



Minutes of the Medicaid Provider Rate Review Quarterly Public Meeting

March 24, 2023

Colorado Department of Health Care Policy and Financing

303 E. 17th Avenue, Denver, CO 80203

Virtual Zoom Meeting, 9:00 a.m. – 12:00 p.m.

A recording of this meeting is available at this [link](#)

1. Call to Order and Introductions

Brian Pool, facilitator from GPS Consulting, called the meeting to order at 9:02a.m. There were sufficient members for a quorum with 5 of 7 members participating. All individuals participated remotely.

A. Welcome from Kim Bimstefer

Kim started by welcoming everyone to this role and position that people have undertaken. Welcome returning members for continuing to share expertise and also welcome to new members. This role is extremely important to HCPF and our providers. This is Kim sixth year in this role, rates are based on negotiations in the commercial space and it isn't a great process. This process that you all are a part of is more equitable and appropriate. These recommendations help improve access, and ensures that services are affordable to the state. The process centers equity and will help us eliminate health disparities. The expertise and expert input on this committee are critical. Allowing members and external stakeholders to bring their perspective to this work is very important. Thank you for working together, this is challenging, complex work. A call to get to know each other and build relationships, to work through tense conversations and know we are all coming from the same place. Let's have grace for each other as our views are shared. This is important work. Thank you again.

B. Members on Zoom/Phone

Terri Walter, MSN, RN, HopeWest, Hospice & Palliative Care
Kim Kretsch DDS, MBA Colorado Dentistry for Children in Brush CO
Vennita Jenkins, MBA, CEO Senior Housing Options, Inc.
Megan Adamson, MD, family physician from Lafayette Colorado
Kate Leslie, LCSW, Medicaid Mental Health provider

Tim Diesnt and Gretchen McGinnis were not present.

C. Department Staff Participants and Facilitators

Michelle LaPlante, Jeff Laskey, Kevin Martin, Cheyenne Gratale, Victoria Martinez, Amanda Villalobos, Brian Pool and Erin Ulric from GPS Consulting (facilitators)





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D. Other Participants

13 additional participants at 9:09am

2. Meeting Overview

Brian from GPS reviewed the department's mission, meeting purpose, agenda for the day, and recapped the Department's role. Brian then covered meeting etiquette, explained the caption feature, the importance of protecting PHI by not mentioning individuals and their conditions, and the group's guiding principles. Please have the members use the chat or raise your hand. Please turn on your video while you are speaking.

3. MPRRAC History

Kevin Martin shared about MPRRAC history.

- Originally created from [SB15-228](#) and amended by [SB22-236](#)
- Committee size reduced from 24 members to 7
- Reduced from 5-year cycle to 3-year cycle
- Past Outcomes
 - Reduced anesthesia rates to 100% of Medicare
 - Increased UPL rates over 100% of Medicare in effort to pay for high values services
 - Rebalanced all services under review to ensure outliers are within a reasonable variance from the benchmark

Brian Pool shared lessons learned from previous iterations of the committee.

The realignment offers a unique opportunity to recenter ourselves and focus on key elements with smaller size and narrowing from 5 to 3.

- Preparation matters – We are committing to provide information in advance to ensure the members have the info they need to be prepared. We are expecting people to read and prepare the discussions.
- Expand provider participation – Given the smaller size of the committee, we want to use everyone's networks to help us reach out to find and access providers that do this work. The department is committed to offering subject matter experts as well, but this is an opportunity to step up and bring your networks to the table as well. Call to action.
- Ensure time for conversation – Making sure there is information and structure provided, and then allow members here to work together to discuss and have open back and forth discussions. Making sure you have time to do your work. Please let Brian know if you don't feel like you have enough time for this discussion so we can create a collaborative dynamic.
- Encourage "self-governing" of the committee – this emerged throughout last year. There was a sense that the role of the chair and vice chair had been shrinking. Want to make sure this groups leadership has the opportunity to move the dynamic to members playing the lead role.
- Pursue collaboration – we'll talk about rules of governance today. Want to make sure there is a true collaborative effort, and there is trust within the group that helps us create a consensus.

4. Roles and Responsibilities

Brian shared the roles and responsibilities of Committee Chairs, Committee Members, Facilitators and Department Staff.





