



Minutes of the Medicaid Provider Rate Review Quarterly Public Meeting

April 21, 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 Welcome

Kim Kretsch, MPRRAC Chair, called the meeting to order at 9:01a.m. All 7 members were present and participating remotely.

A. 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, CEO, Ute Pass Regional Health Service District
Gretchen McGinnis, MSPH, Senior Vice President of Health Care Systems and Accountable Care at Colorado Access

B. 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)

C. Other Participants

93 total participants at 9:04am

D. Housekeeping & Meeting Overview

Brian and Michelle reviewed slides 2-8; including meeting etiquette, rules of governance, and the role of MPRRAC.

2. Meeting Minutes

The group discussed the format of the meeting minutes and all agreed that a summary would be more useful.

VOTE: Motion to move meeting minutes to a summary format made by Megan and seconded by Kim.

Vote Count: Yes – 5, Abstain – 0, No – 0





COLORADO

Department of Health Care
Policy & Financing

Vote Passes

VOTE: Motion to approve the minutes was made by Terri, seconded by Vennita

Vote Count: Yes – 3, Abstain – 2, No – 0

Vote passes

3. Year One Services Data Analyses/Feedback

A. Anesthesia

Brian reviewed slides 14-15.

No public comments regarding anesthesia.

Committee Discussion – main points:

- Defined “repriced” – take 2022 utilization data and reprice it to current rates
- Clarification that Anesthesia payment is only the fee-for-service, it does not include provider payment
- HCPF shared goal of 80-100% of Medicare rates – not 100% due to constrained budget. Medicare rates are adjusted by a regional modifier.
- One reason benchmark rate looks so high, is that Medicare reduced their anesthesia rates immediately after HCPF modified them in the last rate review. Kevin will try to find information on why the rate was changed to bring back to the group.
- Members asked if there were major Medicare reductions, that could be flagged for an off-cycle review

B. Ambulatory Surgical Centers

Brian reviewed slides 18-19. No public comment.

Committee Discussion – Main Points:

- Kevin shared that the payment methodology for ASC’s is under review, and may be subject to change.

Committee Discussion:

- Discussion around payments – there could be three payments for anesthesiology – one for the fee-for-service, one for the provider and one for the facility.
- The group was interested in additional data around provider participation data and requested participation data to be based on providers who qualified for reimbursement, versus all providers.

C. FSS Behavioral Health Services

Brian reviewed slides 22-23.

Public Comment:

- There were two (2) public comments. Jennifer Ryan, Lila Kimel
- Neuropsychological testing (codes 96136, 96137, 96132, 96133, within 90791) is included in Behavioral Health Services. This testing rate is not high enough to cover the cost of services. There are a handful of psychologists who are able to perform care, and Current Medicaid rate pays 50% less than private pay or other insurance.
- Psychotherapy rates (codes 90837 and 90838) are also not high enough to cover costs.
- There also needs to be an equity qualifier; Spanish speakers were identified as a specific population.





COLORADO

Department of Health Care
Policy & Financing

Committee Discussion – Main Points:

- The committee discussed calling out specific codes within any service that are outliers to the benchmarks. The committee can make recommendations on an individual code if they want to do that. The committee can identify a subset of codes and have HCPF provide data.
- Kate made the recommendation as MPRRAC that they could reevaluate the neuropsychological testing component of the Behavioral Health Services in June.
- It was also noted that 1/3 of the codes didn't have benchmark comparisons, and HCPF asked for members and stakeholders to provide suggestions if there is something else they want to look at.

D. Maternity Services

Brian reviewed slides 26-27. No public comment. No committee discussion.

E. Abortion Services

Brian reviewed slides 30-31. No public comments.

Committee Discussion – Main Points:

- This service is for surgical abortion, not pharmaceutical abortion. Pharmaceutical rates are updated weekly, and physician administered drugs are updated quarterly.
- One reason this service is so low is because abortion isn't a covered benefit under Medicaid except in a life-threatening situation.

F. Pediatric Behavioral Therapy

Brian reviewed slides 35-36. Michelle – correction – they are comparing to 7 other states Louisiana, Nevada, North Carolina, Utah, Washington, Texas and Florida.

