



COLORADO

Department of Health Care
Policy & Financing

303 E. 17th Avenue
Denver, CO 80203

MPRRAC 101

Please use this guide to understand MPRRAC processes, FAQs, and other pertinent information.

What is MPRRAC and what does it stand for?

MPRRAC is an acronym for Medicaid Provider Rate Review Advisory Committee. This group of seven legislatively appointed community representatives functions collaboratively with the Department of Health Care Policy & Financing (HCPF).

[Learn more about the MPRRAC.](#)

Why does the MPRRAC exist?

Originally created following Senate Bill (SB) 15-228 and amended by SB 22-236, the MPRRAC exists to assist HCPF in provider rate reimbursements in Health First Colorado (Colorado's Medicaid program) as appointed representatives of the provider community.

The committee is responsible for the following:

- Meet at least once per quarter
- Review HCPF's proposed three-year cycle and make adjustments with a majority vote
- Take public comment from stakeholders on whether rates should be reviewed out of cycle during November meetings
- Review any rate increase proposals or petitions throughout the process
- Recommend areas for process improvement to HCPF and budget priorities to the Joint Budget Committee (JBC)
- Present committee recommendations to the JBC on or before Dec. 1 every year

[Learn more from SB 22-236](#)

Who are the key stakeholders during the MPRRAC review?

The key stakeholders throughout this process are the committee members, HCPF staff and leadership team, the JBC, and members of the public.



What is the work scope of the MPRRAC?

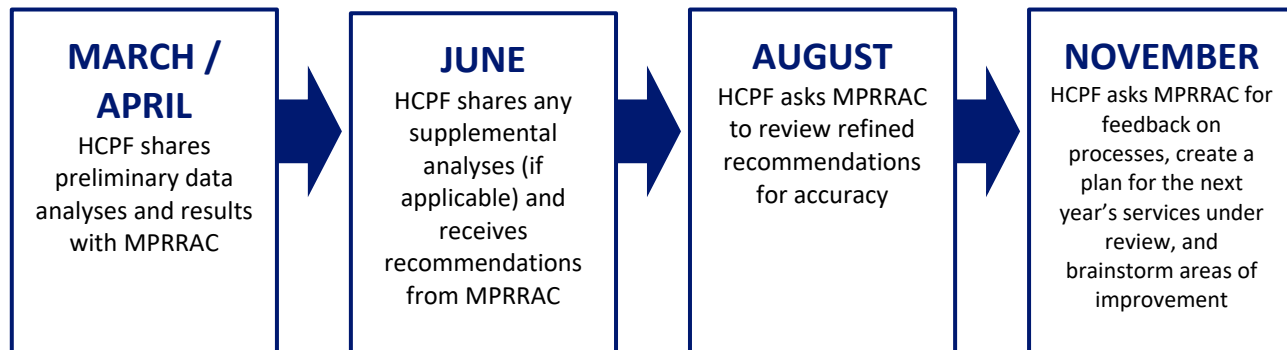
The MPRRAC:

- Does **NOT** review pharmacy rates
- Does **NOT** review managed care rates (e.g., behavioral health capitated rates contracted with the Regional Accountable Entities)
- Does **NOT** review facility rates (e.g., inpatient or outpatient hospital)
- Does **NOT** submit budget requests
- Does **NOT** have the authority to change rates without legislative approval and appropriation
- **DOES** review fee-for-service (FFS) non-facility rates. For example, FFS behavioral health services are reimbursed based on [Health First Colorado Fee Schedule](#) or [Outpatient Substance Abuse Fee Schedule](#) or other fee schedules found on the Health First Colorado webpage.

[Learn more about the work scope of the MPRRAC.](#)

What does the MPRRAC process timeline look like?

The MPRRAC operates on a three-year cycle. Each year different services are reviewed but the timeline remains the same:



What is the role of HCPF's Rates Review & Research team?

The Rates Review & Research section is responsible for the following:

