COLORADO
Department of Health Care Policy & Financing

Minutes of the Medicaid Provider Rate Review Quarterly Public Meeting

Virtual meeting:

November 14, 2025, from 9:00 a.m. – 2:00 p.m.

A recording of the 11/14 meeting is available at this link

Meeting Materials

Agenda

Presentation

1. Call to Order and Attendance

Megan Adamson, MPRRAC Chair, called the meeting to order at 9:01a.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
Vennita Jenkins, MBA, CEO Senior Housing Options, Inc.
Christopher Maestas, GM, AMI-Wellness Home Health
Kate Leslie, LCSW, Medicaid Mental Health provider
Tim Diesnt, CEO, Ute Pass Regional Health Service District

B. Department Staff Participants and Facilitators

HCPF: Michelle LaPlante, Kevin Martin, Lingling Nie, Wei Deng, Kevin Anderson, Cole Hoffman, Kim Preston, Amanda Villalobos, Courtney Sedon, Tyler Collinson, Tyler Samora, Victoria Martinez, Eric Schmitz and Annette Dayley.
Facilitators: Brian Pool and Agustín Leone from Government Performance Solutions, Inc. (GPS)

C. Other Participants

57 total participants were present at 10:25AM.

2. Meeting Overview

Michelle LaPlante (HCPF) and Brian Pool (GPS) gave an overview of (slides 3-11) The Agenda, Housekeeping, Disclaimer, Special Announcements, MPRRAC/JBC Presentation, Rules of Governance, MPRRAC/Department Roles, Meeting Structure, and Meeting Purpose.

Special Announcements Included:

- Terri Walter retiring from committee. There is an open MPRRAC seat available.
- New HCPF Rate Review Analyst, Cole Hoffman, introduced himself.

- 2025 MPRRAC Report available on the HCPF website.

3. Meeting Minutes

Motion: Ian Goldstein motioned to approve the minutes from the August 22nd meeting. Tim Dienst and Christopher Maestas both seconded the motion.
Vote: The committee approved the August 22nd meeting minutes.

4. Year One Cycle 2 Improvement Ideas

1. **2026 Review Cycle**
   - **2026 Service Categories:** 2026 service categories will be anesthesia, ambulatory surgical centers (ASCs), behavioral health services, maternity services, abortion services, pediatric behavioral therapy, dental services and surgeries.
   - **Surgery:** During preparation for the 2026 Surgery review, the Department (HCPF) identified a number of CPT/HCPCS codes that had mistakenly been included under Physician Services (2025). These overlapping codes will now be moved from the 2025 Physician Services review to the 2026 Surgery category. Affected specialties are Gynecology and Radiology.
   - **Dental:** HCPF received ad hoc data from DentaQuest, which had: Unclear claim/claim-line status values and missing elements. In comparison, the Invoice Data Tables: Are updated weekly, used for invoicing and prepared by DentaQuest. Due to a 97%+ match rate between sources, HCPF will proceed with using the Invoice Table Data for the 2026 analysis.
   - **MPRRAC Discussion:** Ian Goldstein asked whether the dental data decision had been brought to the dental workgroups. Michelle Laplante (HCPF) confirmed that feedback was received, and a slide on provider workgroups will be presented later in the meeting.
   - **Nurse Home Visitor Program:** Being reviewed for the first time under the Maternity Services category. The following Targeted Case Management (TCM) codes are used: T1017 with HD, TD modifiers and G0006 with HD, TD modifiers. Current Fee-for-Service (FFS) rates are provider-specific, complicating standardized comparison. HCPF will use the average of the provider-specific rates as the baseline rate for the review.

   - **Impact of TPL/Copayment on Benchmark Ratio Calculation**
     Current Methodology: Benchmark Ratio = (Colorado Medicaid paid amount minus TPL and copays) ÷ Benchmark rate (also adjusted for same TPL/copay). This ratio tells how much Colorado Medicaid pays compared to a benchmark.
     - 1.0 = Equal to benchmark, >1.0 = Colorado pays more, <1.0 = Colorado pays less
     - The method focuses on actual Medicaid payments, not just billed or allowed rates.

     Issue Identified:
     - High TPL/copay values can significantly distort benchmark ratios.
     - These distortions can: Inflate the ratio when CO pays more than the benchmark and deflate it when CO pays less. 2 examples were shared about how a few extreme cases can skew results.

     Threshold Proposal: If TPL/Copay exceeds 30% of total repriced amount then: exclude TPL/Copay from the benchmark ratio calculation and use a rate-to-rate comparison instead.
     MPRRAC Discussion:
     - Ian Goldstein: Why not always use rate-to-rate comparisons? Believes fiscal impact should be calculated at the service level, but rate sustainability is better assessed at the code level with rate comparisons. Eventually supported the proposal given its rarely needed and requested it be clearly marked in the analysis.
     - Megan Adamson: Noted the importance of consistency year-over-year, even if imperfect. Also suggested adding a marker or asterisk in code-level spreadsheets where the

methodology is applied.
- Terri Walter: Questioned whether this method is a "true" benchmark if it's not rate-to-rate.
- Lingling Nie (HCPF): Explained that for some services (e.g., Vision), rate-only comparisons are used when TPL or utilization data is missing.
- Kim Preston (HCPF): Described this as a rare issue e.g., only 1 out of 1500 codes in Lab/Pathology had a high TPL/copay ratio.
- Ross Peterson (via chat): Raised concern - If copays are part of the provider's full remuneration, removing them might understate provider reimbursement.
- Lingling Nie (HCPF): Acknowledged and thanked Ross for the point.

