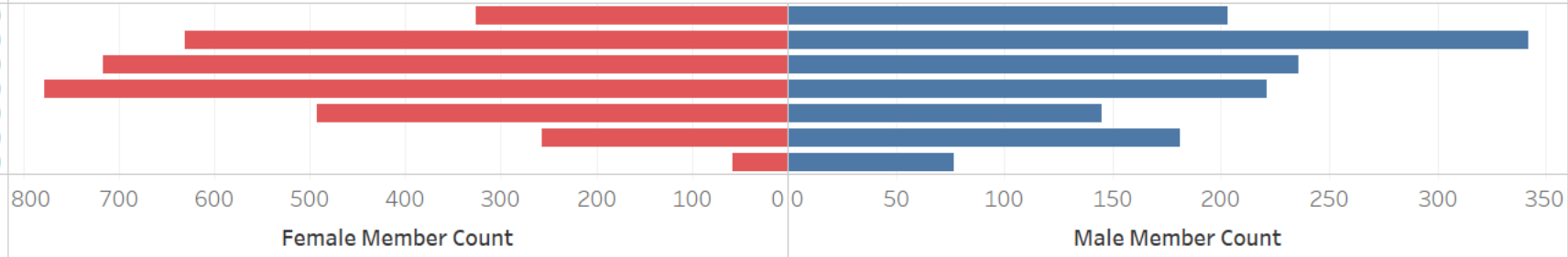
Service Grouping - Injections & Misc. J-Codes

- Injections and other similar services provided in the office setting and administered by a physician.

Population Pyramid (CY 2020)

Age Bracket

61-70
51-60
41-50
31-40
21-30
11-20
0-10

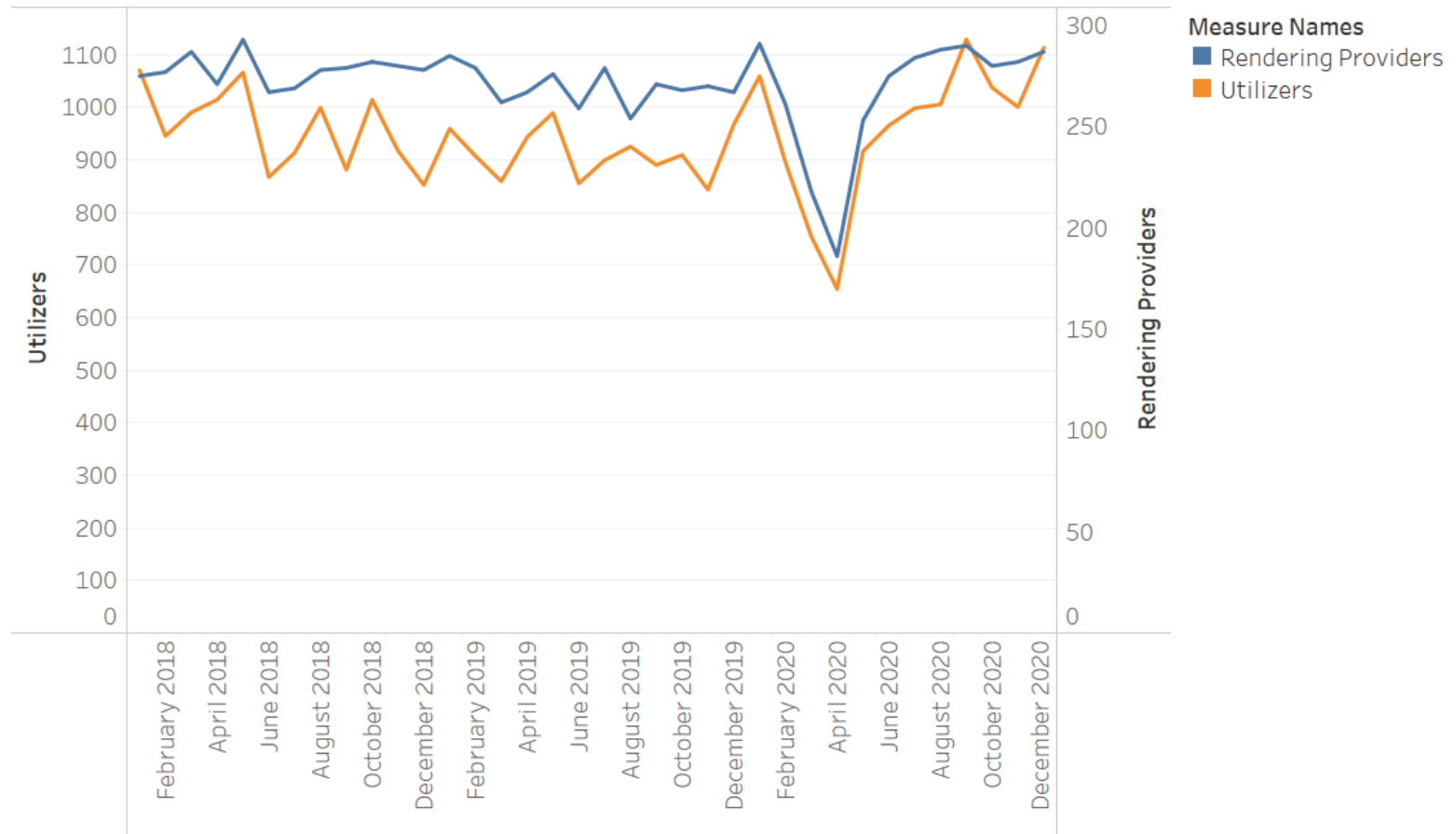


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Injections & Misc. J-Codes - Utilizers & Providers Over Time

Utilizers & Providers Over Time (January 2018-December 2020)



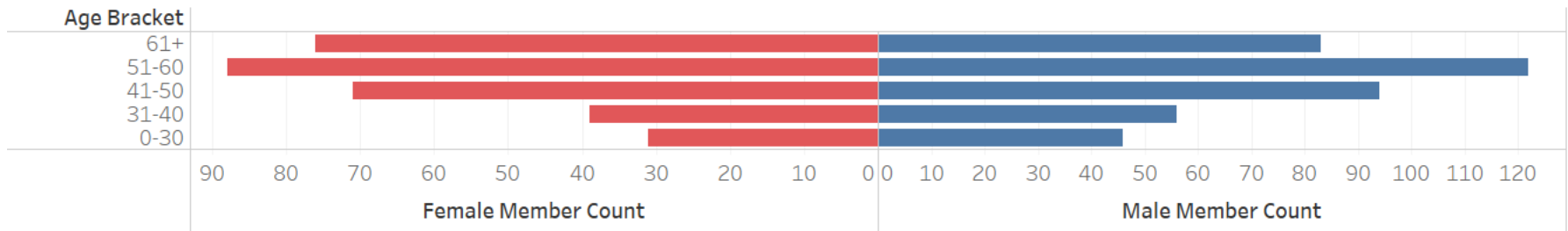
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Service Grouping - Dialysis & Nephrology

- Dialysis is the clinical purification of blood as a substitute for the normal functioning of the kidney
- Bulk of utilizers are between 41 and 60 years old
- Most often provided in the inpatient hospital setting and dialysis centers
- Facility:

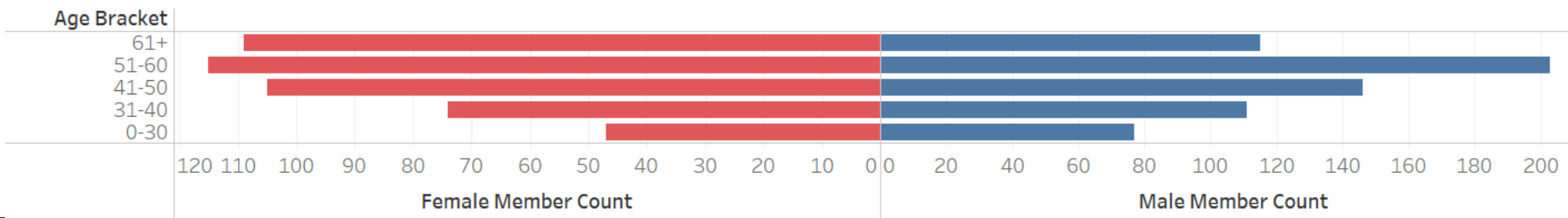
Population Pyramid (CY 2020)



- Procedure Code:

