COLORADO
Department of Health Care Policy & Financing

Minutes of the Medicaid Provider Rate Review Quarterly Public Meeting

Virtual meeting:

March 21, 2025, from 9:00 a.m. – 2:00 p.m., and

Meeting Part #1: March 21, 2025
Meeting Materials

Agenda

Public Stakeholders- Sign up to make a comment - FORM

Presentation

MPRRAC Website

MPRRAC 101 Fact Sheet

1. Call to Order and Welcome

Megan Adamson, MPRRAC Chair, called the meeting to order at 9:02a.m. 7 of the 7 members were present and participating remotely.

A. Members on Zoom/Phone

Megan Adamson, MD, family physician from Lafayette Colorado (Chair)
Ian Goldstein, MD, MPH, CEO of Soar Autism Center (Vice Chair)
Terri Walter, MSN, RN, HopeWest, Hospice & Palliative Care
Kate Leslie, LCSW, Medicaid Mental Health provider
Tim Diesnt, CEO, Ute Pass Regional Health Service District (joined at 10:39AM)
Vennita Jenkins, MBA, CEO Senior Housing Options, Inc.
Christopher Maestas, GM, AMI-Wellness Home Health

B. Department Staff Participants and Facilitators

Kevin Martin, Lingling Nie, Wei Deng, Kevin Anderson, Dylan Marcy, Amanda Villalobos, Tyler Collinson, Hannah Hyland, Siyu Zhang, David McFarland-Porter, Victoria Martinez, Eric Schmitz, Madisen Frederick, Alex Weichselbaum, Chris Lane, Gina Robinson, Greta Moser, Sara Kaslow, Janelle Poullier, Devinne Parsons, Ivy Beville, Melanie Reece, Sahara Karki, Vitoria Martinez, Araceli Santistevan, and Amy Dickson

Brian Pool and Agustín Leone from GPS Consulting (Facilitators)

C. Other Participants

64 total participants were present at 9:10.

2. Meeting Minutes

Motion: Megan Adamson motioned to approve the November 15, 2024 meeting minutes. Seconded by Venitta Jenkins and Terri Walter.
Vote: Unanimous approval of the November 15, 2024 meeting minutes.

3. Meeting Overview

Hannah Hyland, Dylan Marcy, Kevin Martin, Lingling Nie, Kevin Anderson, and Brian Pool reviewed (slides 2-27) The Agenda, Housekeeping, MPRRAC/JBC Update, Rules of Governance, The Role of MPRRAC, Meeting structure, Meeting Purpose, Update on Analysis, 2025 Analysis Methods Overview, Year 3 Services, Data Sources, Benchmark Rate Source, Benchmark State Selection, Code Inclusion and Exclusion, Duplicate Code Ranking Hierarchy, Overall Benchmark Ratio Calculation Method, Living Cost Adjustment, Basic Structure of 2025 Services Analyses, Access to Care Metrics .

4. 2025 Services Analyses

Brian Pool facilitated a discussion of the year 3 services data analysis by service category (slides 27-309).

1. **Dialysis and Dialysis-Related Services**
2. **Dialysis Facility**
   - **Presentation Notes:** Dialysis and dialysis-related services provide life-sustaining treatment for individuals with kidney failure or End-Stage Renal Disease (ESRD). Facility-based services are delivered in state-approved freestanding dialysis centers and home settings. These are reimbursed through a composite rate, which bundles dialysis-related drugs, labs, supplies, and capital costs. Medicare's Prospective Payment System (PPS) model is used for pricing. Health First Colorado applied Medicare adjustments where data were available (e.g., geographic wage index), though some adjustments such as body mass index and low-volume facility factors could not be incorporated due to data limitations.
   - Key findings:
     - FY 2023–24 adjusted expenditures totaled ~$11M, serving ~600 members.
     - Overall benchmark ratio: 81%
     - Regional rates varied significantly, from $194 in Pueblo to $250 in Boulder.
   - Access analysis:
     - Highest panel size in El Paso County.
     - Highest penetration rate in Cheyenne County.
     - Most providers and members located along the I-25 corridor.
     - In-home service utilization and visit percentages both increased slightly year over year.
   - **Public Comment**
     - *Anonymous Stakeholder 1*: Requested rate increases for codes 821, 831, 841, 851. Cited gaps between current rates and Medicare benchmarks (e.g., 14% increase needed in Colorado Springs, 8.7% in Denver). Emphasized that missed dialysis treatments are linked to a 40% increase in hospitalization risk.
     - *Anonymous Stakeholder 2* (Fresenius): Shared financial strain of serving 1,750 patients across 27 clinics. Medicaid reimbursement ($228/treatment) falls well below actual costs ($348), resulting in ~$17,000 annual loss per patient. Also noted limited managed care plan options in Colorado. Requested increases for codes 821, 841 and 851.
     - *Anonymous Stakeholder 3*: Serves 90 patients in rural Colorado, where over 50% of patients rely on Medicaid. Requested rate increases to maintain clinic viability in rural areas.
   - **MPRRAC Discussion:**

- Ian Goldstein inquired about discrepancies between stakeholder claims and the benchmark gap shown on slide 35. Chris Lane (HCPF) noted they would follow up with stakeholders to review the data and provide clarification.

3. **Dialysis Non-Facility**
   - **Presentation Notes:**
     - Non-facility dialysis services provide non-routine treatments for individuals with End-Stage Renal Disease (ESRD) outside of freestanding dialysis centers. These services are reimbursed on a per-treatment basis rather than through a composite bundled rate. In FY 2023–24, total adjusted expenditures for non-facility dialysis services were approximately $1.4 million.
     - Benchmark ratio: 85%
     - Highest panel size observed in Pueblo County, with moderate concentrations along the I-25 corridor. Rural areas showed greater fluctuation due to smaller provider pools.
     - Cheyenne County had the highest penetration rate; other counties showed consistent, lower penetration.
     - Shortest drive times and provider density were located along the I-25 corridor, with some areas in Western Colorado also showing shorter drive times despite fewer providers.
     - A small number of providers experienced a decline in members served between SFY 2022 and SFY 2024.
   - **Public Comment:**
     - *No public comments were submitted for non-facility dialysis services.*
   - **MPRRAC Discussion:**
     - A clarification question was raised in the chat regarding whether "non-facility" refers to home dialysis. Lingling Nie clarified that home dialysis services are included under the facility-based bundle, whereas non-facility services fall under fee-for-service and are more limited in scope.
     - Kate Leslie requested that codes mentioned during dialysis public comments be explicitly elevated and shared with MPRRAC members. Lingling noted this would require coordination with internal policy staff.
     - Ian Goldstein requested additional data to inform the committee's review and support a clear recommendation by the July meeting.