Roles & Responsibilities

Committee Chairs	Committee Members	Facilitator	Department Staff
<ol style="list-style-type: none"> 1. Meet with Staff and Facilitator to finalize agenda and approach for the meeting 2. Open the meeting 3. Lead the members through the approval of minutes from previous meeting 4. Lead the open discussion among members 5. Close the meeting 6. Review Minutes prior to posting 	<ol style="list-style-type: none"> 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) 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Share Data & Methodology 2. Provide policy and program information 3. Verifying Committee Recommendations for Presentations to JBC 4. Presentation of Department Recommendations 5. implementation of approved recommendations



Committee Discussion

Kate – asked what the bullet around performing independent research. She asked older members how they experienced this.

Terri – shared that she didn’t feel that was a charge, but that she had to do that on her own.

Vennita – shared the same, she would do her own research and talk with her network to get information.

Kim – also paid a lot of attention to the stakeholder comments and thought that was also a helpful way to learn. There was a not a formal way to do research other than reviewing the documents ahead of time, and familiarizing themselves with what was being presented.

Vennita – it was what you would do to prep for any other meeting.

Terri – this is why I like the commitment to have information out sooner, this will really help.

Brian – help us succeed in this. If there are areas where people want more info, we will do our best to respond.

Kim – I also reached out to department staff when I had questions.

Kate – great – that answered the question.

Kevin – this year we do have a compressed timeframe, and we are a bit delayed in getting information. One of the job postings right now is to have anew manager over the MPRRAD area to give it even more focus. They are pushing more resources into this, so please use us as a resource.

5. Chair and Vice Chair

Brian – We are seeking a chair for the committee. Any questions or a nomination.

Kim – Kim is happy to do it but would love to know more about the qualifications that the





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committee is wanting for leadership.

Megan – Kim having been on the committee before is a great advantage.

Terri – the experience Kim has would benefit the group.

Brian – it sounds like we have a nomination for Kim. Any other recommendations?

Vennita – I like the recommendation.

Brian – we don't have a full membership here today, but we do have expectations for the chair to assume duties. We have five of the seven members here today.

Kim – can we do an email vote? Sometimes in a smaller committee

- Vote: Motion to nominate Kim for chair.
All in favor: Terri, Kate, Megan, Vennita
Vote passes.

Brian – that moves us to a vice chair nomination. Very similar role, the vice chair can help fill-in if the chair is not there. The chair and vice chair roles.

Terri – can we postpone the nomination of a vice chair?

Kevin and Brian – no, statute requires us to do this today.

- Vote: Motion to nominate Megan by Megan, seconded by Terri.
All in favor: Kim, Terri, Vennita, Kate
Vote passes.

Action Item: For those two members who were not present, please feel free to share your feedback on this vote with Brian or Michelle.

6. Rules of Governance

Brian reviewed some suggested rules of governance. These are just a draft, but wanted to provide some starter content for the group based on experience. Let's decide as a group on 3-5 of these that people really agree on. The idea is that we can reference these and allow us to depersonalize some conflicts and keep focus on those we serve.

- Self-governance
- Maintain a respectful, safe environment for all
- One person speaks at a time
- Stay on mute unless engaging
- Tough on problems, easy on people
- Use the past only to describe a better future
- Come prepared – review materials in advance, gather & share input from your community, stakeholders, colleagues etc.

Committee Discussion

- Kate – tough on problems, easy on people. I like how concise that one is. The problems are really tough. This is a great reframe, so I like the idea of focusing on the problems and be tough with, that's a good way of thinking about it.
- Kim – I think this list is a great place to start. It frames many issues the group ran into previously, and sets some great ground rules for the group to engage. All of the ideas are good.
- Vennita – she supports all of these, and while they sound pretty common, they aren't always at the top of mind. Thank you for thinking of these, and already telling us that we'll be help accountable to them. Just having them and using them as a framework is fantastic.
- Terri – she likes all these, The only thing she could think to add is “start on time, end on time”, but I think it's a given unless it becomes a problem.
- Kim – one thing we could add is “respect the agenda”.





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- Brian – we're committed and the department is committed to starting and ending on time. Like the respect the agenda, but also don't want to hard stop a discussion if we can make the time up in another place. Hearing the suggestion to add "Respect the Agenda"
- Second: Terri – that's fine, it is also a facilitator/chair issue too. Don't know that we need an extra, but appreciate the comment about it. Fine if it is added.
- Brian – any objection to adding respect the agenda
- Megan – it feels not entirely clear as a statement in and of itself. Even from the discussion we had, it doesn't feel like it stands on its own. They can use self-governance to interpret that.
- Ultimately, the group decided to table "respect the agenda" and not add it.
- Kim – agree – I respect the comments that were made on that, we don't know how many people will be attending.
- All were in favor of accepting the list above as the committees rules of governance.