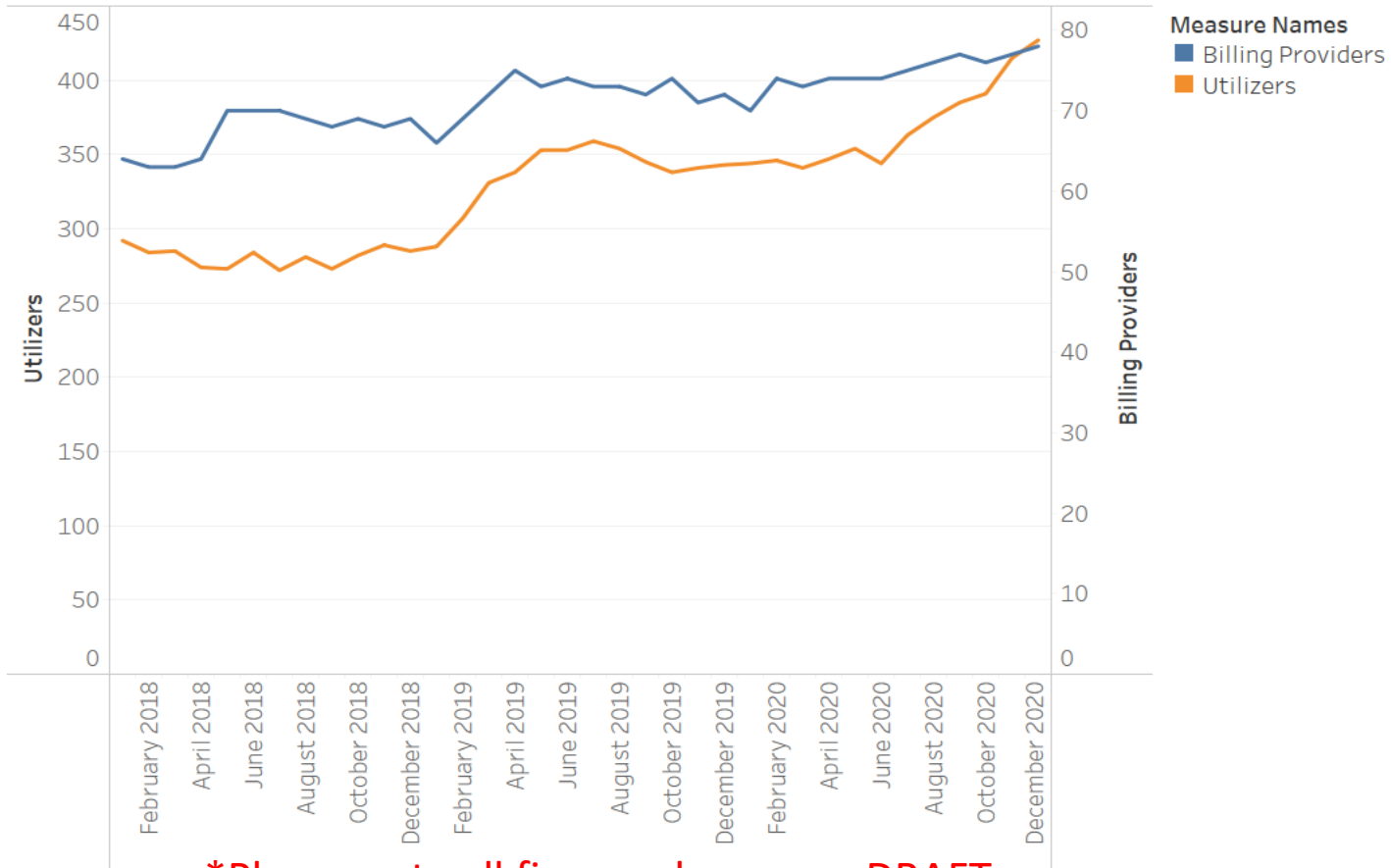
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Population Pyramid (CY 2020)



Dialysis & Nephrology - Utilizers & Providers Over Time (Facility)

Utilizers & Providers Over Time (January 2018-December 2020)

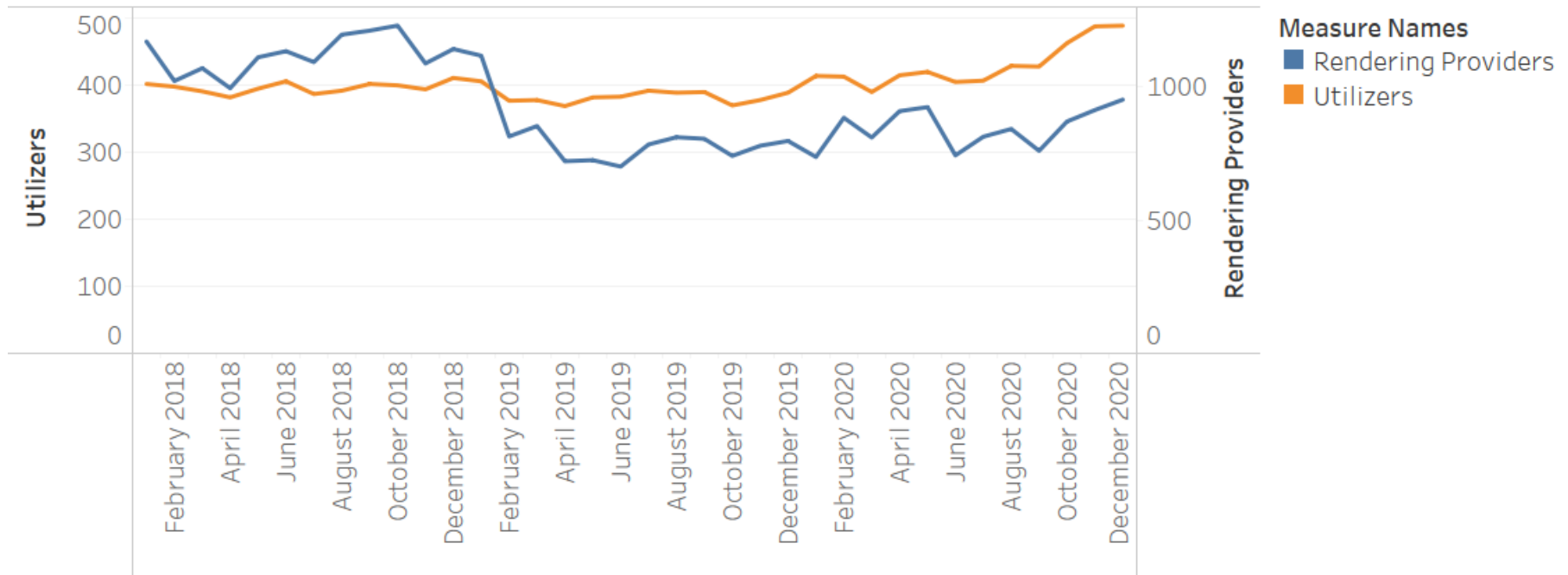


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Dialysis & Nephrology - Utilizers & Providers Over Time (Procedure Code)

Utilizers & Providers (January 2018-December 2020)



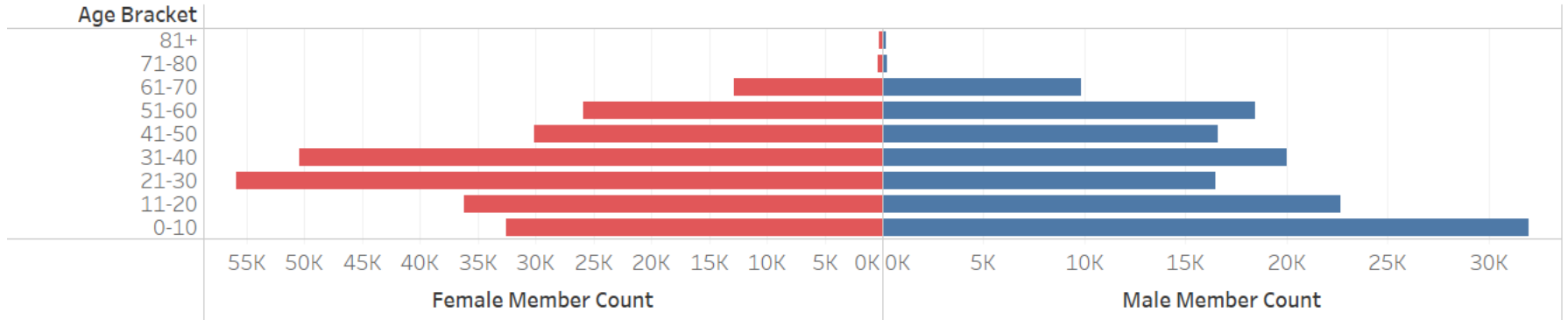
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Service Grouping - Laboratory & Pathology (Lab & Path)