4. **DIDD Dental Services**
   - **Presentation Notes**:
     - DIDD Dental Services are enhanced dental benefits for Medicaid members aged 21+ enrolled in the HCBS Developmental Disabilities (DD) or Supported Living Services (SLS) waivers.
     - The program provides supplementary reimbursement to address the specialized care needs of individuals with intellectual and developmental disabilities (IDD), improving oral health outcomes for this population.
     - HCPF evaluated all 50 states to identify DIDD-specific dental programs. Five benchmark states were selected: Louisiana, Nevada, New York, Oklahoma, and South Carolina. These states offer either a separate IDD dental fee schedule, enhanced reimbursement rates, or additional coverage.
     - Two benchmark comparisons were used:
       1. ADA benchmark (commercial rates): 67% of codes fell between 60–80% of benchmark, covering 83% of utilization.
       2. Other state Medicaid rates: Colorado's rates were generally higher, with many codes above 100% of benchmark.
     - Panel size was highest in Park County; penetration rate was highest in Sedgwick County. Rural areas showed more fluctuation due to provider-utilizer shifts.
     - Internal HCPF analysis found:
       1. 73% of DIDD codes had higher reimbursement than the standard Medicaid dental fee schedule.

2. 16% of codes were not in the standard Medicaid dental fee schedule.
3. 5% of DIDD codes reimbursed at lower rates than standard Medicaid dental codes.

- **Public Comment:**
  1. *No public comments were submitted for DIDD services.*

- **MPRRAC Discussion:**
  - Kate Leslie expressed appreciation for the benchmarking work and visualization format.
  - Lingling Nie explained the use of dual benchmarks (ADA and other states) to provide a more equitable comparison.
  - Wei Deng added that 27 DIDD codes (16%) were excluded from the comparison due to no match in the Medicaid fee schedule.
  - Megan Adamson clarified that the graphs compared different code sets—ADA vs. other states.
  - Terri Walter noted an increase in new providers serving the DIDD population.
  - Janelle Poulier from HCPF shared stakeholder feedback highlighting the challenges of serving the DIDD population: complex care needs and safety measures. The lack of a 2023 rate review led to disparities between IDD and standard Medicaid dental reimbursement, which may risk further provider loss.
  - Ian Goldstein requested a side-by-side comparison of the DIDD fee schedule and standard Medicaid dental fee schedule to support July recommendations. HCPF staff agreed to provide this data.

5. **Durable Medical Equipment (DME)**
   - **Presentation Notes:**
     - Durable Medical Equipment includes items intended for medical use that are reusable, designed to withstand repeated use, and generally not useful to individuals without a medical need. Examples include wheelchairs, oxygen equipment, and hospital beds.
     - Medicaid provider participation was 28%.
     - Panel size was highest in El Paso County, with moderate representation in some I-25 corridor and Western Colorado counties. Panel size changes were driven by shifts in the number of providers or utilizers.
     - Penetration rate was highest in Lake County and relatively moderate across most of the state, with lower rates observed in the Western Slope.
     - A significant proportion (25–30%) of DME providers served only one Medicaid member in a fiscal year, likely due to the rise of online retailers.
     - Colorado Medicaid's per utilizer per year DME utilization was higher than most payers, with the exception of Medicare Advantage.
   - **Public Comment:**
     - *No public comments were submitted for DME services.*
   - **MPRRAC Discussion:**
     - Kate Leslie noted that repair codes were reimbursed at approximately 200% of benchmark rates and asked for confirmation on how repairs were factored into the pricing analysis.
     - HCPF confirmed that repairs are reimbursed separately from the base DME item and noted this distinction will be clearly explained in future data presentations.

6. **Prosthetics, Orthotics and Disposable Supplies (POS)**
7. **Prosthetics:**
   - **Presentation Notes:**
     - Prosthetic and orthotic devices include equipment that replaces a missing body part, corrects deformities, or supports weakened areas. These devices often involve related disposable supplies.
     - Medicaid provider participation was 29%.
     - Panel size was highest in El Paso County, with moderate coverage in the I-25 corridor. Rural panel sizes fluctuated based on variations in provider or utilizer presence.

- Penetration rate was highest in Jackson County, relatively stable across most of the state, but lower in Eastern and Western Colorado.
- The I-25 corridor offered the best provider access and shortest drive times, while much of Eastern and Western Colorado continued to face higher drive times and limited provider availability.
- About 15% of providers served only one Medicaid member per fiscal year, likely due to increased use of alternative online retailers.
- Medicaid's per-utilizer-per-year utilization was similar to that of other payers.

- **Public Comment:**
  - *Anonymous Stakeholder:* An advocate from a prosthetics provider group, representing 20 clinics in Colorado and affiliated with the Orthotics and Prosthetics Association, requested a reimbursement increase from 72% to 80% of Medicare rates, citing unsustainable reimbursement due to inflation and COVID-related impacts. The commenter referenced a state benchmark analysis they had submitted and emphasized the importance of aligning with Medicare for specific codes, including L2006, L5973, and L6880, particularly for advanced prosthetic technologies. It was noted that approximately 99 codes are reimbursed under a cost-plus methodology that includes clinical and administrative time.
- **MPRRAC Discussion:**
  - Megan Adamson clarified differences between multi-ply and single-ply code groupings.
  - MPRRAC noted that a significant number of codes appeared to be reimbursed at particularly low rates. HCPF staff indicated they would follow up with a list of specific codes for further review by the committee.

8. **Orthotics:**
   - **Presentation Notes:**
     - Orthotics services involve the design and use of external devices (orthoses) to support, align, or correct physical conditions.
     - Medicaid provider participation was 39%.
     - Panel size was highest in El Paso County and moderate in the I-25 corridor; urban areas saw an increase in utilizers with fewer provider increases, while rural areas experienced greater fluctuation.
     - Penetration rate was highest in Kit Carson County, moderate across most counties, and lowest on the Western Slope.
     - Drive times were generally short across the state, except for longer drive times in Western Colorado.
     - Approximately 15–20% of providers who served only one member annually may reflect increased use of alternative online retailers.
     - Medicaid utilization per utilizer per year was similar to that of other payers.
   - **Public Comment:**
     - *Anonymous Stakeholder 1:* A manufacturer representative supported increasing reimbursement rates to 80% of Medicare and flagged missing codes from Appendix B for submission. A specific request was made to review code L200BI and other manually priced codes.
     - *Anonymous Stakeholder 2:* A second commenter submitted a combined analysis of orthotics and prosthetics codes for the committee's consideration.
   - **MPRRAC Discussion:**
     - Kate Leslie noted a top code (a pelvic stabilizer) ranked highly and clarified that recommendations will be made in July following today's data review.
     - Megan Adamson encouraged stakeholders to identify critical codes, especially those far above or below benchmarks, and to provide context to support prioritization.
     - Tim Dienst emphasized aiming for parity, suggesting that under-80% codes be raised closer to benchmark and overly high rates be adjusted downward.