7. Meeting Structure

The group is required to have quarterly meetings. The group can meet more, and they can determine meeting duration. But we have a lot of content to cover given the three year cycle instead of five years. One of the things the recent bill changed is that it eliminated the May 1st report. To meet the requirements of statute, the group must use the calendar below:

- MARCH/ APRIL
 - Share preliminary data analysis results. Committee members can ask for additional analysis or clarity. Given the timing this year, the group proposes another meeting in April to do this work and keep the rest of the schedule on track.
- JUNE
 - Discuss supplemental analyses (if applicable) and receive initial recommendations from committee
- AUGUST/SEPTEMBER
 - Share refined recommendations
- NOVEMBER
 - Feedback on recommendation report – there is a hard deadline of November 1st for the report. That report will include Departments recommendations and also a section for the committee to share their recommendations.

Committee Discussion

Brian – we had chalked out potentially 9-12 on April 20, 21 and 26. We don't need a decision on that right now, but if members want to check their calendars now, then we can make a decision later in the agenda today.

Kate – my understanding that is that meeting would be to get additional data and start discussing it. How long do we need?

Brian – we set aside three hours, and if we can give people time back, we will do that.

Kate – had a question about content that we'll discuss each year.

Brian – we will address that in just a few minutes.

Services Review Schedule

Kevin - The department has had to start this without input because of the way the law was written. They tried to put what was next on the five year cycle and then add a few things. The services that the department plans to review each year are detailed in slides 12-14 of the meeting presentation.

Members were given some time to review to content of those three slides.





Kevin – opened the floor to the committee to discuss the meeting structure.

Kim – how did services get selected for year 1? Dental got pushed back to a six year review, so want to understand.

Kevin – that one got pushed out because they had to get to behavioral health stuff and because of the BHA. Realize there are some other comments that came in, and it's been tough to balance given that everything is a top priority. Based on the last review, we thought it could wait. Wish we had been able to get committee input before we had to make decisions.

Kim – Dental has had some significant workforce issues. Hygiene staff are demanding higher salaries, so reimbursement doesn't even cover the hygiene rate. Appreciate the committee having to make some determinations. Wondering if we will do more harm than good by pushing it out. Is there a way to review it? Concerned that that are about 20% behind in inflation and there are concerns about providers networks and access. It is of significant concern to her.

David – one the questions he had – is applied behavioral analysis company which is up for review in year 1. For providers, what the most productive way that this committee might seek engagement and how might stakeholders help to shape this dialogue or arm committee members with information about their practices to support a productive conversation.

Brian – want to address that now, or should we address during public comment section?

Kevin – at least for comments on how to engage, let's wait to public comment section. Let's focus on where things fall within the cycle with the members.

Gerry Van Genderen – Dental was supposed to be reviewed this year. They've been waiting for their turn in the cycle, and got pushed back to six years when we already said five years was too long.

Kevin – hear you about the timeframe. One benefit for next year is that we have some time to determine how to analyze that information. For this year, the department had to make decisions on how to analyze. Kevin will take this back to the Department and see if there is anything we can shift, but it is hard to add analysis at this point. They could not get it done and prepared for an April meeting, but could maybe provide some limited analysis for a future meeting. Kevin will committee to review it and see what they can do.

Kim – appreciate that Kevin.

Molly Pereira – President of CO Dental Association – a huge Medicaid task force was built to review rates across the nation. She would like to share the work they've done in terms of compiling information. Last year when that bill was passed, it said five years was way too long. Dental is in a state of crisis for rural areas, and patients can't get the care the need. Providers aren't available because reimbursement doesn't cover the cost of their practice. She would really appreciate the consideration of the department to let us review the rate this year.

Brian – Kevin will go back to the Department and see what is possible, and we will follow up.

Kevin – at very least, the committee has complete control over what they put into their recommendations. If the committee wants to provide comment on any service (even those that aren't reviewed) then they can include that information in the report.

Brian – great point. Any additional questions?

Meeting Structure Questions

Would members like to meet for often than once a quarter to allow for shorter meeting times?

Kim – merits on both sides. When meetings go over, members often need to drop off. When the meetings have gone over, there aren't as many committee members able to stay. Curious to hear what the committee wants to do. Open to either one, want it to be productive, impactful and efficient.

