

# Medicaid Rate Review Quarterly Public Meeting

September 24, 2021  
9:00 AM - 12:00 PM

Presented by:  
Eloiss Hulsbrink, HCPF  
Tim Dienst, MPRRAC Chair  
Dixie Melton, MPRRAC Vice Chair



# New & Returning Members





# Our Mission:

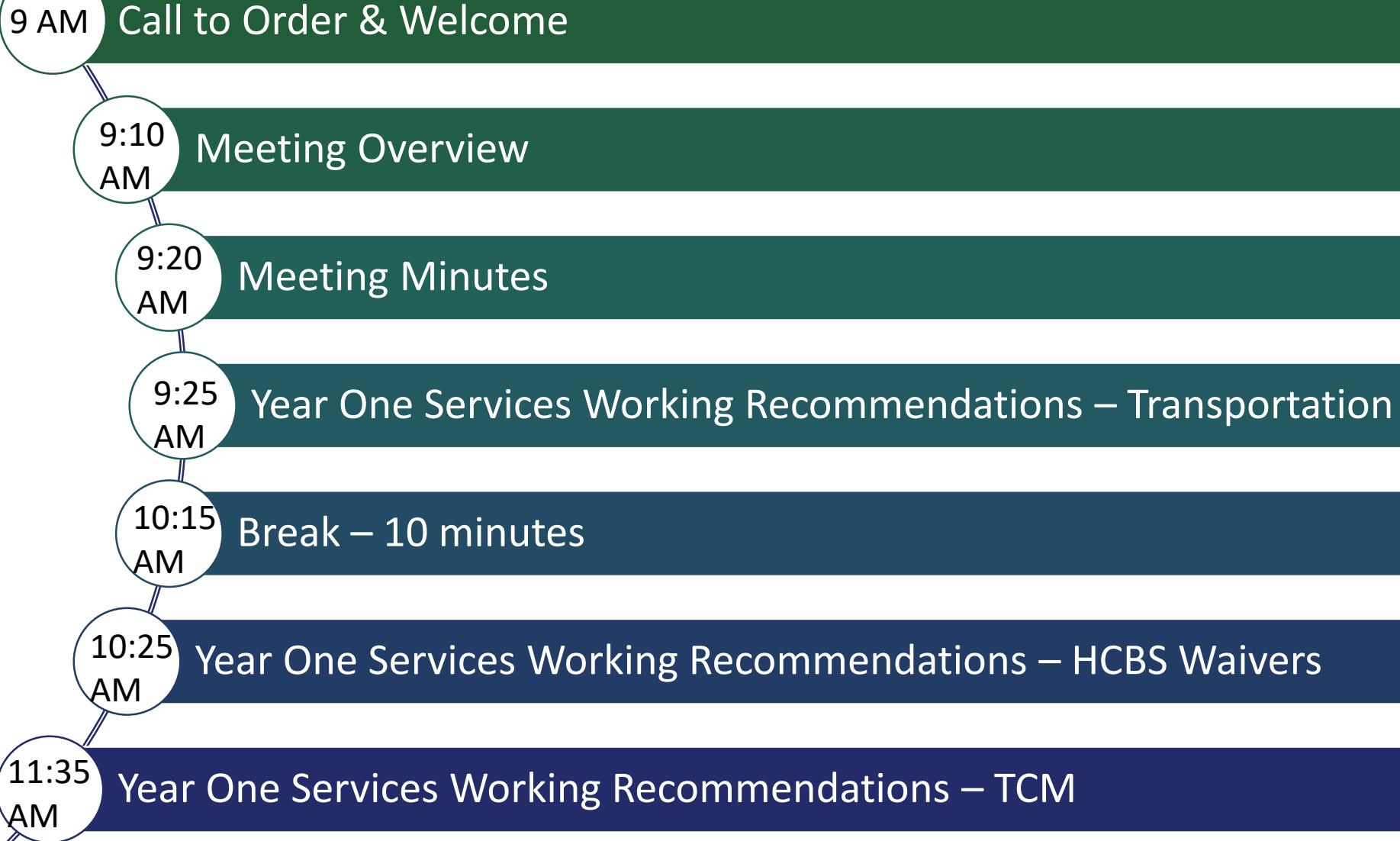
Improving health care equity, access and outcomes  
for the people we serve while saving Coloradans  
money on health care and driving value for Colorado.