- Alex Weischelbaum from HCPF discussed the economic complexity of DME/orthotics providers and cited code K7039 (DME repair) as an example of a rate that includes travel and has high stakeholder relevance. He noted that general rate rebalancing may have limited impact on access but targeted changes could.
- Kate and Alex discussed the particular challenges of rural repairs, such as oxygen (O2) equipment, and how market realities affect access and provider sustainability.
- Kate reiterated the importance of making informed decisions, even when tough, and acknowledged how some services operate without strong legislative protections.
- Tim echoed concerns about rural access, sharing that as an EMS provider at 72% of Medicare rates, his agency also faces hard financial decisions related to access and sustainability.

9. **Other and Disposable Supplies**
   - **Presentation Notes:**
     - Disposable supplies refer to consumable healthcare items that cannot withstand repeated use and are necessary to address a medical disability, illness, or injury.
     - Medicaid provider participation was 45%.
     - Panel size was highest in El Paso County and moderate in the I-25 corridor. Urban panel size trended upward in SFY24 due to increased utilization; rural panel size remained relatively stable.
     - Penetration rate was highest in Crowley County and moderate across most of the state, with lower rates in Western Colorado.
     - Approximately 25% of providers serving only one member annually may reflect the influence of alternative online retailers.
     - Medicaid utilization per utilizer per year was higher than other payers.
   - **Public Comment:**
     - *No public comments were submitted for Other and Disposable Supplies.*
   - **MPRRAC Discussion:**
     - Christopher Maestas suggested that enteral feeding formulas might warrant their own subgroup given their distinct characteristics from other disposable items, noting a 170% benchmark outlier.
     - Kate Leslie and Kevin Martin clarified that grouping decisions are typically made by HCPF and informed by stakeholder input, but emphasized the need to avoid overly narrow subgroupings that may raise PHI concerns.
     - Tim Dienst encouraged the committee to consider the systemic impact of changes across service areas, rather than viewing them in isolation—particularly if rebalancing to a target like 80%.
     - Megan Adamson inquired about invoice use for DME pricing, suggesting they may offer insights into direct care costs.
     - Alex Weischelbaum explained that invoice-based pricing is a common topic, but manual pricing methods (e.g., MSRP or invoice cost plus markup) come with administrative burdens. Certain items, such as diapers, have fee schedules to prevent excessive reimbursement.
     - When asked whether invoices could help validate rates, Alex noted that they often lack acquisition cost data, limiting their usefulness. He emphasized the challenge of obtaining this sensitive pricing information and the limitations it places on fair reimbursement analysis.

10. **Eyeglasses and Vision Services**
    - **Presentation Notes:**
      - Eyeglasses and Vision Services include a range of care focused on improving visual acuity and eye health. Covered services include comprehensive eye exams, prescription and fitting of corrective lenses, and dispensing of eyeglasses (frames and lenses).
      - Total spending in SFY23-24 was approximately $113 million, serving 226,000 members—an 8.5% decrease in utilization.

- Provider participation was at 47%, with over 4,300 providers (2% fewer than the prior year).
- Benchmark analysis showed Medicaid reimbursement at approximately 81% of benchmarks, with 91% of codes compared to Medicare and 9% benchmarked to other states.
- About 86% of codes fall between 70% and 100% of benchmarks.
- Panel size was highest in El Paso County; penetration rate was highest in Otero County. Utilization per utilizer was comparable to other payers.
- Approximately 25% of providers served only one member in the fiscal year, likely due to alternative online retailers.

- **Public Comment:**
  - *No public comments were received for Eyeglasses and Vision Services.*
- **MPRRAC Discussion:**
  - Megan Adamson raised concerns about how certain codes were categorized, noting some procedure codes seemed to be inconsistently grouped—e.g., some falling under "Other" instead of "Eyeglasses and Vision Services." She flagged that this made the analysis somewhat confusing.
  - Hannah Hyland from HCPF noted that a later slide would explain the distinction between eyeglasses/vision services and ophthalmology. Internal policy staff are responsible for code allocation. No additional comments were made by the committee.

11. Laboratory and Pathology Services

- **Presentation Notes:**
  - Laboratory and Pathology Services encompass a wide range of diagnostic tests on human body fluids used to support disease diagnosis, prevention, and treatment. These include microbiological, chemical, hematological, and pathological exams.
  - Provider participation was 30%.
  - Panel size was highest in El Paso County and moderate in I-25 corridor counties, with overall trends showing a decrease in utilizers in SFY24.
  - Penetration rate peaked in Fremont County and was lowest in Western Colorado.
  - Medicaid expenditures per utilizer were lower than most payers but comparable to Medicare Fee-For-Service.
  - Utilization per utilizer was slightly higher than commercial payers but aligned with other public programs.
- **Public Comment:**
  - *No public comment was received for Laboratory and Pathology Services.*
- **MPRRAC Discussion:**
  - Megan Adamson flagged inconsistencies in code groupings, noting that some of the most commonly used lab codes were missing from the category—comparing it to a similar issue seen in the vaccine grouping.
  - Ian Goldstein observed that many codes appear to be reimbursed at 100% of the benchmark.
  - Lingling Nie clarified that lab and pathology codes are typically benchmarked using Medicare FFS and the Clinical Laboratory Upper Payment Limit (UPL).

12. Outpatient PT/OT/ST

13. Physical Therapy

- **Presentation Notes:**
  - Physical Therapy (PT) services are delivered by licensed professionals to help individuals recover mobility and manage pain from injuries or medical conditions.
  - Medicaid provider participation was 37%.
  - Panel size was highest in Kit Carson County and moderate in I-25 corridor counties, with urban areas experiencing an initial increase in SFY23 followed by a decline in SFY24.
  - Penetration rate was also highest in Kit Carson County and lower in Western Colorado.
  - Telemedicine usage declined over time.

- Medicaid expenditures per utilizer per month were lower than commercial payers but higher than other public programs, while overall utilization was higher than other payers.

- **Public Comment**
  - *Three individuals signed up to provide public comment but were not present during the meeting.*
- **MPRRAC Discussion:**
  - There was no committee discussion specific to Physical Therapy services.

