



Minutes of the Medicaid Provider Rate Review Quarterly Public Meeting

July 24, 2023

Colorado Department of Health Care Policy and Financing

303 E. 17th Avenue, Denver, CO 80203

Virtual Zoom Meeting, 8:00 a.m. – 10:00 a.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 8:06a.m. All 6 of the 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

Not present - 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, Lingling Nie, Victoria Martinez, Amanda Villalobos, Ivy Beville, Amy Dickson, Christopher Lane, Gina Robinson from HCPF, Brian Pool and Erin Ulric from GPS Consulting (facilitators)

C. Other Participants

90 total participants were present at 8:06.

D. Housekeeping & Meeting Overview

Brian, Michelle and Kevin reviewed slides 2-7; including meeting etiquette, rules of governance, PHI, and the role of MPRRAC.

2. Meeting Minutes

This meeting is an extension of the last meeting, the minutes will be combined into one set of meeting minutes for both meetings, and we will review those minutes together. The two sets of meeting minutes will be discussed in September.





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3. Meeting Purpose

Brian reviewed the meeting purpose which is that by the end of today, MPRRAC will have clear recommendations for each service being reviewed. The September meeting will focus on review of the recommendations and a view of the draft report.

4. Rate Comparison Data at a glance

Brian reviewed slides 10-11.

Kevin asked the group for clarification of the committee's recommendation on Ambulatory Surgical Centers – the group had discussed increasing the rate by 25% to get to 75%, but those recommendations are different. The MPRRAC members discussed wanting to move all services to 80% of the benchmark. They modified their recommendation to increase Ambulatory Surgical Services to 80% to maintain consistency of their goal to get to **at least** 80% of the benchmark.

5. Year One Services Data Analyses/Feedback

A. Pediatric Behavioral Therapy (PBT)

Brian and Kevin reviewed slides 12-17 which contained new analysis for PBT.

Public Comment - seven (7) people provided public comment:

- Providers are leaving Colorado at alarming rates due to the low reimbursements for these services. These services prevent lifelong challenges for patients, and can reduce lifetime costs for an individual patient by nearly \$4M.
- There were multiple requests for an emergency rate increase, as there are 1,000 families that could lose access to these services if something is not done immediately.
- Stakeholders provided specific codes and recommendations for each to MPRRAC.
- One parent shared the criticality of the services that her children were receiving and how devastating it would be to lose access.
- All public commenters shared how incredibly important these services are for families.

Committee Discussion – main points:

- Kevin clarified there is no authority to do an emergency rate increase.
- It's clear that these services need an increase. A very significant portion is the services that are not covered at all.
- How can community integrated health help support. There is support for at least an increase to the benchmark of the other states' averages.
- Can MPRRAC ask for codes to be expanded? Yes. Both the public and the committee recommendations comments are not limited to what is presented here.
- What is the best way to get a list of codes that we should include? COABA proposed codes 97152, 97156, 97157.
- MPRRAC members asked for HCPF to include the codes that stakeholders are requesting in the draft report so they can review in September.
- HCPF will be looking at BCaBA's at the Benefits Collaborative in the next six months.

Committee Recommendation:

- *The group recommended increasing PBT rates to 100% of the benchmark for other states, and also include open up a list of codes that are not currently open. HCPF will include the list of specific codes in the draft report in September.*
- *The members had consensus around this recommendation.*





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B. Dental Services

Brian recapped slides 20-21. Reviewed new analysis on slide 22. Outliers are rates that are significantly different from the benchmark. Dental was not able to get the DentaQuest data in time for the new analysis.

Public Comment:

- CDA came together and prioritized the 24 codes to be selected for review, and they would propose that those codes would be the ones that the committee considers. The codes selected may be under-reimbursed, but they aren't the most utilized ones. They've spent a long time as a community determining what codes should be reviewed, so they would really like that list to be used for the analysis.
- The codes selected don't cover dental hygienists who survive on four (4) deep cleaning codes and periodontist codes. They would like to add those four codes to the analysis this year.
- Root canals and other painful services are also not included. Want to be careful about all the materials if considering crowns to ensure that there are not unintended consequences.
- There is already a provider shortage, and a rate increase is needed for the selected 24 codes. Their selected codes are at 40% of the benchmark when we look at suggested fee codes. The data in this analysis is outdated and should use 2022 benchmark instead of 2020. There is a need to use the most current fee schedules when setting rates.

Committee Discussion – Main Points:

- Kim strongly supports using the 24 codes that were submitted for review.
- Would support focusing on the high impact codes for service providers and going to 100% for those codes.
- Dental hasn't been reviewed in a long time, so the benchmark is way behind.
- When HCPF makes the actual adjustments, they will use the most current fee schedules available. The committee supports this.

Committee Recommendations:

- *Use the list of 24 codes that CDA submitted for review and recommend that those codes go to 100%.*
- *The members had consensus around this recommendation.*

C. Surgeries

Brian recapped slides 26-27. New analysis included the top 10 codes, county level utilizer to providers rates, and outliers. Outliers included 140% above the benchmark.

No Public Comment

- **Surgeries: Digestive Surgeries**

Brian reviewed slides 28-36.