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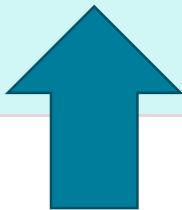
# Agenda



# 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 for the November 1 report, and
  - receive feedback from stakeholders and the committee



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# Rate Review Process Timeline & Status

## 2021 Analysis Report

- Published June 15, 2021
- Informs Department recommendations
- Feedback from stakeholders and committee members received in June

## 2021 Recommendation Report

- Shared draft Recommendations in June
- Share refined recommendations, based on feedback and additional research (today)
- Finalize recommendations based on stakeholder feedback and additional research to inform the 2021 Recommendation Report

## Next Steps

- 2021 Recommendation Report published November 1, 2021
- Department initiates implementation of non-fiscal recommendations
- Department initiates implementation of fiscal recommendations upon state and federal approval



# 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



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# 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.



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# Meeting Minutes

## June 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.



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# 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 is an absence of evidence or when conflicting evidence or feedback exists.



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# Department Working Recommendations

- Rate Review Recommendation Development
- Transportation Working Recommendations
- HCBS Waivers & Waiver Services Working Recommendations
- TCM Working Recommendations



# 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.

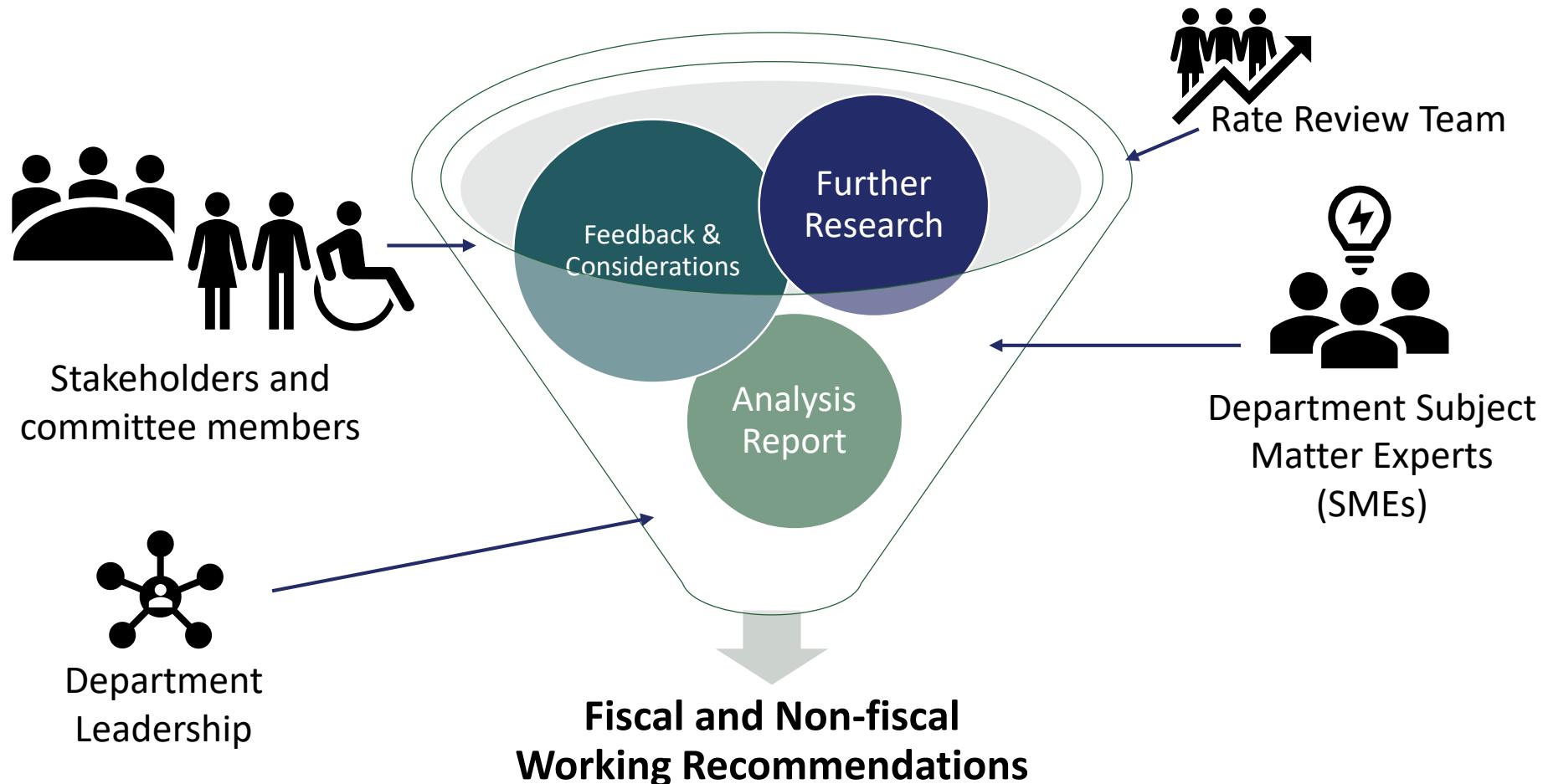
[HCPF\\_ratereview@state.co.us](mailto:HCPF_ratereview@state.co.us)