14. Occupational Therapy

- **Presentation Notes:**
  - Occupational Therapy (OT) services are delivered by licensed professionals who help individuals improve their ability to perform daily activities and participate in meaningful occupations. OT supports those impacted by physical, mental, or developmental conditions.
  - In FY23-24, Medicaid expenditures totaled approximately $34.5 million for OT services, serving 12,700 members (a 6% increase from the prior year).
  - Provider participation was 51%, with over 750 providers—a 2.5% increase from the previous year.
  - The average benchmark ratio for OT codes was 96.5%. Of the 48 OT code combinations reviewed, 83% used Medicare and the remainder other state benchmarks. Ratios ranged from 75% to 120% of benchmark. 69% of codes fell between 80–100%, accounting for 91% of total utilization.
  - Highest-utilized codes were therapeutic activities, sensory integration, and therapeutic exercises, comprising over 90% of OT utilization.
  - Panel size was highest in El Paso County, with relatively stable panel sizes across urban and rural areas.
  - Penetration rate was highest in Dolores County and moderate along the I-25 corridor, with lower rates in much of Eastern and Western Colorado.
  - Telemedicine usage declined over the three-year review period.
  - Drive times were shortest along the I-25 corridor and some parts of Central, Eastern, and Western Colorado, though longer in much of Eastern and Western Colorado.
  - Medicaid per utilizer per month expenditures and per utilizer per year utilization were higher than other payers due to similar rates but significantly higher utilization.
- **Public Comment:**
  - *Anonymous Stakeholder* – A business OT clinic owner specializing in aquatic therapy and drowning prevention expressed concerns that outpatient rate reductions would force her to reduce staff and services, or potentially close. Her clinic supports individuals with complex disabilities and high needs and is one of few providers with her specialized skillset. She emphasized that Medicaid is the clinic's primary payer and advocated against cuts to current outpatient OT codes, rates, or modifiers. The commenter also shared that additional OT stakeholders were unaware they could provide public comment and planned to resubmit their statements via email. The HCPF team confirmed those emailed comments would be shared with the committee, and stakeholders were invited to participate in the July meeting.
- **MPRRAC Discussion:**
  - Katie Leslie reminded stakeholders that recommendations will be made during the July meeting and encouraged email submissions of any codes or feedback in the interim.
  - Another member requested that all emailed public comments be shared with MPRRAC members.
  - Committee members acknowledged the value of the stakeholder input and the challenges facing providers due to high utilization and reimbursement disparities.

15. Speech Therapy

- **Presentation Notes:**

- Speech-Language Therapy (ST) is delivered by licensed speech-language pathologists (SLPs) to assess and treat communication and swallowing disorders across the lifespan. Services include support for speech, language, voice, fluency, and feeding/swallowing challenges.
- Medicaid provider participation was 61%.
- Panel size was highest in Kit Carson County and moderate in I-25 corridor and Western Colorado counties. Urban panel size increased in SFY23 but declined in SFY24 with the decrease in utilizers.
- Penetration rate was highest in Weld County, moderate in I-25 corridor counties, and lowest in Eastern and Western Colorado.
- Telemedicine utilization decreased steadily from SFY22 to SFY24.
- Drive times were lowest along the I-25 corridor and in some Central, Eastern, and Western counties. However, much of Eastern and Western Colorado continued to have long drive times.
- Medicaid expenditures per utilizer per month and utilization per year were higher than other payers due to significantly higher utilization despite lower reimbursement rates.

- **Public Comment:**
  - Multiple SLPs, including clinic owners and providers from rural and urban areas, emphasized the challenges of delivering care under current Medicaid reimbursement rates. They noted geographic limitations, no-show financial losses, travel burdens, and reimbursement structures that limit billing to one code per day.
  - Several commenters pointed out that ST receives lower reimbursement than PT/OT despite providing similar levels of service and facing high demand.
  - Stakeholders shared concerns about losing providers due to unsustainable rates and highlighted the negative impacts on access to care, especially in rural regions.
  - Some raised questions about the higher reimbursement rate for the telehealth version of code 92507 compared to in-person, and called for clarification and realignment.
- **MPRRAC Discussion:**
  - Committee members acknowledged the depth and urgency of the public comments.
  - Ian Goldstein and Kate Leslie encouraged stakeholders to identify specific codes for further review and to submit written feedback for consideration in July.
  - Megan Adamson noted that code 92507 with a telehealth modifier (GT) is currently reimbursed at a higher rate, possibly due to temporary COVID-era adjustments.
  - The committee discussed disparities in reimbursement structure, with PT/OT codes billed in 15-minute increments, while ST is limited to a single daily code, despite similar visit frequencies.
  - HCPF staff committed to reviewing any additional data stakeholders provide and examining the benchmark discrepancies in telehealth vs. in-person reimbursement for speech therapy services.

16. **Physician Services**
17. **Cardiology**

- **Presentation Notes:**
  - Cardiology services include the diagnosis, treatment, and management of heart and vascular conditions to improve cardiovascular health and overall quality of life.
  - Medicaid provider participation was 43%.
  - Panel size was highest in El Paso County and moderate in I-25 corridor counties. In SFY24, a more rapid decline in utilizers led to a downward trend in panel size.
  - Penetration rate was highest in Pueblo County and moderately high across most of the state, with notably lower rates in the Western Slope.
  - Medicaid expenditures per utilizer per year were lower than other payers.
  - Medicaid utilization per utilizer per year was higher than other payers, with the exception of Medicare Advantage.
- **Public Comment:**
  - *No public comment was provided for Cardiology services.*

- **MPRRAC Discussion:**
  - No discussion was held by MPRRAC members on Cardiology during the meeting.

18. EEG Ambulatory Monitoring

- **Presentation Notes:**
  - EEG services measure electrical activity in the brain and are primarily used to diagnose neurological conditions such as epilepsy. Ambulatory EEGs are conducted at home and are typically offered by hospitals, clinics, or Independent Diagnostic Testing Facilities (IDTFs).
  - Medicaid provider participation was 48%.
  - Panel size was highest in El Paso County and moderate in some I-25 corridor counties, with urban areas showing greater fluctuation due to utilizer-to-provider variation.
  - Penetration rate was highest in Hinsdale County but was generally lower and more uniform throughout the state, especially in Western and southern border regions.
  - Several providers experienced a notable decline in the number of members served between SFY22 and SFY24.
  - Medicaid expenditures per utilizer per month were significantly lower than commercial payers but comparable to other public payers.
  - Medicaid utilization per utilizer per year was similar to other payers but higher than Medicare FFS.
- **Public Comment:**
  - *No public comment was provided for EEG services.*
- **MPRRAC Discussion:**
  - Megan Adamson raised concerns about EEG-related codes being spread across different service categories, noting that many EEG services were listed under "other" physician services rather than grouped comprehensively. She emphasized the need to consolidate neurologist-provided procedures for clearer analysis.
  - Kate Leslie agreed, stating that the current categorization makes it difficult to assess the impact or draw meaningful comparisons.
  - Ian Goldstein asked for clarification, and Lingling Nie confirmed that the HCPF team would investigate and regroup codes if necessary.
  - Megan offered to assist the HCPF team by identifying specific discrepancies in the code groupings.

