



# Minutes of the Medicaid Provider Rate Review Quarterly Public Meeting

## Virtual meeting:

August 16, 2024, from 9:00 a.m. – 2:00 p.m., and

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

## Meeting Part #1: August 16, 2024

### Meeting Materials

[Agenda](#)

[Public Stakeholders- Sign up to make a comment - FORM](#)

[Presentation](#)

[MPRRAC 101 Fact Sheet](#)

## 1. Call to Order and Welcome

Kim Kretsch, MPRRAC Chair, called the meeting to order at 9:03a.m. 6 of the 7 members were present and participating remotely.

### A. Members on Zoom/Phone

Terri Walter, MSN, RN, HopeWest, Hospice & Palliative Care  
Ian Goldstein, MD, MPH, CEO of Soar Autism Center  
Kim Kretsch DDS, MBA Colorado Dentistry for Children in Brush CO  
Megan Adamson, MD, family physician from Lafayette Colorado  
Kate Leslie, LCSW, Medicaid Mental Health provider  
Tim Diesnt, CEO, Ute Pass Regional Health Service District

~~Vannita Jenkins, MBA, CEO Senior Housing Options, Inc.~~

### B. Department Staff Participants and Facilitators

Michelle LaPlante, Kevin Martin, Lingling Nie, Suzy Guinnou-Dossou, Wei Deng, Kimberly Preston, Kevin Anderson, Dylan Marcy, Amanda Villalobos, Angela Goodell, Lana Eggers, Morgan Anderson, Tyler Collinson, Trish Grodzicki, Cassandra Keller

Brian Pool and Erin Ulric from GPS Consulting (facilitators)

### C. Other Participants

28 total participants were present at 9:03.

### D. Housekeeping & Meeting Overview





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Michelle LaPlante, Brian Pool, Jennifer Weaver, and Dylan Marcy reviewed slides 2-15, including the agenda, housekeeping, accessibility, open meetings and open records, rules of governance, the role of MPRRAC, meeting structure, and meeting purpose.

### 2. Meeting Minutes

Discussion: There are some details of the recommendations that need to be confirmed today and reflected in the meeting minutes for today.

*Vote: Kim moved to approve and there was a unanimous vote approving the minutes for the June and July meeting.*

### 3. MPRRAC Recommendations Next Steps

#### A. JBC Presentation

MPRRAC will present directly to the JBC on or before December 1<sup>st</sup>. This is an opportunity to represent the committee with the JBC.

**Committee Recommendation:**

*The JBC presentation should be the responsibility of the chair or vice chair. Kim plans to present this year. If in future years, if neither the chair or vice chair is available, the group will discuss a backup option.*

#### B. HCPF Recommendations

HCPF has begun working on their recommendations and has incorporated the MPRRAC recommendations balancing those with budget considerations. Changes made to recommendations today may not be fully considered as part of HCPF's recommendations but will be included in the report as MPRRAC recommendations. HCPF recommendations are considered part of the budget process and will be released publicly on November 1.

HCPF may update some analyses for the report but will not update for July 2024 rates. There are no changes to benchmarks this year, as happened last year.

MPRRAC can comment on HCPF's recommendations at the JBC presentation.

HCPF has more budget constraints around their recommendations than the MPRRAC does.

### 4. Year 2 Services – Recommendation Review

Brian reviewed slides 22-23 to share the list of services and the overall fiscal impact.

#### A. Emergency Medical Transportation (EMT)

Brian reviewed slide 24 showing the fiscal impact of the EMT recommendation.

Public Comment – no public comment.

Committee Discussion – main points:

- The committee wanted to clarify that we are aiming for 80% because the Medicare benchmark is higher.

*No changes to the previous committee recommendation.*

#### B. NEMT





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Brian reviewed slide 25 showing the fiscal impact of the NEMT recommendation.

No public comment.

Committee Discussion – main points:

- 5 of the 19 codes are benchmarked to Medicare. The other codes are benchmarked to other states.