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# How are the Department's working 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?



[HCPF\\_ratereview@state.co.us](mailto:HCPF_ratereview@state.co.us)



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# Comments & Feedback

## Within Scope:

- Evidence-based feedback on Department fiscal and non-fiscal working recommendations

## Out of Scope:

- The Department's budget process
- Requests for rate changes for services that are not under review in Year One



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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.



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# Transportation Services

- Emergency Medical Transportation (EMT)
- Non-Emergent Medical Transportation (NEMT)
- Committee Questions
- Stakeholder Comments
- Committee Discussion

# Emergency Medical Transportation (EMT)

- Analysis Report Conclusion
- Key Considerations
- Working Recommendations



# EMT Recommendations

## Analysis Report Conclusions

Analysis suggest EMT service rates at 40.92% of the benchmark were sufficient for access to care and provider retention; may not be appropriate for reimbursement of high-value services.

## Considerations

### The Department Recommends:

Requirements for Emergency Vehicles

Access may not be directly impacted by rates

One of the lowest service rates reviewed in RRP

Evaluating the authority to develop and implement an EMS treat-in-place model.

Continuing to pursue opportunities for policy development, working with community partners to understand current practices and community needs.

Increasing EMT service rates to 80% of the benchmark.



# Updates

- The Department investigated potential for EMT Provider Fee and has shared the findings with Department leadership
- Codes flagged by Department subject matter experts:
  - Fixed and Rotary Air Mileage (A0435, A0436)



# Non-Emergent Medical Transportation (NEMT)

- Analysis Report Conclusion
- Key Considerations
- Working Recommendations



# NEMT Recommendations

## Analysis Report Conclusions

Analysis suggest NEMT service rates at 37.51% of the benchmark were sufficient for access to care and provider retention; may not be appropriate for reimbursement of high-value services.

One of the lowest service rates reviewed in RRP

Providers indicate that rates are too low to ensure appropriate access to high-value services.

NEMT services may have been impacted by the COVID-19 pandemic and further impacted by increasing use of telemedicine services.

## Considerations

## The Department Recommends:

Increasing NEMT service rates to 80% of the benchmark.

Continuing to monitor transportation claims and utilization data to identify trends related to the COVID-19 pandemic, and the impact, if any, on access to care and provider retention.



# Updates

- Codes flagged by Department subject matter experts:
  - Wheelchair Van Mileage & Non-ER Transport in Wheelchair Van (S0209, A0130)





# Committee Questions



# Stakeholder Comments





# Committee Discussion

# Home and Community-Based Services (HCBS) Waivers

- Adult Waivers
- Children's Waivers
- Aggregate Waivers & Waiver Services
- Committee Questions
- Stakeholder Comments
- Committee Discussion



# Adult Waivers

- Analysis Report Conclusions
- Key Considerations
- Working Recommendations



# Analysis Report Conclusions - Adult HCBS Waivers

- Analyses suggest the following service payments were sufficient to allow for member access and provider retention:
  - BI payments at 116.80% of the benchmark
  - DD, at 103.81% of the benchmark
  - SLS, at 85.00% of the benchmark
  - SCI payments at 88.62% of the benchmark
- Analyses were inconclusive for the following service payments to determine if payments were sufficient to allow for member access and provider retention:
  - CMHS, at 80.42% of the benchmark
  - EBD, at 95.22% of the benchmark



# Adult Waiver Recommendations

## Analysis Report Conclusions

Analyses are insufficient to determine if ACF rates at 74.14% of the benchmark were sufficient for member access and provider retention. The Department is currently investigating TLP rate setting methodology to identify opportunities for improving access to care and provider retention.