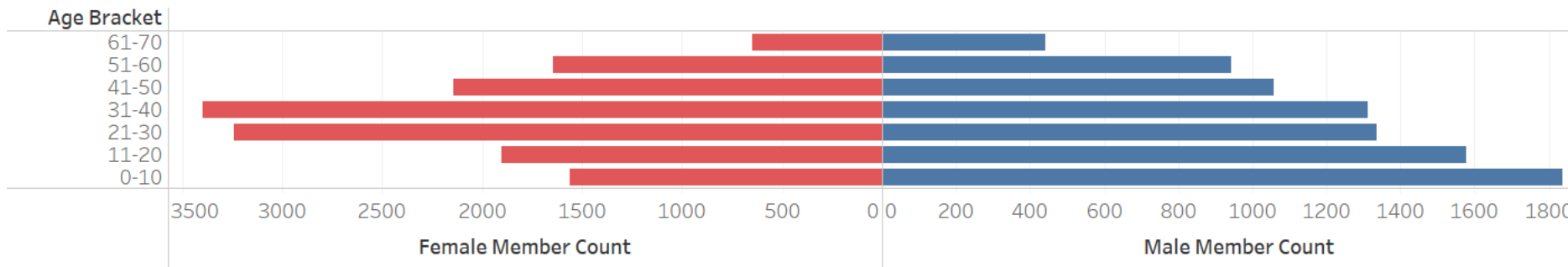
- All:

Population Pyramid (CY 2020)



- COVID-19 (March 2020-Dec 2020):

Population Pyramid (COVID March 2020-December 2020)

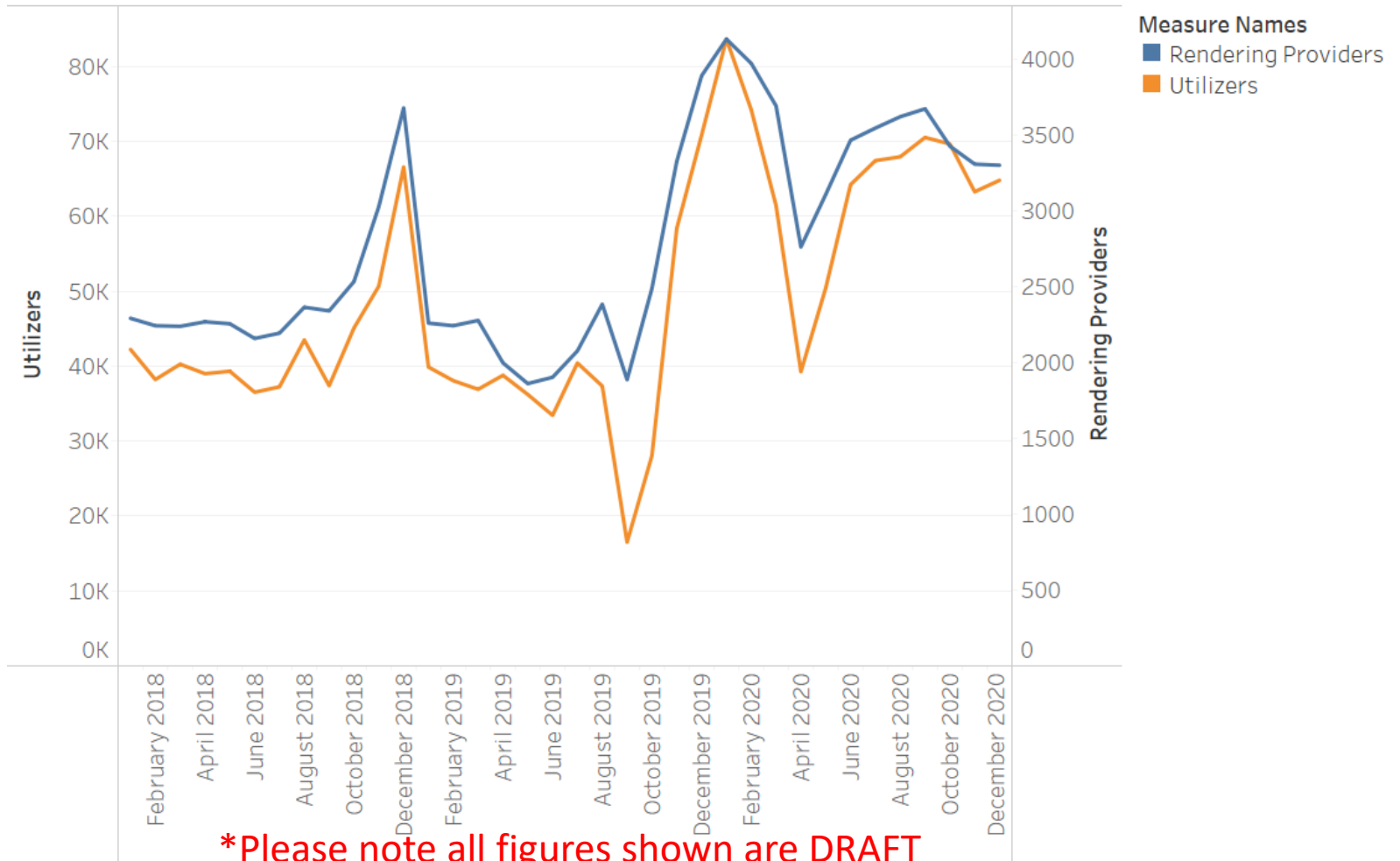


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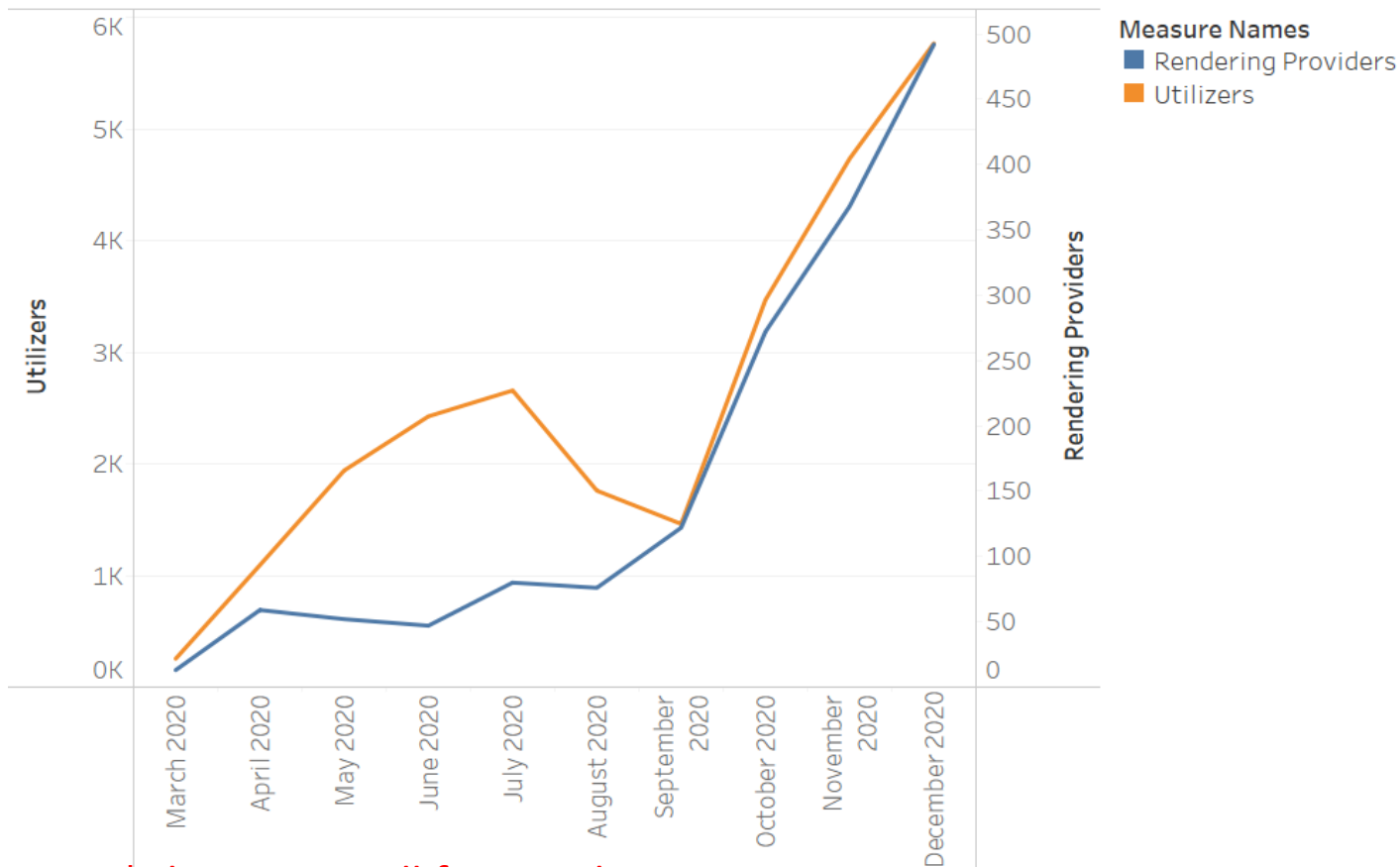
Lab & Path - Utilizers & Providers Over Time (ALL)