19. Ear, Nose and Throat (ENT) Services

- **Presentation Notes:**
  - ENT services, also referred to as Otolaryngology, cover medical and surgical care for disorders related to the ears, nose, throat, and associated head and neck structures.
  - Medicaid provider participation was 29%.
  - Panel size was highest in Montrose County and moderate in parts of the I-25 corridor and Western Colorado. Utilization spikes in August were attributed to increased demand related to back-to-school hearing screenings.
  - Penetration rate was highest in Montrose County and remained relatively low and consistent across the rest of the state.
  - Medicaid per utilizer per year expenditures were lower than Medicare FFS but higher than other payers.
  - Medicaid utilization per utilizer per year was higher than other payers.
- **Public Comment:**
  - *No public comment was provided for ENT services.*
- **MPRRAC Discussion:**
  - Kate Leslie inquired about a code that appeared to be reimbursed at 600% of benchmark but noted she didn't see associated utilization data.
  - Wei Deng confirmed the code in question had no recorded utilization.
  - Kate suggested it was still worth noting during the July meeting in case the code begins to be used in the future.
  - Megan Adamson identified the code as potentially related to hearing measurement.

20. **Family Planning Services**
    - **Presentation Notes:**
        - Family Planning services are preventive services aimed at supporting sexual and reproductive health, including pregnancy prevention, planning, and support. Covered services include FDA-approved contraceptives, pregnancy testing, sterilization, and basic fertility services such as device insertions and counseling.
        - Medicaid provider participation was high at 98%.
        - Panel size was highest in Pueblo County and moderate in parts of the I-25 corridor. A downward trend in panel size in SFY24 was linked to decreasing utilization.
        - Penetration rate was highest in San Juan County and moderate in several counties along the I-25 corridor, as well as in parts of Southwestern and Northeastern Colorado. It was lower in the Western Slope and Southeastern Colorado.
        - Medicaid per utilizer per year utilization was slightly higher than other payers.
    - **Public Comment:**
        - No public comment was provided for Family Planning Services.
    - **MPRRAC Discussion:**
        - Kate Leslie raised a question about a Nexplanon removal code showing reimbursement at 700% of benchmark.
        - Megan Adamson speculated that the high reimbursement rate may have been intended to incentivize utilization of the service.
21. **Gastroenterology Services**
    - **Presentation Notes:**
        - Gastroenterology services cover the diagnosis and treatment of diseases related to the digestive system, including the esophagus, stomach, intestines, liver, pancreas, and gallbladder.
        - Medicaid provider participation was 36%.
        - Panel size was highest in El Paso County and moderate in some I-25 corridor counties, with slight fluctuations across regions due to shifts in the ratio of utilizers to providers.
        - Penetration rate was highest in Broomfield County and moderate in several I-25 corridor and Eastern Colorado counties, but lower in parts of Eastern and Western Colorado.
        - Shortest drive times were concentrated along the I-25 corridor and parts of Western Colorado, with higher drive times elsewhere across the state.
        - Medicaid per utilizer per month expenditures were lower than other payers.
        - Medicaid per utilizer per year utilization was slightly higher than other payers.
    - **Public Comment:**
        - *No public comment was provided for Gastroenterology Services.*
    - **MPRRAC Discussion:**
        - Christopher Maestas noted the small number of transactions in the data and questioned whether this was typical for the gastroenterology category or an anomaly for the year.
        - HCPF staff indicated they would review the historical data to determine whether the current year reflects a consistent trend.
22. **Health Education Services**
    - **Presentation Notes:**
        - Health Education services aim to improve health literacy through increased knowledge and life skills that support individual and community health. These services include education related to the risks of alcohol, nicotine, marijuana, and illicit drug use, as well as patient self-care and substance use management.
        - Medicaid provider participation was 17%.
        - Panel size was highest in El Paso County and relatively uniform across the rest of the state. Urban trends increased in SFY24, driven by utilization of codes for self-care management training and substance use education.
        - Penetration rate was highest in Hinsdale County and remained relatively uniform across Colorado.

- Per utilizer per year Medicaid expenditures were lower than other payers.
- Per utilizer per year Medicaid utilization was slightly lower than other payers.

- **Public Comment:**
  - *No public comment was provided for Health Education Services.*
- **MPRRAC Discussion:**
  - No committee discussion was held for this service category.

23. Injections and Other Miscellaneous J-Codes

- **Presentation Notes:**
  - This service category includes injectable products and other related services provided in an office setting and administered by a physician. It excludes physician-administered drugs (PADs) and injections already captured under other service categories.
  - Medicaid provider participation was 42%.
  - Panel size was highest in Pueblo County and moderate in some I-25 corridor counties, with stability across both urban and rural regions.
  - Penetration rate was highest in Hinsdale County and relatively uniform across the state.
  - Shortest drive times were observed along the I-25 corridor, with longer drive times in much of Eastern and Western Colorado.
  - Per utilizer per month Medicaid expenditures were lower than commercial payers but higher than other payers.
  - Per utilizer per year Medicaid utilization was similar to other payers, with a notable increase over Medicare FFS in SFY24.
- **Public Comment:**
  - *No public comment was provided for Injections and Other Miscellaneous J-Codes.*
- **MPRRAC Discussion:**
  - No committee discussion was held for this service category.

24. Neuro/Psychological Testing Services

- **Presentation Notes:**
  - Neuro/Psychological Testing Services are used to assess and diagnose a wide range of mental health and neurological conditions. This includes depression screenings, developmental screenings, and assessments for other behavioral health conditions.
  - Medicaid provider participation was 63%.
  - Panel size was highest in El Paso County and moderate in some I-25 corridor and Western Colorado counties. Spikes in August utilization were associated with increased testing during the school year.
  - Penetration rate was highest in Montrose County and select Western Colorado counties, as well as parts of the I-25 corridor.
  - Per utilizer per year, Medicaid utilization was slightly higher than other payers, though slightly exceeded by Medicare Advantage in SFY24.
  - Benchmark analysis showed wide variation, ranging from 54% to 426% of the benchmark. Notably, 96110 had no Medicare rate, and 96127 had a Medicare benchmark of $392. Colorado uses these codes for specific purposes (e.g., Autism screening for 96127), differing from other states. Colorado's 96127 was benchmarked at 153% relative to other states.
- **Public Comment:**
  - *Anonymous Stakeholder:* A representative from a pediatric hospital policy team noted that Colorado Medicaid requires the use of codes 96110 and 96127 in highly specific ways that differ from national practices. For example, 96127 is used specifically for autism screening in Colorado, whereas other states may use it more broadly. This coding nuance may distort rate comparisons. The speaker also highlighted that these evaluations are complex and time-intensive, often requiring multiple sessions and extensive interviews. She requested a reconsideration of the analysis methodology.
- **MPRRAC Discussion:**
  - Committee members noted that rates for codes 96110 and 96127 were recently increased following advocacy and action by the Joint Budget Committee.