Committee Discussion:

- There are a lot of rates in the digestive surgeries that are well above benchmark. Maybe slanting towards preventive services to keep at a higher rate, and then bringing down some of the other codes to 100% benchmark.
- Agree that the preventive aspect is important, and there were also some outliers under 60% - not certain what they all are, so it's hard to make a recommendation without looking them all up.
- There are various outliers – as a whole, agree that preventative measures should carry more weight.
- Would be helpful to see the top 10 codes by subcategory.





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Committee Recommendation:

- *For preventative measures, we'd like to keep them at 100%. For other measures increase or reduce to 80% of the benchmark.*
- *The members had consensus around this recommendation.*

• **Surgeries: Musculoskeletal System**

Brian reviewed slides 38-41

Committee Discussion:

- HCPF can't do analysis on the six codes that do not have Medicare benchmarks. But this is something that HCPF would like to talk about for November for what the group wants to review for next year, so the analysis can be more impactful.
- The information that Tim asked for in terms of not being able to compare to Medicare will be helpful in the future.

Committee Recommendation:

- *Recommendation to move the codes to 80% of the benchmark.*
- *The members had consensus around this recommendation.*

• **Surgeries: Cardiovascular System**

Brian reviewed slides 43-47

Committee Discussion:

- Are any of these rates due to a decrease in the Medicare benchmark?
- In the future, the members would like to see top 10 codes by specialty.

Committee Recommendation:

- *Recommendation to reduce the codes that are above 100% to bring down 100% of the benchmark and increase codes that are below 80% to 80%.*
- *The members had consensus around this recommendation.*

• **Surgeries: Respiratory System**

Brian reviewed slides 50-53

Committee Discussion:

- Would like to have consistency across the recommendations for surgery.

Committee Recommendation:

- *Recommendation to reduce the codes that are above 100% to bring down 100% of the benchmark and increase codes that are below 80% to 80%.*
- *The members had consensus around this recommendation.*

• **Surgeries: Integumentary System**

Brian reviewed slides 56-59

Committee Discussion:

- Are there increased costs for any of these services? Are we going to have any unintended consequences?
- Some of these procedures – there are two parts: facility fees and provider fees. How





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to balance that when we talk about expensive equipment – what the facility is providing, versus what is the provider being paid to utilize it.

- Megan shared some information about what each of the codes are.

Committee Recommendation:

- *Recommendation to reduce the codes that are above 100% to bring down 100% of the benchmark and increase codes that are below 80% to 80%.*
- *The members had consensus around this recommendation.*

- **Surgeries: Eye and Auditory**

Brian reviewed slides 62-65

Committee Discussion:

- The committee reviewed some outlier codes and agreed to continue with consistency on this service.

Committee Recommendation:

- *Recommendation to reduce the codes that are above 100% to bring down 100% of the benchmark and increase codes that are below 80% to 80%.*
- *The members had consensus around this recommendation.*

- **Surgeries: Other**

Brian reviewed slides 68-71

Committee Discussion:

- The group agreed on a continued consistent approach.

Committee Recommendation:

- *Recommendation to reduce the codes that are above 100% to bring down 100% of the benchmark and increase codes that are below 80% to 80%.*
- *The members had consensus around this recommendation.*

D. Co-Surgery

Kevin shared that the department is considering altering the codes and will be providing recommendations when they share the draft report. This will be shared with MPRRAC in September, and typically, these will be shared much earlier in the process.

E. Behavioral Health Services

Brian and Kevin reviewed slides 75-77. They reviewed a set of codes, there were five codes that related to physician services that were reviewed last year (and given a decrease) and those were removed from this analysis.

Public Comment:

- Really appreciative of the MPRRAC conversation where they felt good support, but then they found out their rates got cut by 34%. Since last Monday 8 of 35 providers in Colorado have pulled out of providing services. Three of those practices have bilingual psychologists, and there is a huge provider shortage.
- Conversation from 2022 when testing codes were reviewed, the recommendation was to bring any code over 100% down to 100% which resulted in the decrease.
- There is an urgent need to revisit these codes.





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Committee Discussion:

- At the last meeting, there was interest from the committee to increase rates, but the rates were cut last year. That's how various codes ended up in one category or another.
- The testing codes are not included in the analysis this year, they were only included in the physicians recommendation last year.
- Kate offered that we would like to pull testing codes from physician services back under fee-for-service behavioral health services and therefore make a recommendation to increase these codes to at least 100%.
- The committee would like to consider this specialty again in September (the four testing codes) as they would like more information to make a better recommendation.
- HCPF - whatever we discuss about it will not be consider part of the Departments recommendations, because the Department needs to start on the report.
- The committee is also interested in reviewing all of these rates again next year given the lack of information.

Committee Recommendations:

- *The committee recommends reviewing the four testing codes in September and the MPRRAC can make a recommendation. It is acknowledged that the recommendation may be different from HCPF given the timing.*
- *The group agreed, but Kate and Vennita had to leave before the discussion was completed.*

6. Next Steps

Next meeting is in September. The members will receive the draft report as soon as possible prior to that meeting. Michelle will stay in contact with the committee and share more about when to expect the report.

Contact information was also shared:

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

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7. Meeting Adjourned at 10:46 a.m.