Utilizers & Providers Over Time (January 2018-December 2020)



Lab & Path - Utilizers & Providers Over Time (March 2020-Dec 2020)

Utilizers & Providers (COVID March 2020-December 2020)



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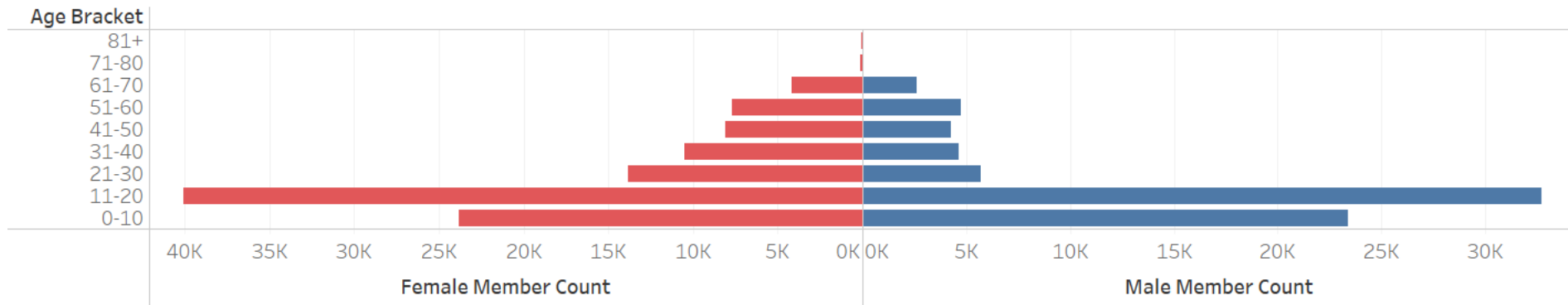
Service Grouping - Vision & Eyeglasses

- Benefits for members ages 21 and older:
 - Annual eye examinations and follow-up appointments;
 - Eyeglasses and contact lenses are benefits following eye surgery only; and
 - Ocular prosthetics.
- Benefits for members ages 20 and younger:
 - Annual eye examinations and follow-up appointments are a benefit;
 - Eyeglasses (one or two single or multifocal vision clear plastic or polycarbonate lenses with one frame);
 - Glasses dispensed by an optician when ordered by an ophthalmologist or optometrist;
 - Replacement or repair of frames or lenses, not to exceed the cost of replacement;
 - Contact lenses (must be medically necessary); and
 - Ocular prosthetics.



Vision & Eyeglasses - Utilizer Demographics

Population Pyramid (CY 2020)

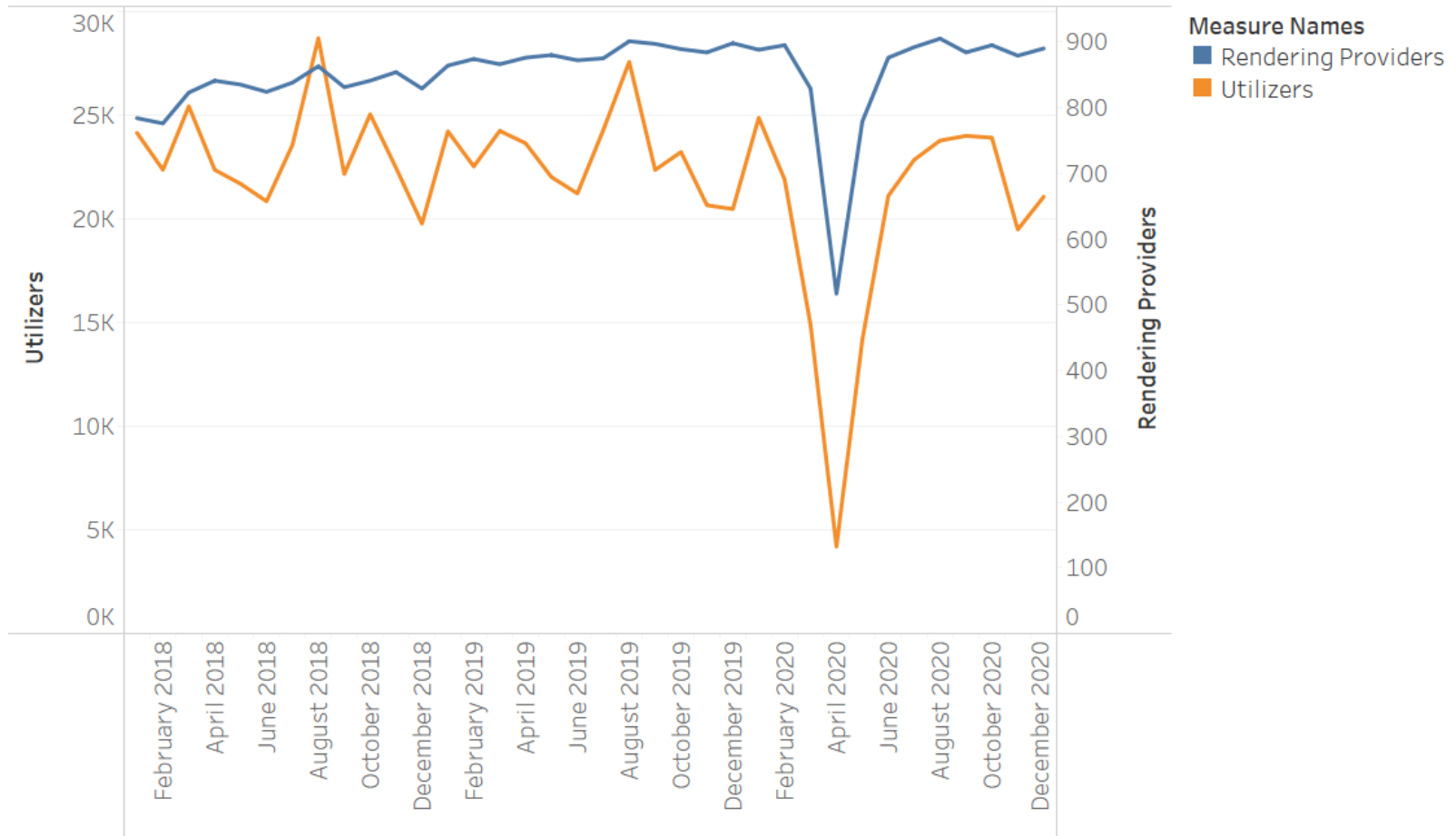


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Vision & Eyeglasses - Utilizers & Providers Over Time

Utilizers & Providers Over Time (January 2018-December 2020)



*Please note all figures shown are DRAFT



Break

10 minutes



Rate Review Data Metrics

- Base Data & Validations
- Rate Comparison Analysis
- Access to Care Metrics



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Base Data - Validations

- Over 3 years of data
 - March 1, 2017 – December 31, 2019, Incurred Claims
 - March 1, 2017 – December 31, 2019, used for validation and adjustment purposes only*
 - Only CY 2020 will be utilized in the analysis to base results on most recent experience*
- Validation steps:
 - Longitudinal paid, utilization, and record count analysis
 - Match against Enrollment file completed
 - Excluded Non-TXIX, no eligibility span, and Consumer Directed Attendant Support Services (CDASS) claims