- Kate Leslie emphasized that Medicare is not a reliable benchmark for these codes due to its poor reimbursement for these services, and supported using other states for comparison.
- Members acknowledged the need for better alignment between the unique service use in Colorado and how those codes are benchmarked.
- Committee requested additional clarity from HCPF, and HCPF staff agreed to review and refine the analysis as needed.

25. Ophthalmology Services

- **Presentation Notes:**
  - Ophthalmology is a medical specialty that focuses on the diagnosis, treatment, and management of eye and vision conditions.
  - Medicaid provider participation was 32%.
  - Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban panel size trended upward, then decreased in early SFY24 due to decreasing utilizers.
  - Penetration rate was highest in Baca County and moderate in some counties along the I-25 corridor and in South-Western CO. Meanwhile, it was lower in the Western slope.
  - Per utilizer per year Medicaid expenditures were lower than commercial payers and Medicare Advantage, but higher than Medicare FFS.
  - Per utilizer per year Medicaid utilization was similar to commercial payers, and slightly less than other payers.
- **Public Comment:**
  - *Anonymous Stakeholder:* Ophthalmologist and surgeon. Shared deep concern that current reimbursement rates are so low they no longer cover the cost of service. Stated that due to rising costs of staff, rent, equipment, and inflation, Medicaid rates make it financially unsustainable to continue seeing Medicaid patients, despite a desire to do so. She emphasized that Medicaid beneficiaries are at risk of losing access to vital surgical services. Asked the Committee to consider increasing reimbursement to reflect the true cost of providing ophthalmic care.
- **MPRRAC Discussion:**
  - Megan Adamson noted that this is a new service category for MPRRAC and welcomed the feedback. She requested specific code-level suggestions for rate adjustments.
  - Ian Goldstein emphasized the importance of ophthalmology in the Medicaid population and encouraged stakeholders to provide more detailed data and recommendations ahead of the July meeting.
  - Kate Leslie echoed the Committee's openness to reviewing relevant data and acknowledged the concerns raised in public comment, encouraging future participation and detail in the public feedback process.

26. Primary Care Evaluation and Management Services

- **Presentation Notes:**
  - Primary Care Evaluation and Management (E&M) services encompass basic office visits for Health First Colorado members, focusing on diagnosing, treating, and managing general health concerns. These visits often serve as the entry point for specialty referrals.
  - Medicaid provider participation was 73%.
  - Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban and rural panel sizes trended downward in SFY24, driven by decreasing utilization.
  - Penetration rate was highest in Pueblo County and moderate to high across much of the state, though lower in parts of Western and Eastern Colorado.
  - Drive times were generally short statewide, except in some rural parts of Western and Eastern Colorado.
  - Per utilizer per year Medicaid utilization was lower than Medicare Advantage but higher than other payers.

- **Public Comment:**
  - *Anonymous Stakeholder:* A representative from a pediatric health system emphasized the financial strain on safety net primary care providers during the Medicaid unwinding period. The loss of Medicaid enrollments and increase in uncompensated care were straining budgets. She advocated for increasing reimbursement for preventive E&M codes and vaccine administration, particularly given the challenges of implementing pediatric-specific payment reform within current models.
- **MPRRAC Discussion:**
  - HCPF staff (Lingling) acknowledged data showed a large gap in use of preventive codes, especially for well checks.
  - Megan Adamson raised significant concerns about the service grouping. Many of the included codes were hospital-based, including emergency department (ED) codes, which she noted are not representative of primary care. She suggested separating ED services from primary care and ensuring general screening codes (e.g., women's health) are appropriately categorized.
  - Christina Winship clarified that the federal ceiling for childhood vaccine administration reimbursement would only allow an increase of $0.51 (from $21.17 to $21.68).
  - Tim D. echoed concerns about mixing emergency care and primary care codes, noting the potential for more integrated models with mobile health and telehealth services to reduce costs.
  - Ian Goldstein observed that the #1 utilization code in the primary care grouping was an ED code, which felt misaligned. He encouraged further collaboration with HCPF to refine groupings for greater accuracy and usability.
  - Lingling acknowledged the limitations in clinical interpretation and agreed to follow up with HCPF's internal policy team for clarification and potential regrouping.

27. Radiology Services

- **Presentation Notes:**
  - Radiology services encompass a wide range of imaging procedures used for diagnostic and therapeutic purposes. These include angiograms, CT scans, ECGs, MRIs, mammograms, PET scans, radiation treatment, ultrasounds, and X-rays.
  - Medicaid provider participation was 37%.
  - Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Panel size trended downward in SFY24 as utilization declined more rapidly.
  - Penetration rate was highest in Sedgwick County and was moderate to high across Colorado, except for the Western Slope, where rates were lower.
  - Per utilizer per year Medicaid utilization was similar to Medicare Advantage and higher than other payers.
- **Public Comment:**
  - *No public comment was provided for Radiology.*
- **MPRRAC Discussion:**
  - Megan Adamson noted that some X-ray codes currently listed in another service category may be more appropriately grouped under Radiology. She suggested regrouping to ensure consistency and clarity for analysis and recommendations.

28. Respiratory Services

- **Presentation Notes:**
  - Respiratory services include the diagnostic evaluation and procedures related to the nose, trachea, bronchi, lungs, and pleura. This category also includes services for the management of chronic respiratory conditions such as COPD and asthma.
  - Medicaid provider participation was 34%.
  - Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban panel size initially increased but trended downward in SFY24 due to a decrease in utilizers.

- Penetration rate was highest in Jefferson County and moderate in several I-25 corridor counties. It was lower in both Western and Eastern Colorado.
- Per utilizer per year Medicaid utilization was higher than other payers.

- **Public Comment:**
  - *No public comment was provided for Respiratory Services.*
- **MPRRAC Discussion:**
  - Terri Walter asked whether El Paso County has a higher percentage of Medicaid enrollees overall.
  - Kevin Anderson noted that El Paso is one of the more populous counties in the state, with both urban and rural characteristics. The county also has a large number of utilizers per provider, contributing to its high panel size.