Terri – open to meeting in April, and then doing the quarterly meeting. It seemed to work well in the past.

Kim – is it digestible since there is so much content in three hours.

Vennita – likes the idea of an April catch-up meeting, and then getting information in advance to be better prepared for quarterly meetings.

Megan – concern about more frequent meetings is that we add time given the opening and





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Kate – defer to previous members

Brian – let's add an April meeting, and then stick to the quarterly meeting. If the group decides at any point they want another meeting, we can add them.

Are members of the committee okay with the Department attaching read receipts to email communications?
All members were fine with read receipt.

Is everybody ok with seeing each other's email addresses on communications and calendar appointments?
All members were fine with that as long as its just the committee.

Kevin – in the past there were some issues with committee members doing official business outside of the committee. They can have discussions, but sharing official vote sharing needs to be done in public, and the committee members need to be careful.

Brian – please do not conduct any official business outside of this meeting. We have all the structures in place to do the work here and ensure transparency.

8. Public Comment and Questions and Q&A Log

Prior to public comment, there was some limited discussion reviewing the questions in the chat. Full transcript is available upon request.

Chat

davidhatfield: Hi, wondering if meeting structures will include input from external, nonmembers? And if so, what would that look like? And if not, how would individuals provide such input?

Victoria Martinez-HCPF: David: please see the answers to a similar question in the Q&A box related to providing input from external stakeholders. There will be opportunities in this meeting as well as future meetings to provide input/feedback.

Victoria Martinez-HCPF: Members currently appointed will be serving on the committee until 2027.

Interested parties may submit information to the HCPF_RateReview@state.co.us email address and we can reach out to them. The committee structure is defined by SB22-236

https://leg.colorado.gov/sites/default/files/2022a_236_signed.pdf

Jennifer Goodrum: Could you clarify the actual timelines on year 1, year 2 and year 3? Are the year 1s being reported in Nov. 23 and then considered by the state Joint Budget committee this fall and spring for increases in the 24-25 state budget?

Victoria Martinez-HCPF: Jennifer: Services being reviewed in the current year/Year 1 will be reported on to the JBC this November. Subsequent recommendations for the Year 1 analysis may result in budget actions for the 2024-2025 fiscal year. However, depending on the results of the analysis or the resources needed to fulfill the recommendation, budget actions may not take place for the 2024-2025 fiscal year.

Public Comment

Amanda Mellot – we have a lot of providers on this call for Pediatric Behavioral Therapy. They had some questions and were looking at a potential emergency rate adjustment and that this meeting would be held and there would be a decision at this meeting. Wanted to get an understanding of where we sit with pediatric behavioral therapy. Any of their providers would be happy to provide any data.

Victoria Martinez – they have been continuing to analyze the data, and are still in process of analyzing the service and have not yet reached conclusions yet. This will be part of the analysis reporting.

Amanda Mellot – Should we use the email provided to provide any additional feedback?

Victoria Martinez – that email is the best one to provide feedback. HCPF_RateReview@state.co.us

David Breidis – Thank you everyone on this call, it's really encouraging for providers to engage, and peel back the black box. David also represents an Applied Behavioral Analysis company. They are one of the





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largest providers in the state and operate 8 centers currently, and they are not profitable in this space. As a result, they are forced to have challenging conversations about exiting the state. They are grateful for the opportunity to engage, and appreciate any communication that this group or other colleagues can provide as urgently as possible. They'd like to continue to serve the Colorado Medicaid Community.

Jose Mena – Dental Director at Dental Aid. They serve the population of Boulder County. Thank you for the opportunity to input. Hoping that they might consider reducing the review cycle. A lot of providers in their area have stopped taking Medicaid patients.

Michelle Montroy – Executive Director of Dental Aid - they are struggling to be profitable and making hard decisions every day. Their mission is to increase access, but the reimbursement rates are not covering their costs.

Jose – currently the patient population is about 60% Medicaid and they see that increasing due to the fact that other providers are not able to continue with Medicaid. They want to increase access to care.

Kevin – reducing the cycle at this point is very challenging. They have already spent about 6 months producing data that is on the calendar right now. Dental is as close as it can be within the current setup, excluding something extraordinary. Want to reassure people we take it seriously, and we're going to see what we can do. But anything they can do this year will be condensed and not as robust. This is the nature of the resources they have available. Absolutely will look into seeing what they can do for it, but there is not a way to change where it is in the schedule.

Kim – if we do a condensed review how does that impact the full review?