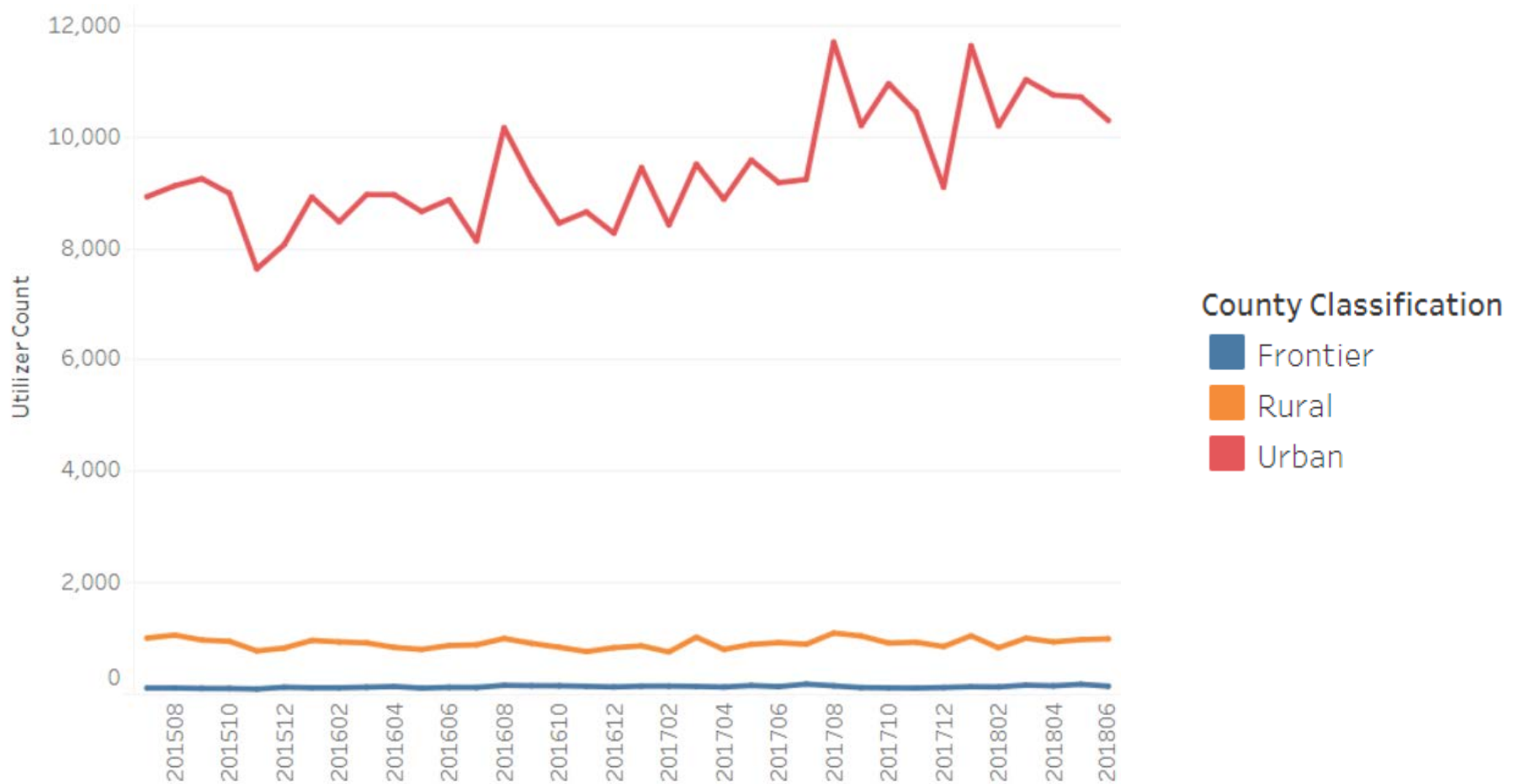
Rate Comparison Analysis

- Utilization in dollars
- Reprice using latest fee schedule
- Compared to Colorado utilization in dollars, repricing benchmark rates

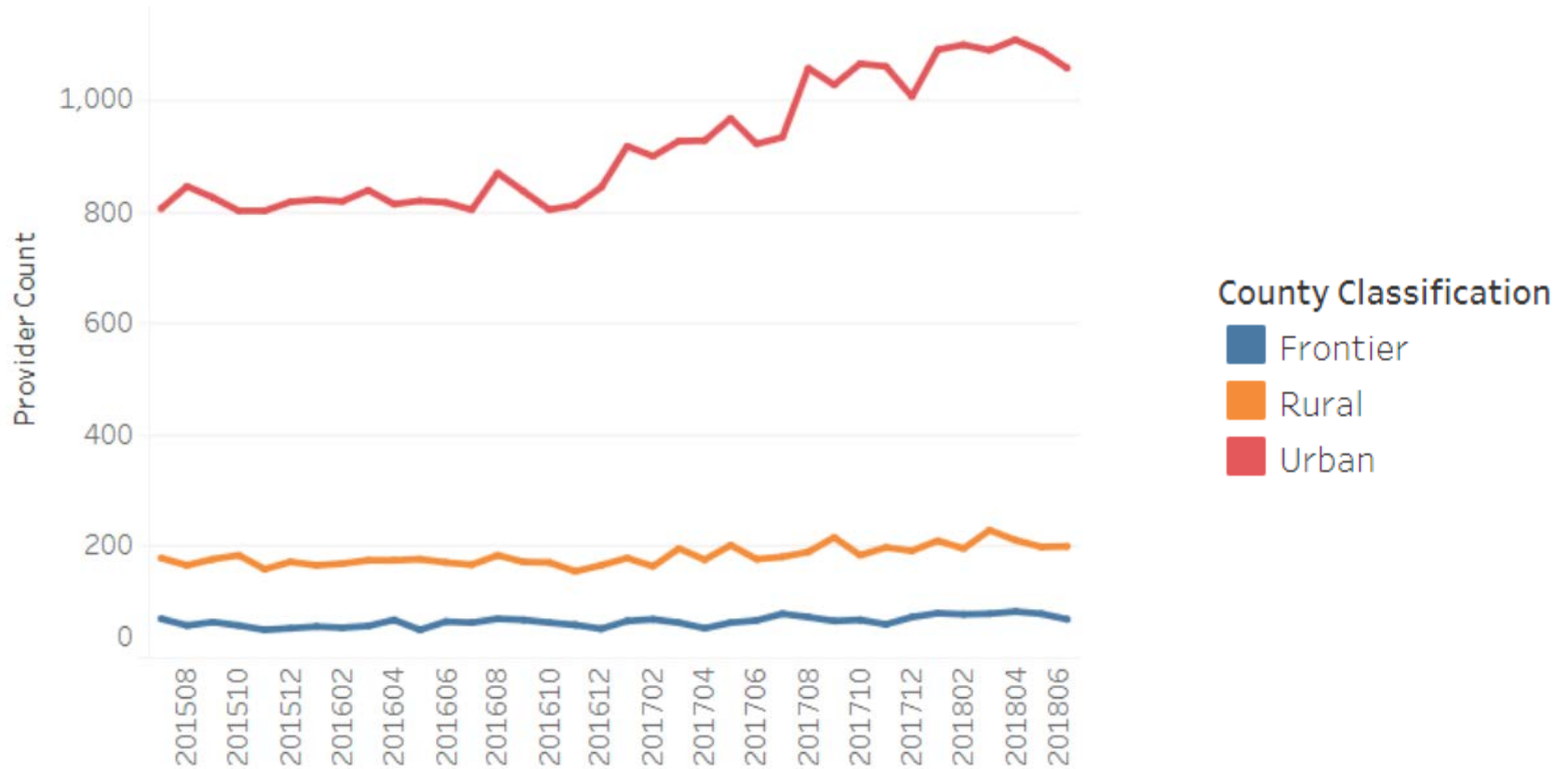
Access to Care Metrics

- Utilizers Over Time
- Providers Over Time
- Panel Size Over Time
- Utilizer Density (heat map)
- Penetration Rate (realized access)
- Member-to-Provider Ratio (potential access)
- GIS Travel Time/Distance Mapping (potential access)