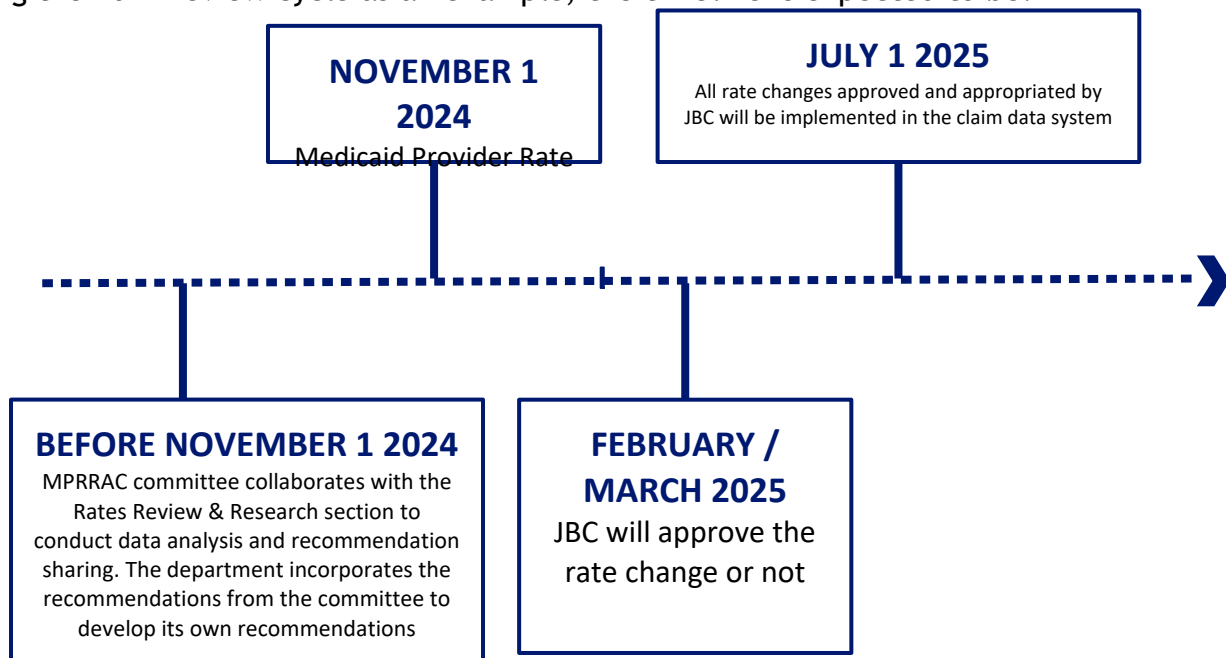
- Holding quarterly public meetings with the MPRRAC and public stakeholders
- Collaborating with the MPRRAC to outline each service category scope for upcoming years and decides whether to add in any off-cycle services into the review
- Receiving and passing all correspondences from external stakeholders to the MPRRAC
- Synthesizing actuarial analyses into digestible reports, working alongside HCPF's subject matter experts (SMEs) to understand policies and develop recommendations
- Writing the annual Medicaid Provider Rate Review Recommendation Report due to the JBC every Nov. 1.
- Implementing all approved rate change recommendations while assuring accuracy

Can MPRRAC help me increase the rates for services I render?

The MPRRAC meetings are a forum to voice all opinions from the provider and beneficiary community regarding their services that will be included in HCPF’s yearly Medicaid Provider Rate Review Recommendation Report submitted to the JBC every Nov. 1. The MPRRAC does have the ability to vote to review a service out of cycle; however, the MPRRAC is not able to change rates immediately. The MPRRAC reviews rates throughout the year with the implementation date being July of the following year, if approved by the JBC. For example, services reviewed in 2023 will see rate implementation in July 2024, if approved. To confirm if your service is FFS, please check the [current Medicaid Provider Rate Review Schedule](#). If you do not see your service listed in the schedule, please skip to the bottom of the document for additional resources.

What is the timeline of a rate change under MPRRAC review?

Using the 2024 review cycle as an example, the timeline is expected to be:



Why are there two recommendations from both the MPRRAC committee and HCPF in the annual analysis and recommendation report?

Usually the MPRRAC committee will deliver their own recommendations in the second public meeting based on the preliminary data analysis results, voices and concerns from the provider community and the members’ professional expertise. After incorporating these recommendations from the MPRRAC committee coupled with budgetary and policy considerations, HCPF policy SMEs will develop their own recommendations. Sometimes these two sets of recommendations are the same, but they are more often different. Both sets of recommendations will be included in the annual analysis and recommendation report submitted to the JBC by November 1.



How can I engage with MPRRAC processes?

Everyone is invited to attend the Medicaid Provider Rate Review Public Meetings. These meetings are announced on our website. Providers and members of the public are invited to give feedback by signing up to make a public comment during the meetings. Providers are also welcomed to engage with their service's SME. Anyone is welcomed to provide written feedback by email regarding a service that is currently under review.

Please tell your community about the public meetings. These processes work best when the community is engaged, and we need your help to spread the word.

[See the public meeting schedule here.](#)

For more information contact:

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[More contact information can be found on our website.](#)

Additional resources:

- For pharmacy rate: Please refer to [the Pharmacy Rate List](#) in Colorado Health First website.
- For managed care behavioral health rate:

The RAEs (Regional Accountable Entity) negotiate rates and contract directly with service providers within their networks. Providers should work directly with the RAE you are contracted with for RAE-covered behavioral health service. Here is the [RAE resource website](#).

- For inpatient hospital rates: Please refer to the [Inpatient Hospital Payment](#) or the [Inpatient Hospital Per Diem Reimbursement Group](#) web page.
- For outpatient hospital rates: Please refer to the [Outpatient Hospital Payment](#) web page.

