



## Senior and Long-Term Care Provider Rate Workgroup Meeting Minutes

June 2, 2022

12:00 PM (MST) – 3:00 PM (MST)

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### Agenda

1. Welcome
2. Rate Model Adjustments
3. Geographic Factors
4. Additional Rate Models
5. Fiscal Impact Analysis
6. Cost Reporting Plan
7. Final Recommendations
8. Considerations for Implementation
9. Timeline and Next Steps
10. Q&A
11. Public Comment
12. Adjournment @ 3:00 PM (MST)

1. Welcome
  - Jackie Jandt from DPHHS opened the meeting.
  - Coy Jones from Guidehouse provided an overview of the agenda.
2. General Reimbursement Recommendations
  - Guidehouse provided an update on general reimbursement recommendations
  - Q: Is this 30 days over a 12-month period?
    - GH: Yes
3. Additional Rate Models
  - Guidehouse provided an update on additional rate development including transportation and other rates.
  - Comment: The services we provide in Big Sky are bundled but individuals have need of traveling, such as psychologist, they count the nearest one but there are cases where they need to go to a specialized one and allowed for nearest. Reimbursed for actual miles we need.
    - GH: A lot of that is medical transportation so wouldn't be under the rates we are looking at here and rather NEMT fee schedule. In terms of this rate study but something interesting to consider.
    - Montana: The mileage restriction to providers is through the HRD medical transportation program. This should not be an issue under BSW.
4. Rate Model Adjustments
  - Guidehouse presented an update on rate model adjustments.
5. Fiscal Impact Analysis
  - Guidehouse provided an update on fiscal impact assumptions
  - Comment: Respectfully, we are still in the middle from a SNF/ALF perspective - CMS regulations have multiplied with the workload. I do not believe you have a perspective of the reality today. You need to walk in our shoes and figure it out from there.
    - GH: We acknowledge that the PHE has not ended, but utilization was down in 2021 and data has shown a rebound in 2022. Welcome any feedback on whether 2022 data is not better representative.
  - Q: Previous slide said it identified DSD services, but I thought you said these were SLTC services. Am I misunderstanding what the previous chart represents?
    - GH: This should read SLTC not DSD. Typo.
  - Q: Is the \$87 million total funds?
    - GH: Yes, you'll see the state share later. This represents both federal and state share.
  - Q: I think it is important to clarify that self-directed CFC services are included under "in-home" services, not self-directed support services.
    - GH: Yes, they are lumped together so CFC will see an increase as well.
  - Q: It would be nice to see a pie chart like the one on page 24 showing the new percentages if the new rates are fully implemented. Is that doable and of interest to others?

- GH: We can look into that, but last column of table “Benchmark % of Total” shows what would be in pie chart.

## 6. Policy Guidance and Considerations for Implementation

- Guidehouse presented on other reimbursement policy guidance and considerations for implementation
- Comment: Thank you for EPSDT piece.
  - Montana: Met with HRD and would like to move forward.
- Q: Does your benchmark costs include an increase in services, or does it just reflect an increase in cost with no increase in the current population requiring care?
  - GH: You could interpret that if there is a higher rate, more providers may participate and access which could increase utilization. We have not adjusted it for increased utilization at this point, with the exception of transportation. As the state moves into the budgeting process this is something that needs to be considered. We don't have the information to make informed judgements on increased utilization. Utilization assumptions are fragile.

## 7. Cost Reporting Plan

- Guidehouse presented an update on the cost reporting plan
- Q: In a category like assisted living facilities, would the intent be to have ALL facilities file costs reports, whether they participate in Medicaid or not?
  - GH: All though some are not Medicaid dependent we recommend the Department encourage participation by all ALFs. However, small provider ALFs are exempt because they are not meeting the minimum revenue threshold for Medicaid. We do think it would be a benefit for Medicaid to have the cost report for an ALF even if not in Medicaid or mandatory. It could help with future rate review studies.
- Q: With assisted living I see some roadblocks to the cost reporting where so many do not participate in Medicaid, could be as many as 40%. Many that do participate are in a limited way like accepting a small number but predominantly a private pay operation. If we are getting cost reports from those that are participating in Medicaid the rates will be more reflective of that. These providers are free market that they set services and rates based on the market. Have these facilities been used in other states?
  - GH: In some peer states we have recognized and consider providers out of Medicaid.
  - GH: There is a market in play for commercial services, but Medicaid does not pay market prices and is rate basis. If we were to pay market rates what would be the appropriate way to judge the market? A charge, which Medicaid or Medicare will never pay. There would have to be a lot of work done to determine what the market is, as Medicaid wouldn't be in the same boat. The market rates are largely proprietary for the insurance companies.
    - Follow-up: I wasn't suggesting moving to a market but looking more at something to be used with cost reports since they are

limited, like a survey of charges or rates in free market to consider beyond Medicaid costs.

- GH: Our recommendations are a compromise between administrative burden and getting maximum information. Even if a provider is not participating in Medicaid, we would encourage them to file a cost report, which is an attempt at compromise. We do appreciate concern that it would be beneficial to get information from the broader community.

8. Timeline and Next Steps

- Guidehouse provided an update on the timeline and next steps.

9. Public Comment

- Meeting
- Q: Who will be at the public comment meeting?
  - Montana: All of the internal workgroup members have been invited.
- Comment: I would like to thank Guidehouse for their work and thank you for considering our comments throughout the process.
- Comment: We appreciate the hard work and attention to detail that has gone into this project. Thank you!
- Comment: Thank you to everyone helping through the process.

10. Adjournment @ 3:00 PM (MST)

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