EXAMPLE: FFS Behavioral Health - Distinct Utilizers Over Time

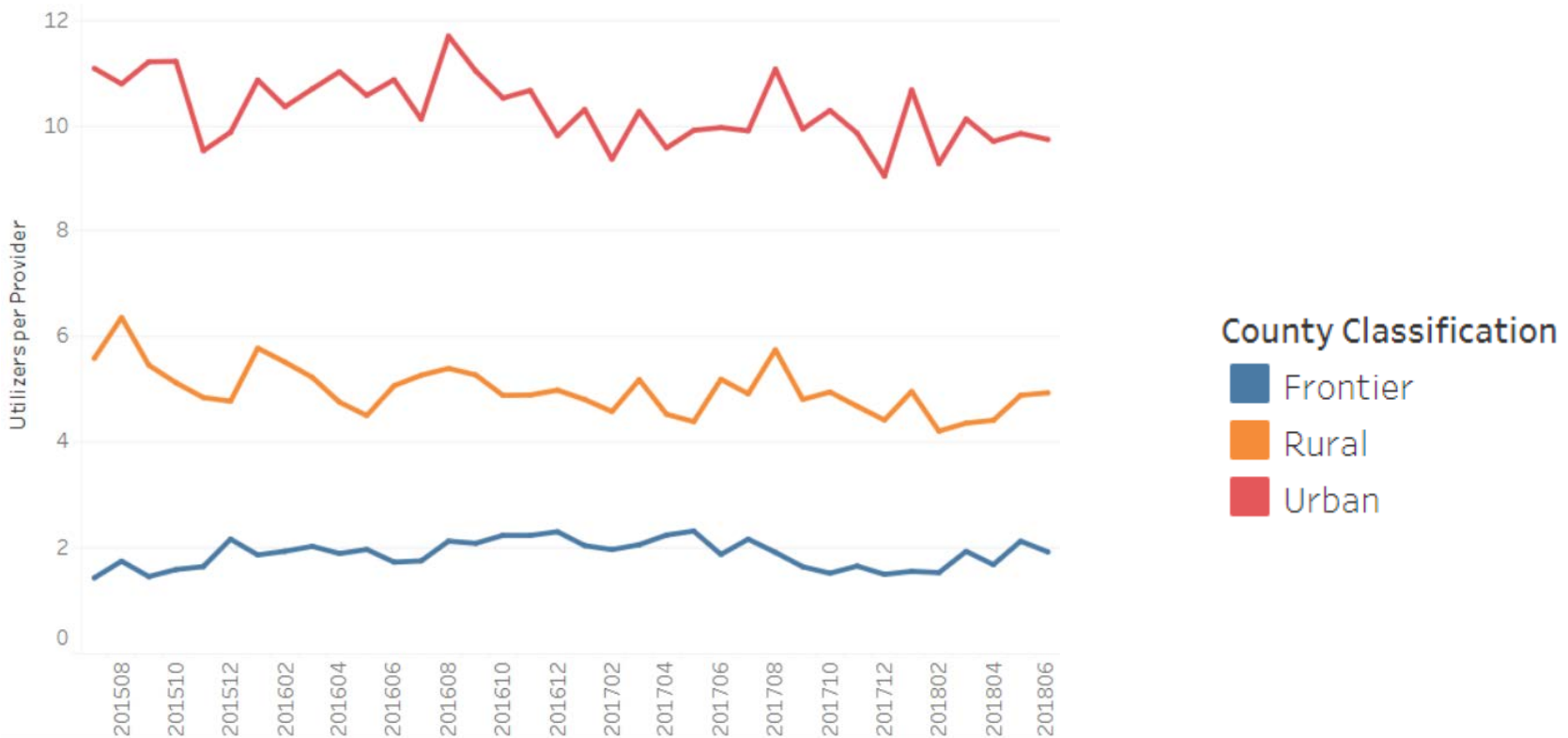


EXAMPLE: FFS Behavioral Health - Active Providers Over Time



EXAMPLE: FFS Behavioral Health Utilizers Per Provider (Panel Size)

- Panel Size estimates average Medicaid members seen per provider, by geographic area

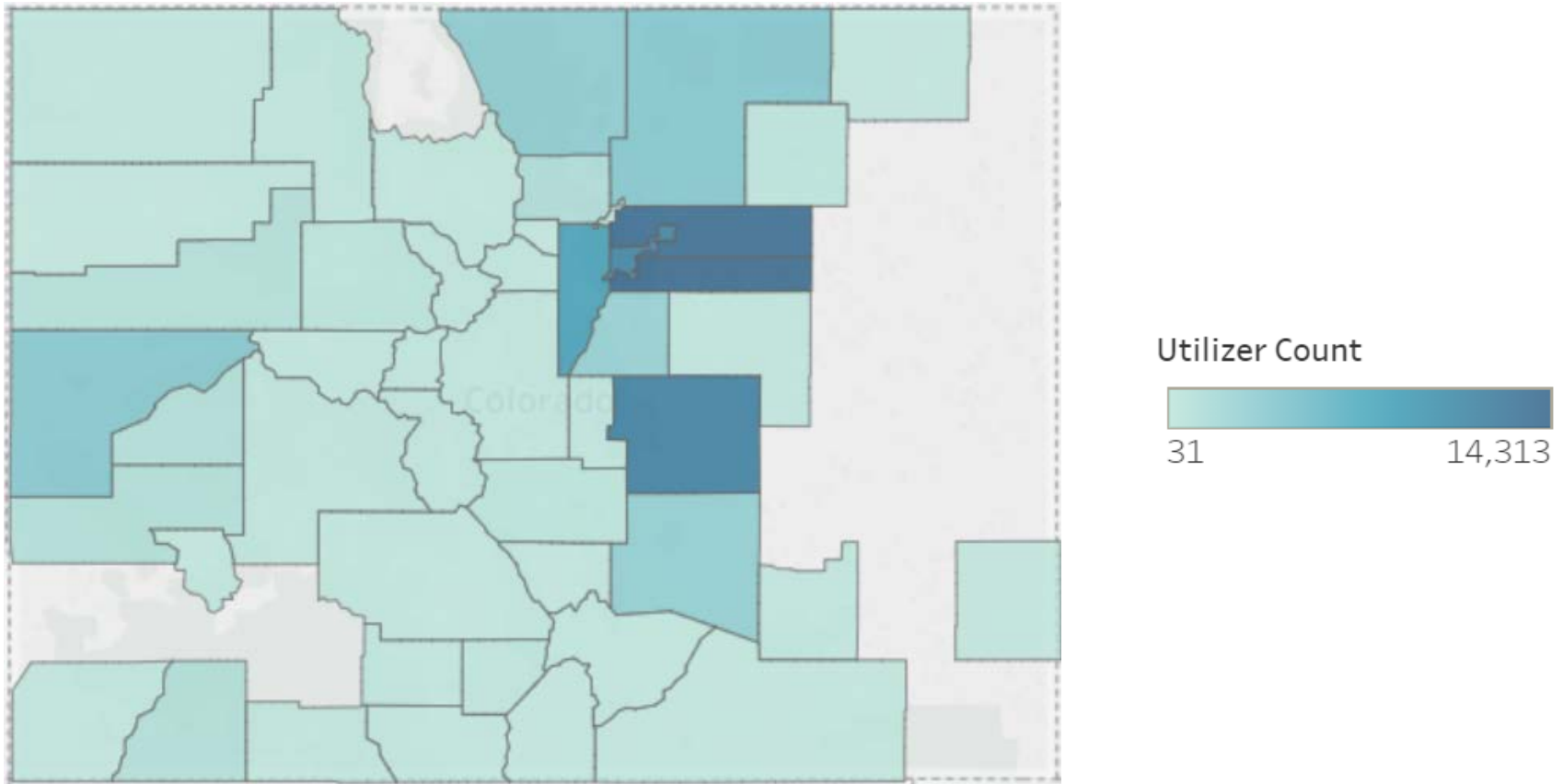


EXAMPLE: FFS Behavioral Health Member to Provider Ratio

- Expressed as providers per 1,000 members
- Normalizing, or standardizing, per 1,000 members allows for comparisons across areas with large differences in population size