Kevin – don't know exactly how the JBC would take that – there have been times in the past they have reviewed things multiples years in a row. Some at their request, some not. Putting things forward when it's not up for review can be a little off-putting. That may not be a reason not to do it, but wanted to share how it may be perceived.

Gary Van Genderen – What the procedure for an off-cycle review? What's a reasonable number of codes we could do in an off-cycle review?

Kevin - He can say for sure that one thing they can't do is during the normal process they receive information from the All Payer Claim Database, and they have to request that information way in advance, so they aren't sure that they could provide that kind of analysis. Not sure it's a number of codes, its more about the different analytical metrics – some of them are just not possible.

Gary - So if they could provide other state benchmarks, it wouldn't matter because we wouldn't have a comparison.

Kevin – send us whatever you have, we can use all different types of data. Direction from the beginning helps. A lot of the lift in the analysis is finding the initial data. Even when looking directly to Medicare sometimes that information isn't available. Question – are there good resources out there that anyone can point HCPF to for dental rates to compare against?

Gary – if he sent a bunch of recommended benchmarks and percentages that would help in their process.

Amanda – seeing a lot of her colleagues in the chat for ABA specifically around wait list for autism from several months to a year and are worried. What advice would you give? Moral quandary because they have to continue to see patients, but they can't sustain their business. They need guidance from the department on what to do.

Kevin – they don't have the right people here. They have the data people on the call, and they need the policy folks on the call. This group is much more numbers focused on broad categories. Can commit to inviting policy staff to the next meeting. Can't provide an immediate answer as to what to do. Sorry – wish he could give more. He can invite subject matter experts to the next meeting next month.

Amanda – thank you. Pausing services is damaging, so we're just trying to

Kate – coming from the provider perspective, thank you Amanda. You are doing the right thing, and really want you to know that I hear you. As a member of the committee, the way the group works is much slower than what they are advocating for. Victoria was saying they don't do emergency rate adjustments outside of that. For this work, the group will hear comments in April and make recommendations to the JBC in November. Other places to advocate are directly to representatives, and districts.

Victoria – the Department does not have the authority to make emergency rate changes. JBC and this group are the right path. No immediate action will come from the analysis portion since recommendations aren't





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made until November.

Amanda – Thank you, appreciate the clarification.

Brian – remind folks let's try to limit to one comment per person so we can get to everyone.

Ken Winn – They would love to continue this conversation – they are working with Gina to work on this issue. There are several issues going on – there are several issues here including the denial of services. It's already been mentioned that they are seeing providers leave because of these issues, but it's a dangerous state where the individuals (CDC came out with 1/36) are increasing, but we're seeing the opposite trend in services and providers being able to serve them.

David Hatfield – what led a lot of people here is that they didn't know what MPRRAC was in 2019 and they missed the boat in order to provide information. They are really wanting to make sure they don't miss the boat. If they continue to miss the boat, this program will fall. They have so many people and so many resources that they can/want to contribute to help the committee understand.

Kevin – want to reassure the PBT community that they are fully on the boat, and understand the urgency, but also know that the Department is working quickly. They are unable to do anything unilaterally. Please know you are participating in the correct process. HCPF hears you and will put all this information into the report. Speaking about the timeline – this is exactly what we want – we want to right people in the space to provide data and information to us and the committee. Anything people can do to help HCPF reach out to the correct organizations and people on the services being reviewed will be extremely helpful. They are working to build a repository of stakeholders, and everyone on this call can be helpful so they are outreaching to the right people.

Michelle LaPlante – Addressing a question in the chat – relying on everyone to invite members of the community to the meetings coming up. HCPF will do that as well, but as long as they have information on who people are, we want to invite them to participate.

Brian – thank you so much. This is exactly why we have public comment. We have some great information. We'll work through minutes and will then have the chairs review the minutes. We will post everything within one week.

9. Next Steps

Do we have a date for our members for the next MPRRAC meeting.

- Motion for the 21st

Action Item: HCPF will reach out to Gretchen and Tim to see if the 21st will work and we can hold the date.

Best email for rate review is HCPF_RateReview@state.co.us

Website <https://hcpf.colorado.gov/rate-review-public-meetings>

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Kate – there are a lot of providers that Kate knows that have expertise in the topics for year 1 – should she send them to the HCPF email?

Michelle – Yes.

10. Meeting Adjourned at 10:49 a.m.

Motion to close by Megan at 11:24 seconded by Terri and meeting was adjourned. None oppose.