29. **Sleep Study Services**
    - **Presentation Notes:**
      - Sleep studies involve the continuous and simultaneous monitoring of various physiological and pathophysiological parameters during sleep, with at least six hours of recording. These studies support the diagnosis of sleep disorders and help evaluate treatment responses, such as to CPAP therapy. Services are typically delivered by hospitals, clinics, independent laboratories, or Independent Diagnostic Testing Facilities (IDTFs).
      - Medicaid provider participation was 13%.
      - Panel size was highest in Pueblo County and moderate in some I-25 corridor counties. Panel sizes fluctuated in both urban and rural areas due to utilizer-to-provider shifts.
      - Penetration rate was highest in Pueblo County, moderate across most of the state, and lowest in the Western Slope.
      - Shortest drive times occurred along the I-25 corridor and some areas in Western and Eastern Colorado, though much of those regions still had long drive times.
      - A few providers experienced a significant decline in the number of members served from SFY22 to SFY24.
      - Per utilizer per year Medicaid utilization was slightly higher than that of other payers.
    - **Public Comment:**
      - *No public comment was provided for Sleep Study Services.*
    - **MPRRAC Discussion:**
      - None
30. **Vaccine Immunizations Services**
    - **Presentation Notes:**
      - Vaccine and Immunization Services support the prevention of vaccine-preventable diseases. All vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are covered for all Medicaid members. Members under age 19 receive all vaccines included in the Vaccines for Children (VFC) Program through VFC-enrolled Medicaid providers.
      - Medicaid provider participation was 56%.
      - Panel size was highest in Mesa County and moderate in some I-25 corridor and Western Colorado counties. Utilization spikes in October–November likely correspond to flu vaccination season. Utilizers decreased more rapidly in SFY24, driving a downward trend.
      - Penetration rate was highest in Douglas County and moderate to high across much of the state.
      - Per utilizer per year Medicaid expenditures were lower than other payers but close to Medicare FFS.
      - Per utilizer per year Medicaid utilization was similar to other payers, though somewhat exceeded by Medicare Advantage in SFY24.
    - **Public Comment:**
      - *No public comment was provided for Vaccine Immunizations Services.*
    - **MPRRAC Discussion:**

- Tim Diesnt. suggested vaccine administration codes be made available to home health and Mobile Integrated Healthcare (MIH) providers to improve access.
- Christina Winship clarified that vaccine administration codes are already available for home health providers.
- Tim D. reiterated the importance of access for EMS as well.
- Christina offered to follow up with Tim directly for further discussion.

31. Vascular Services

- **Presentation Notes:**
  - Vascular services include diagnostic testing and treatment for conditions affecting arteries and veins, such as peripheral artery disease (PAD), deep vein thrombosis (DVT), varicose veins, and aneurysms.
  - Medicaid provider participation was 22%.
  - Panel size was highest in Pueblo County and moderate in some I-25 corridor counties. Utilizers decreased more rapidly in SFY24, resulting in a downward trend.
  - Penetration rate was highest in Eagle County, moderate in several I-25 corridor counties, and lowest in Western Colorado.
  - Per utilizer per year Medicaid expenditures were higher than Medicare FFS but lower than other payers.
  - Per utilizer per year Medicaid utilization was similar to commercial payers and lower than other payers until SFY24, when Medicare FFS utilization dropped to comparable levels.
- **Public Comment:**
  - *No public comment was provided for Vascular Services.*
- **MPRRAC Discussion:**
  - Megan Adamson noted that a lab draw code appears in the vascular category and suggested it may be more appropriate in the lab/pathology category.
  - Wei Deng clarified that the draw relates to blood collection, differentiating it from vaccine services.
  - Megan reiterated her recommendation to categorize blood draw methods under lab/pathology.
  - Ian Goldstein echoed Megan's suggestion and supported the re-categorization.
  - Wei Deng confirmed that the team would discuss this further with policy subject matter experts.
  - Hannah Hyland asked for permission to extend the meeting past 2:00 PM. Most members indicated they could stay until 2:30 PM.
  - Ian proposed focusing on remaining public comments and having a smaller group continue to finalize the agenda.

32. Women's Health Services

- **Presentation Notes:**
  - Women's Health services encompass preventive and treatment services related to reproductive health, such as routine screenings (e.g., breast and cervical exams), management of menstrual disorders, and menopause-related care.
  - Medicaid provider participation was 68%.
  - Panel size was highest in El Paso County and moderate in some I-25 corridor and Western Colorado counties. In SFY24, a faster decline in utilizers led to a downward trend.
  - Penetration rate was highest in Pueblo County, and moderate to high in several areas across Colorado, but lowest in the Western Slope.
  - Telemedicine utilization remained relatively stable across the period.
  - Per utilizer per year Medicaid expenditures were lower than other payers.
  - Per utilizer per year Medicaid utilization was lower than Medicare Advantage but higher than commercial payers.
- **Public Comment:**
  - *No public comment was provided for Women's Health Services.*

- **MPRRAC Discussion:**
  - Megan Adamson raised concern that only one of the top-ranked codes in this category directly reflected a women's health-specific issue.
  - Melanie Reece explained that many included codes represent general office visits, as women's health encounters often involve annual exams that span a broad range of services.
  - Megan noted that codes appearing in this grouping may also be billed for patients of all genders, raising concerns about categorization.
  - Melanie clarified that similar services may appear in the primary care group and that the presence or absence of the "FP" (family planning) modifier determines whether a claim is categorized under family planning or women's health.
  - Ian Goldstein asked whether PCP visits for male patients would show up in this group; Melanie confirmed they would likely fall under primary care.
  - Christopher Maestas asked about behavioral health-related claims submitted by female providers; Melanie responded that those would likely be captured in behavioral health, not women's health.
  - Megan reiterated concerns about grouping methodology and indicated she would submit additional comments via spreadsheet.