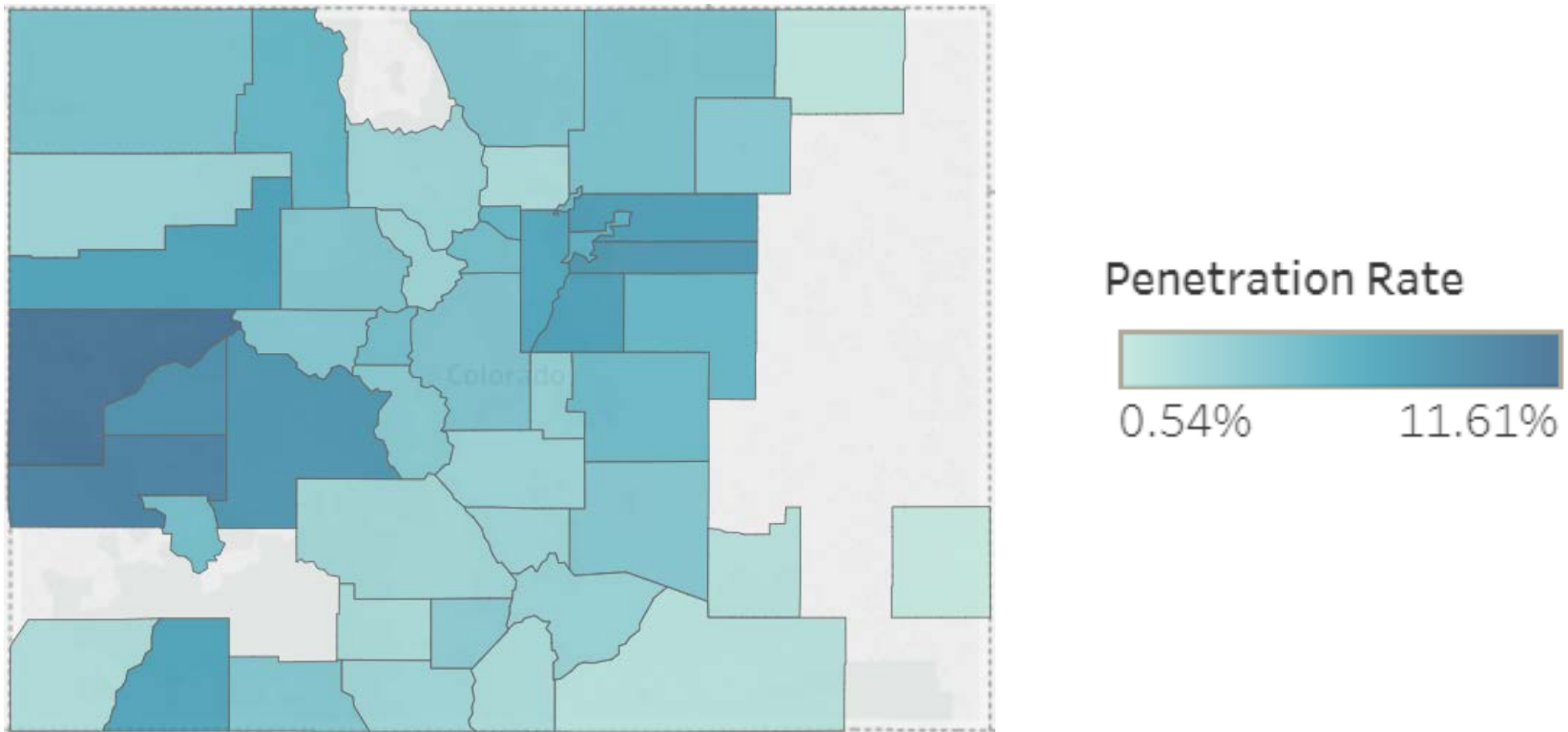
Region	FY 2018-19 Providers	FY 2018-19 Members	Providers per 1,000 Members
Frontier	307	41,742	7.35
Rural	599	162,003	3.70
Urban	2,097	1,217,439	1.72
Statewide	2,245	1,408,747	1.59

EXAMPLE: FFS Behavioral Health Utilizer Density FY 2017-18 Map

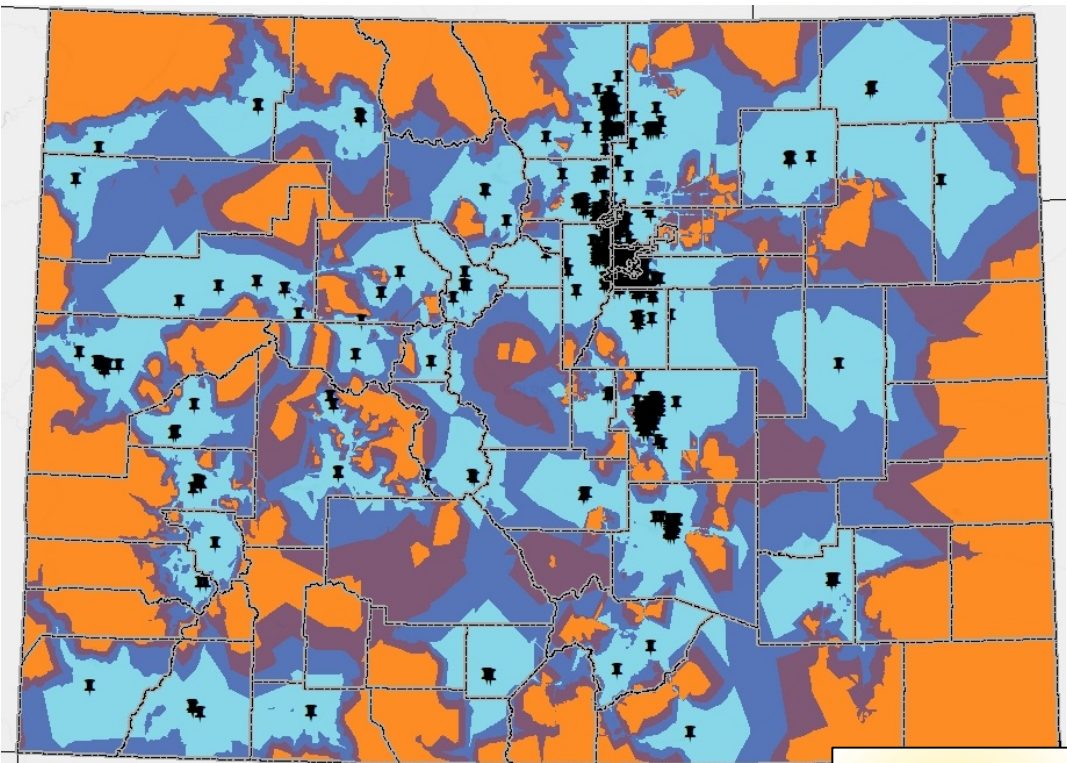


EXAMPLE: FFS Behavioral Health - Penetration Rate by Member County

- Penetration Rates estimate the share of total Medicaid enrollees that received this service in FY2017-18



EXAMPLE: FFS Behavioral Health ArcGIS Map



Drive Time	Percent of Utilizers by Drive Time
0-30 Minutes	96%
30-45 Minutes	3%
45-60 Minutes	<1%
Over an Hour	<1%
Total	100%

Access to Care Analyses

- Examples of time and distance standards:

County Type	Urban		Rural		Frontier	
Method of Measurement (from member residence)	Max Dist. (Miles)	Max Time (Min.)	Max Dist. (Miles)	Max Time (Min.)	Max Dist. (Miles)	Max Time (Min.)
Primary Care	30	30	45	45	60	60
Gynecology, OB/GYN	30	30	45	45	60	60

- Examples of Medicare Advantage minimum member to provider ratios (providers per 1,000 beneficiaries) using CMS county classifications:

Specialty	CMS Geographic Type				Counties with Extreme Access Considerations (CEAC)
	Large Metro	Metro	Micro	Rural	
Primary Care	1.67	1.67	1.42	1.42	1.42
Gynecology, OB/GYN	0.04	0.04	0.03	0.03	0.03
Nephrology	0.09	0.09	0.08	0.08	0.08
General Surgery	0.28	0.28	0.24	0.24	0.24

MPRRAC Annual Training

HB19-1198



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MPRRAC Annual Training



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Statute: C.R.S. 25.5-4-401.5

The MPRRAC is established to assist the Department of Health Care Policy and Financing in the review of the provider rate reimbursements under the Colorado Medical Assistance Act, per 25.5-4-401.5, C.R.S.

The MPRRAC shall:

- review the schedule for annual review of provider rates established by the Department and recommend any changes to the schedule.
- review the reports prepared by the state department on its analysis of provider rates and provide comments and feedback to the state department on the reports.
- with the state department, conduct public meetings to allow providers, recipients, and other interested parties an opportunity to comment on the report.
- review proposals or petitions for provider rates to be reviewed or adjusted received by the advisory committee.
- **determine whether any provider rates not scheduled for review during the next calendar year should be reviewed during that calendar year.**
- **recommend to the state department and JBC any changes to the process of reviewing provider rates, including measures to increase access to the process.**
- **provide other assistance to the state department as requested by the state department or the JBC.**



Mission or Role

The purpose of the MPRRAC is to *assist* the Department in the review of the provider rate reimbursements under the Colorado Medical Assistance Act.