Public Comment – Main Themes:

- There were eleven (11) public comments. All felt a rate increase was needed for PBT.
- Most commentors shared that PBT providers are leaving the state or limiting services for Medicaid due to low reimbursements.
- Recommendations included: comparing to Tri-Care rates, looking at states like California (who did not increase rates and is seeing negative impacts) and Nevada (who did increase rates and is seeing positive impacts). Texas has seen low uptake because rate is low.
- Specific codes mentioned were: 97151, 97156, 97153 (80-90% of billable hours – is at 77% of TriCare), and 97155 (2nd most utilized code – 69% of TriCare)

Committee Discussion – Main Points:

- The group had a conversation about how active providers are determined. HCPF shared that it's anyone who billed in the past year. The group was interested in looking at providers by quantity of services that they were providing.
- The group expressed interest in seeing an analysis on high impact (high utilization) codes, and an analysis of outlier codes. HCPF said that they can share a list of high utilization and low Medicare benchmarks with the group in June.

G. Qualified Residential Treatment Programs

Brian reviewed slides. No public comment.

Committee Discussion – Main Points:

- There is limited utilization data – so the committee decided in fairness to the service to push this topic back to the November meeting, where they will decide what services on the calendar for next year. There is an ARPA project happening now that may have valuable information for them to





COLORADO

Department of Health Care
Policy & Financing

consider at that time.

H. Psychiatric Residential Treatment Facilities

Brian reviewed slides 34-35. No public comment.

Committee Discussion – Main Points:

- HCPF shared that there have been some changes in how this service is managed that are showing an inflated increase in utilization. The group agreed that it would be wise to push the review back given the changes in how it's managed and funded.

I. Dental Services

Brian reviewed slides 47-48.

Public Comment – Main Themes:

- There were five (5) public comments on dental surgeries.
- All five commentors agreed that the existing rates were too low on specific services. High inflation and increased wages were identified as two root causes. In particular, it was noted that the hourly wage for hygienists is higher than the reimbursement for preventative services, resulting in a potential loss for dental practices practices in preventative care. Specific services mentioned include: preventative care, exams, cleaning, crowns, root canals, and service that requires a lab fee.
- It was confirmed that dental services will be doing a consolidated review this cycle with data available, as well as a full review next year.

Committee Discussion – Main Points:

- The group discussed the good point made about the challenge of measuring provider access and network adequacy.
- HCPF will try to bring some ideas to the group in June about how that data could be presented.

J. Surgeries

Brian reviewed slides 51-52 on overall surgeries.

- **Digestion System**

Brian reviewed slides 53-54. No public comment. No member discussion.

- **Musculoskeletal System**

Brian reviewed slides 57-58. No public comment. No member discussion.

- **Cardiovascular System**

Brian reviewed slide 61-62.

Public comment – Main Themes:

- There were three (3) public comments
- All three providers talked about Verithena, and the benefits of the procedures. All three agreed that the rate does not cover the supply costs of performing the service. All three thought there may have been a mistake or typo when determining the rate.

Committee Discussion

- The group agreed that they would like to see outlier codes within service categories – for this one the code that covers the Varithena procedure.

- **Respiratory System**

Brian reviewed slides 65-66. No public comment. No member discussion.





COLORADO

Department of Health Care
Policy & Financing

- **Integumentary System**

Brian review slides 69-70. No public comment. No member discussion.

- **Eye and Auditory System**

Brian reviewed slides 73-74. No public comment. No member discussion.

- **Other**

Brian reviewed slides 77-78. No public comment. No member discussion.

4. Public Comment and Questions and Q&A Log

There was one public comment related to Cardiovascular Systems, which was summarized in that section above. No other general public comment.

5. Next Steps

The group had a discussion of next meeting dates and Michelle agreed to send a doodle poll for the June and September meetings. The group did set the November meeting for November 17th.

Meeting minutes will be sent to chairs, and then sent to committee. After review, they will be posted to website.

The group wants to discuss how to better assign times to the agenda based on how many people are signed up for public comment, to allow for more discussion time when we can. Also wanted to consider how to continue to encourage folks to collaborate to better use the time for stakeholder comments by consolidating main points. Members also encouraged stakeholders to continue to send information in writing, as that is helpful to review.

Contact information was also shared:

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

Michelle LaPlante

Rate Review Stakeholder Relations Specialist

michelle.laplante@state.co.us

Victoria Martinez

Waiver and Fee Schedule Rates Manager

victoria.l.martinez@state.co.us

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

6. Meeting Adjourned at 11.59 a.m.

Kim moved to adjourn, Vennita seconded, None opposed. Meeting is adjourned.