33. Other Services

- **Presentation Notes:**
  - Other Physician Services include a broad range of healthcare services that don't fit neatly into other defined categories. These include:
  - Allergy services, skin procedures, genetic counseling, health and behavior assessments, infusions, motion analysis, neurology, psychiatric treatment, and wound care.
  - Medicaid provider participation was 68%.
  - Panel size was highest in El Paso County and moderate in some I-25 corridor and Western Colorado counties. Utilizers decreased more rapidly in SFY24, causing a downward trend.
  - Penetration rate was highest in Pueblo County, moderate to high across Colorado, and lowest in the Western Slope.
  - Telemedicine utilization remained relatively stable across the review period.
  - Per utilizer per year Medicaid expenditures were lower than other payers.
  - Per utilizer per year Medicaid utilization was lower than Medicare Advantage but higher than commercial payers.
- **Public Comment:**
  - *No public comment was provided for Other Physician Services.*
- **MPRRAC Discussion:**
  - Megan Adamson flagged the grouping as problematic, noting it appeared to include a wide variety of unrelated codes that didn't clearly align with other service categories.
  - She raised concerns that services as distinct as EEGs and wound care are grouped together, making it difficult to interpret the data or determine appropriate recommendations.
  - Kate Leslie agreed, suggesting the committee explore whether certain services can be reclassified into more meaningful subgroups.
  - Lingling Nie acknowledged the feedback and noted that the team would work with policy staff to reassess the grouping and ensure alignment moving forward.

34. Specialty Services

- **Presentation Notes:**
  - Specialty Care Services include skin substitutes and e-consult codes.
  - Skin substitutes are advanced wound care products intended to replace or regenerate damaged skin. They are categorized and reimbursed based on composition: Allogenic Acellular, Allogenic Cellular, Xenogenic, and Injections.
  - E-consults are asynchronous communications initiated by a treating provider to obtain a consulting provider's expert opinion without a face-to-face encounter.

- Medicaid provider participation was 18%.
- Panel size was highest in Weld County but remained low overall across both urban and rural areas.
- Penetration rate was highest in Eagle County but otherwise low and uniform across the state.
- The majority of the state had high drive times, with shorter drive times in parts of the I-25 corridor and some areas in Western and Eastern Colorado.
- Per utilizer per month Medicaid expenditures were significantly lower than other payers.
- Per utilizer per year Medicaid utilization was higher than commercial payers, but lower than other payers.

- **Public Comment:**
  - *No public comment was provided for Specialty Services.*
- **MPRRAC Discussion:**
  - Megan Adamson asked whether utilization data was available for e-consults.
  - Lingling Nie responded that there is currently no utilization data available for those codes.

35. Early Intervention TCM Services

- **Presentation Notes:**
  - Early Intervention Targeted Case Management (TCM) services support young children with developmental delays or disabilities by facilitating access to necessary medical, social, educational, and other services.
  - Medicaid provider participation was 90%.
  - Panel size was highest in Adams County and moderate in several I-25 corridor and Northwestern counties. In SFY23, an increase in urban providers led to a temporary decrease in panel size, which stabilized in SFY24.
  - Penetration rate was highest in Summit County but remained relatively low and uniform across much of the state.
  - Telemedicine utilization increased notably in terms of the number of members utilizing it, although the percentage of visits conducted entirely via telemedicine only increased modestly.
  - Drive times were shortest along the I-25 corridor and in some areas of Western and Eastern Colorado, though high drive times remained common in much of rural Colorado.
- **Public Comment:**
  - *No public comment was provided for Early Intervention TCM Services.*
- **MPRRAC Discussion:**
  - Ian Goldstein asked whether the benchmarking challenges observed in other TCM categories also apply to Early Intervention TCM.
  - David McFarland-Porter confirmed that similar challenges exist when attempting to benchmark Early Intervention TCM to other states.

36. Targeted Case Management (TCM)

37. Case Management

- **Presentation Notes:**
  - Case Management Services ensure that Medicaid members receive services aligned with their Person-Centered Service Plans. A system redesign was implemented on July 1, 2024, requiring all HCBS Targeted Case Management (TCM) services to be rendered by Case Management Agencies (CMAs) on a fee-for-service basis.
  - The Care and Case Management (CCM) system replaced the Benefits Utilization System (BUS) in July 2023.
  - Billing Structure:
  - Most case management services are reimbursed monthly per member.
  - Monitoring visits are billed quarterly, with telemedicine visits reimbursed at a lower rate.

- A rural add-on applies for in-person monitoring visits to members in rural areas.
- Benchmark states included Louisiana, Maine, Massachusetts, and Montana.
- Medicaid provider participation was 90%.
- Panel size was highest in El Paso County and moderate across several I-25 corridor counties. Both urban and rural utilization increased in SFY24.
- Penetration rate was highest in Douglas County and generally uniform across the state, with lower rates in Western Colorado.
- Drive times were shortest along the I-25 corridor and parts of Western and Eastern CO, though high drive times persisted in rural areas.

- **Public Comment:**
  - 3 public comments were submitted, 2 were present to give comment.
  - *Anonymous Stakeholder 1:* One commenter from a regional case management agency and advocacy organization expressed appreciation for the complexity of this work but cautioned that using other states as benchmarks may be misleading due to differences in billing models, provider roles, and state policies. They requested greater transparency into HCPF's rate-setting process for TCM.
  - *Anonymous Stakeholder 2:* Another commenter from a disability policy organization noted the significant system changes introduced with the new CCM system, coupled with staffing challenges, burnout, and ongoing system stabilization. They voiced concern that current funding levels may be insufficient to support these requirements.
- **MPRRAC Discussion:**
  - No committee discussion.

38. **Transition Coordination**
    - **Presentation Notes:**
      - Transition Coordination Services support individuals over age 18 who reside in institutional or congregate settings (excluding assisted living facilities or group homes) as they transition to community-based settings.
      - Services include transition assessments, community risk evaluations, transition plan development, referrals, and monitoring/follow-up until the member is safely integrated into community services with minimal risk of disruption.
      - Services are provided by Transition Coordination Agencies (TCAs).
      - Benchmark states: Minnesota, Missouri, and South Dakota.
      - Medicaid provider participation was 90%.
      - Panel size was highest in Pueblo County and moderate in several I-25 corridor counties. A decrease in utilizers and increase in providers in SFY22 led to a drop in overall panel size across the state.
      - Penetration rate was highest in Lincoln County, though many counties in Western and Eastern CO had low or no penetration, suggesting members may be receiving services from out-of-county TCAs.
      - Drive times were shortest along the I-25 corridor and in parts of Western CO; the majority of the state had high drive times.
    - Public Comment:
      - None
    - **MPRRAC Discussion:**
      - None

5. Questions and Feedback

There were 16 public comments made.

6. Next Steps and Announcements

Next Meeting on Friday, July, 18, 2025 from 9AM-2PM.

Contact information was also shared (see below):

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

Lingling Nie
Rates Review and Research Section Manager
Lingling.Nie@state.co.us

Michelle LaPlante
Rate Review Stakeholder Relations Specialist
Michelle.Laplante@state.co.us

Hannah Hyland
Access to Care Reports and Operations Analyst
Hannah.Hyland@state.co.us

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

7. Meeting Adjourned at 2:26PM