*No changes to the previous committee recommendation.*

### **C. Qualified Residential Treatment Program (QRTP)**

Brian reviewed slide 30 showing the fiscal impact of the QRTP recommendation.

No public comment.

No committee discussion.

*No changes to the previous committee recommendation.*

### **D. PRFT**

Brian reviewed slide 33 showing the fiscal impact of the PRFT recommendation.

No public comment.

No committee discussion.

*No changes to the previous committee recommendation.*

### **E. Physician Services – Sleep Studies**

Brian reviewed slide 36 showing the fiscal impact of the Physician Services – Sleep Studies recommendation.

No public comment.

No committee discussion.

*No changes to the previous committee recommendation.*

### **F. Physician Services – EEG Ambulatory Monitoring Codes**

Brian reviewed slide 39 showing the fiscal impact of the Physician Services - EEG Ambulatory Monitoring Codes recommendation.

No public comment.

No committee discussion.

*No changes to the previous committee recommendation.*

### **G. Fee-for-service Behavioral Health SUD Codes**

Brian reviewed slide 42 showing the fiscal impact of the Fee-for-service Behavioral Health SUD Codes recommendation.





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No public comment.

No committee discussion.

*No changes to the previous committee recommendation.*

### **H. Home Health Services**

Brian reviewed slide 45 showing the fiscal impact of the Fee-for-service Behavioral Health SUD Codes recommendation.

No public comment.

No committee discussion.

*No changes to the previous committee recommendation.*

### **I. Pediatric Personal Care**

Brian reviewed slide 48 showing the fiscal impact of the Pediatric Personal Care Codes recommendation.

No public comment.

Committee discussion:

- Clarify the wording of the recommendation to ensure intent is clear.

***Clarification to the previous recommendation:***

- *Align the rates of same services across PPC and HCBS Community first Choice and select the higher of the two rates.*

### **J. Private Duty Nursing**

Brian reviewed slide 51 showing the fiscal impact of the Private Duty Nursing recommendation.

No public comment.

Committee Discussion:

- A member of the public recommended changing the language from CPT code in the recommendation to the HCPCS code. The billing manual requires providers to bill HCPCS rather than CPT.

***Clarification to the previous recommendation (bullet #3 of the recommendation):***

- *If possible, use the PDN HCPCS codes for benchmark comparison analysis in the future. This is a review process recommendation instead of policy recommendation.*

### **K. Home and Community Based Services (HCBS)**

Brian reviewed slides 54-60 showing the MPRRAC recommendations for ALL CATERGORIES FOR HCBS and the fiscal impact by service category.

No public comment.





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### Committee Discussion:

- Do we need more discussion around each individual service category or are we comfortable with moving forward as is?
- The fiscal impact of ADL assistance is the highest because it's 83% of HCBS utilization.
- The overall fiscal impact of the recommendation for HCBS is large compared to the fiscal impact of recommendations MPRRAC has made in the past (i.e., the fiscal impact of recommendations from last year totaled ~\$143M).
- The committee floated the idea of reducing the ADL recommendation to 75% of benchmark. Others shared that they would like to represent the stakeholder, even if the fiscal impact is large. The committee had increased from 80% to 100% of the benchmark due to the benefits of providing care at home and the cost savings potential of HCBS. The members decided to maintain the previous recommendation but include a minority opinion.
- MPRRAC agreed that they will address the large fiscal impact of the HCBS and ADL and the rationale in their presentation for the JBC.
- Colorado Medicaid is the only payer for HCBS services.

### *Addition to the previous committee recommendation:*

- *Minority Opinion: One MPRRAC member requested an increase to 80% for the ADL service category in HCBS due to the large fiscal impact.*

## L. Fiscal Impact Summary

Brian reviewed slide 63 showing the fiscal impact of all Year 2 MPRRAC recommendations by service category.

## 5. Next Steps and Announcements

Staff are finalizing the report for the November 1, 2024, deadline.

The November meeting is scheduled for Friday November 15, 2024, from 9:00am-2:00pm.

Contact information was also shared (see below):

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

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## 6. Meeting Adjourned at 10:45 am