## Considerations

TLP services are unique and provide highly acute levels of care; Colorado provides a variety of different TLP services that are not provided by other states.

ACF per diem rates are much lower than other similar levels of assisted living facility-based care provided under Health First Colorado HCBS waivers

## The Department Recommends:

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.



# Children's Waivers

- Analysis Report Conclusions
- Key Considerations
- Working Recommendations



# Children's Waiver Recommendations

## Analysis Report Conclusions

Analyses suggest the following service payments were sufficient to allow for member access and provider retention:

CES payments at 131.11% of the benchmark

CHRP, at 129.38% of the benchmark

CHCBS, at 87.71% of the benchmark

Analyses were inconclusive to determine if CLLI payments at 106.17% of the benchmark were sufficient to allow for member access and provider retention.

## Considerations

CHRP foster home rates and respite service limits do not align with similar services on other waivers.

Limited capacity reported for residential services available to members ages 18 and under.

## The Department Recommends:

Further increasing the CHRP foster care home rates to align with DD waiver host home rates.

Aligning respite service limits provided under the CHRP waiver with respite service limits under the CES Waiver.

Adding host homes as a residential provider type for members ages 18 and under to increase facility capacity limits and provider capacity.



# Aggregate Waivers & Waiver Services

- Analysis Report Conclusions
- Key Considerations
- Working Recommendations



# Aggregate Waivers & Waiver Services Recommendations

## Analysis Report Conclusions

Analyses indicate that aggregate HCBS waiver services were 97.7% of the benchmark. Individual rate ratios ranged from 34.37%-351.23%

## Considerations

Various rates for similar services spanning multiple waivers and different geographical regions

In-home respite is not available under the CMHS waiver, unlike other adult waivers.

Respite services rates under the CLLI waiver are higher than on other waivers

## The Department Recommends:

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.



# Aggregate Waivers & Waiver Services Recommendations (Cont.)

## Analysis Report Results

Personal Care (106.32%) and IHSS (105.64%)  
Homemaker – basic & enhanced (115.79%) and IHSS (105.64%)  
IHSS Health Maintenance Activities (86.67%)  
Day Habilitation (79.56%); Adult Day (84.82%); ACF per diem (73.14%)  
IRSS/GRSS (110.68%)

## Considerations

The Department Recommends a minimum of a 10% rate increase to the following services:

Provider agencies of personal care and homemaker services in rural areas expressed concerns regarding acquisition and retention of staff, due to reportedly low reimbursement rates.

Adult day rates are reportedly too low to continue providing the current level of care to Medicaid members

Providers report current rate is too low to provide individualized supports for IRSS.

Personal Care (IHSS), Homemaker (basic, enhanced, IHSS), IHSS HMA, and CDASS

Day Habilitation, Adult Day, and ACF per diem rate

Individual and Group Residential Support Services (IRSS/GRSS)





# Committee Questions



# Stakeholder Comments





# Committee Discussion

# Target Case Management (TCM)

- Analysis Report Conclusion
- Key Considerations
- Working Recommendations
- Committee Questions
- Stakeholder Comments
- Committee Discussion



# TCM Recommendations

## Report Conclusion

Analyses suggest TCM service rates at 87.84% of the benchmark were sufficient to allow for member access and provider retention.

Benefits of conflict-free case management.

The Department is dedicated to compliance with federal and state regulations regarding conflict-free case management.

## Considerations

## The Department Recommends:

Continuing support to the Case Management Redesign project to ensure evidence-based data and stakeholder perspectives inform project initiatives.





# Committee Questions

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# Stakeholder Comments





# Committee Discussion

# Next Steps & Announcements

- 2021 Medicaid Provider Rate Review Recommendation Report to be published November 1, 2021
- Department staff working on analyses for services under review in 2022 Analysis Report
- **Next public meeting:** November 12, from 9:00 a.m. - 12:00 p.m.
  - **Primary Purpose:** Introduce service groupings under review in 2022 Analysis Report; review data metrics used in Rate Review Process; allow time for stakeholder and committee feedback and considerations on data metrics, as well as on the 2021 Recommendation Report published November 1
  - **Secondary Purpose:** MPRRAC Member Training (required by HB19-1198)





# Questions?



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# Contact Info

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# Thank you!