Rules of Governance

- Article I: Creation
- Article II: Appointment
- Article III: Compensation
- Article IV: Leadership
- Article V: Purpose
- Article VI: Meeting Scheduling and Materials
- Article VII: MPRRAC Member Participation
- Article VIII: Meeting Recording
- Article IX: Meeting Facilitation and Dept Participation
- Article X: Conflicts of Interest
- Article XI: Public Participation and Comment
- Article XII: Decision Making Process
- Article XIII: MPRRAC Representation
- Article XIV: Training
- Article XV: Rules of Governance

Policies



A **conflict of interest** is defined in the Rules of Governance.



Meetings will be **publicly posted** once scheduled and a minimum of one week's notice prior to the MPRRAC meetings.

Agendas will be publicly posted prior to MPRRAC meetings.

Presentations, handouts, minutes, and written stakeholder comment will be publicly posted upon availability.



The Department will share analyses, conclusions, and recommendations with the MPRRAC and stakeholders.



Meetings will be **jointly facilitated** by the Department's Rate Review Stakeholder Relations Specialist and the MPRRAC Chair.



This **Annual Training** will occur annually for all members and as needed for new members.

Managing Conflicts of Interest

- An actual or potential conflict of interest is based on a direct economic benefit on a business or other undertaking in which the member has a direct or substantial financial interest. This includes a directorship or an officership in a foundation or other non-profit organization.

Managing Conflicts of Interest

If an actual, apparent, or perceived conflict of interest exists, the MPRRAC member shall disclose the basis of the conflict of interest to the MPRRAC members and other in attendance before the discussion begins or as soon thereafter as the MPRRAC member identified the actual or perceived conflict of interest.

The nature of this committee does produce apparent conflicts of interest as each member represents a group of providers that may benefit from the discussions. We ask that committee members provide input with the interest of all Coloradans in mind, not just the providers being represented.



Requirements of Committee Members

- Ability to participate in 75% of all meetings
- Access to internet and email to communicate with Department staff, receive and/or send documents and resources necessary for participation
- Prepare by reading reports and handouts provided by the Department
- Sense of Professionalism and Respect for Others
- Disclosure of Conflicts of Interest
- If participating meetings remotely:
 - Audio technology and internet access to access documents referenced during meetings
 - Quiet environment for audio participation

Identifying & Securing Data to Ensure Appropriate Involvement

To make informed recommendations, MPRRAC members need to regularly review documents shared both online and by the Rate Review Stakeholder Relations Specialist, Eloiss Hulsbrink.

[Rate Review Process Webpage](#)

[Public Meetings Webpage](#)

Emails from
Eloiss.Hulsbrink@state.co.us

<https://www.colorado.gov/pacific/hcpf/rate-review>

www.Colorado.gov/pacific/hcpf/Medicaid-provider-rate-review-advisory-committee



Identifying & Securing Data to Ensure Appropriate Involvement

“

The Department will publicly post meeting information one week prior to the MPRRAC meeting, and publicly post meeting agendas, presentations, handouts, minutes, and written stakeholder feedback received upon availability.

”

Operating within Limits & Understanding Goals

Colorado Revised Statutes state what each board or commission can do and what authority board members have.

<https://leg.colorado.gov/agencies/office-legislative-legal-services/colorado-revised-statutes>



CORA and Open Meetings Law

In the spirit of open government, the Colorado Open Records Act (CORA) requires that most public records be available to the public.

The Open Meetings Law (OML), which is part of the Colorado Sunshine Law, generally requires any state or local governmental body to discuss public business or to take formal action in meetings that are open to the public.

A "meeting" refers to any kind of gathering, convened to discuss public business, whether in person, by telephone, electronically, or by other means of communication. The Colorado Supreme Court has held that "a meeting must be part of the policy-making process to be subject to the requirements of the OML." Therefore, for example, emails can be considered "meetings", but the term does not include chance meetings or social occasions where public business is not the central purpose of the meeting.

For additional information on the OML, please see the Office of Legislative Legal Services (OLLS) Frequently Asked Questions on "Open Meetings Law - State Public Body" located under the Legal Topics, "Memos of Interest" link on the OLLS webpage (<https://leg.colorado.gov/agencies/office-of-legislative-legal-services>)



Meeting Etiquette

- Honor the Agenda
 - Remain within scope of meeting purpose and agenda items
- Identify yourself before speaking
- Collaborative Effort
 - Stay solution-focused
 - Problem-Solving
- Honor and Respect Everyone
 - Behave with Professionalism
 - Share the air

Chat Box Rules

1. Only intended for quick comments or questions, not side discussions
2. Policy on reading chat box messages out loud
3. Implications for participant equity

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.

Importance & Outcomes of Rate Review Process

- Data shows Medicaid is more successful than other programs and insurance companies in keeping health care costs low
- Outcomes from first cycle (2015-2020):
 - Policy changes that led to improved access (e.g., EMT/NEMT)
 - Found savings in areas where the Department was overspending (e.g. anesthesia)
 - Targeted Rate Increases for critical specialty services (e.g., Alternative Care Facilities and Maternity services)

Evidence-Based Process

- Stakeholder and committee member feedback is important to the Rate Review Process
 - The Department works to validate all stakeholder feedback through data and subject matter experts, unless anecdotal feedback is accompanied by data-driven evidence.
- Data-driven research conducted in the Rate Review Process is useful in identifying outliers.
 - The Department is committed to investigating outliers in the data to identify what is causing the anomaly so the Department can intervene using the most effective method.

Timeline

- Reports:
- Analysis Report due May 1st
- Recommendation Report due November 1st
- Quarterly Meetings:
- February
- June
- August/September
- November

2022 Timeline - Internal

- Contracting: April 2021 - October 2021
- Data Analysis & Synthesis: October 2021 - January 2022
- Report Writing: February 2022 - May 2022
- Recommendation Development: May 2022 - June 2022
- Refine Recommendations: June 2022 - September 2022
- Report Writing: September 2022 - November 2022
- JBC Briefings/Hearings/Responses: November 2022 - December 2022
- Non-fiscal Recommendation Implementation: beginning January 2023
- Fiscal Recommendation Implementation: beginning May 2023



November

- Annual Committee Training
- Review recently published Recommendation Report
- Department shares any requests to change the rate review schedule change or out-of-cycle requests
- Introduce the upcoming year of review, including:
 - Definitions and summaries of each service groupings under review
 - Preliminary utilization and provider data for each service grouping
- Stakeholder and committee feedback on data, evaluation, & methodology for the services under review



February

- Typically a longer meeting (9:00 a.m.- 2:00p.m.)
- Present data results from rate comparison and access to care analyses
- Stakeholder and committee member feedback on provider rates for services and member access to the services or benefits under review

June

- Review recently published Analysis Report
- Department introduces Working Recommendations Document
 - Summary of Findings
 - Stakeholder and committee member feedback
 - Key Considerations
 - Recommendations in draft form
- Stakeholder and committee member feedback on Department recommendations
 - Feedback should be solution-focused

August/September

- New committee chair & vice chair nomination
- Department shares any updates or further research on services and recommendations
- Stakeholder & committee member feedback on Department recommendations
 - Feedback should be focused on problem-solving

Contacts

- **Eloiss Hulsbrink**
- Rate Review Stakeholder Relations Specialist
- Eloiss.Hulsbrink@state.co.us

- **Victoria Martinez**
- Waiver & Fee Schedule Section Manager
- Victoria.L.Martinez@state.co.us

Thank you for your service!

- www.colorado.gov/hcpf/committees-boards-and-collaboration



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Questions?



Next Steps & Announcements

- **Next public meeting:** February 25, 2022, from 9:00 a.m. - 2:00 p.m.
 - **Primary Purpose:** Review preliminary data analysis results for 2022 Medicaid Provider Rate Review Analysis Report; receive stakeholder and committee feedback and considerations on year two services.
- **Joint Budget Committee Hearing:**
 - **Link:** <https://sg001-harmony.sliq.net/00327/Harmony/en/PowerBrowser/PowerBrowserV2/20211119/-1/12408>



Questions?



Contact Info

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Thank you!