Vote: Motion to approve the 30% threshold by Vennita Jenkins and seconded by Christopher Maestas. Motion passed with no opposition.
- Exclude TPL/copay amounts from benchmark ratio calculations when they exceed 30% of the total repriced amount.
- HCPF will note when this method is used in the spreadsheets for transparency.

- **Outlier Analysis**
The outlier analysis is used to identify and exclude extreme values in rate comparisons that may skew the average.
  - IQR = Q3 (75th percentile) – Q1 (25th percentile). Any value outside of this range is considered an outlier and may be excluded.

  MPRRAC Discussion:
  - Megan Adamson: Asked whether this method is already in use or proposed for future cycles.
  - Kim Preston (HCPF): It has been used, but the department would like to apply more consistently.
  - Terri Walter: Supported having a consistent approach.
  - Chris Maestas: Noted the method is widely accepted in statistical practice.
  - Ian Goldstein: Supported the concept of outlier analysis. Shared concerns about applying the 1.5×IQR method to very small subsamples (e.g., 7 to 10 states). Suggested alternative approaches like trimmed means or medians, but acknowledged these also have limitations.
  - Lingling Nie, Kevin Martin and Kim Preston (HCPF): Sample sizes of 10 states are the goal, though not always achievable due to data access issues. 50-state comparisons are not feasible due to resource constraints and data availability. Standard deviation-based methods and medians are less appropriate given data skew and small sample sizes. The 1.5×IQR rule is appropriate for non-normally distributed data. The method is rarely needed (more common than TPL/copay adjustments, but still infrequent). Focused on catching extreme outliers, not trimming data broadly.

  Vote: Motion to Approve Use of 1.5×IQR for identifying and excluding outliers was made by Ian Goldstein. The MPRRAC unanimously approved the motion.
  - HCPF agreed to flag codes where this method is applied and allow MPRRAC to review and discuss exclusions during deliberations.

- **Benchmark Methodology**
Recap of methodology used to determine rate benchmarks for MPRRAC rate reviews.
  - **Medicare Rates:** Default comparator for MPRRAC reviews. Used whenever a relevant Medicare code and rate is available. Considered the most consistent and reliable source across services.
  - **Other States Medicaid Rates:** Used only when a Medicare benchmark is unavailable.

Comparable states are selected in collaboration with stakeholders. States are chosen based on data availability, relevance, and comparability.

- **Commercial Rates:** Considered only when - No appropriate Medicare benchmark exists, reliable, publicly available data are accessible, data is deemed comparable in quality to public benchmarks, both internal and external stakeholders support the inclusion, and a dual benchmark approach (e.g., combining Medicaid and commercial data) is deemed appropriate.
- Regardless of benchmark type, all final rate recommendations are subject to Joint Budget Committee (JBC) approval before implementation.

- **Access to Care Metrics for 2026**
  Proposed metrics for evaluating access to care across service categories during the 2026 review cycle: Panel Size, Provider Participation, Penetration Rate, Drive Times, Continuity of Care: Provider Network (including Provider Stability, Entry/Exit Rates), Per Member Per Year, OR Per Member Per Month Expenditure and Per Member Per Year Utilization.
  MPRRAC Discussion:
  - Megan Adamson: Asked whether entry, exit, and stability would be aggregated.
  - Kevin Anderson (HCPF): Clarified they will be displayed side-by-side, not rolled into a composite measure.
  - Tim Dienst: Tim Dienst asked if drive times consider providers going to clients (e.g., EMS, Home Health).
  - Kevin Anderson (HCPF): Current metric focuses on member-to-provider travel, but reversal is feasible.
  - Tim Dienst: Raised the question of including community-integrated health agencies in access calculations.
  - Megan Adamson: Discussions have focused on existing Medicaid code sets rather than service alternatives.
  - Terri Walter: Noted telemedicine was tracked in 2025 and asked about its inclusion for 2026.
  - Kevin Anderson (HCPF): Telemedicine is less common in current FFS service categories. For Behavioral Health (BH), FFS data represents <5% of utilization.
  - Tim Dienst and Christopher Maestas: Emphasized increasing use of telehealth in mobile BH crisis response and medication management. Supported inclusion where applicable.
  - Lingling Nie (HCPF): HCPF will consider incorporating both FFS and capitated BH claims to get a fuller picture of access. Will consult internally on feasibility.

  Vote: Motion to approve the proposed Access to Care Metrics, including telehealth data where applicable and available by Vennita Jenkins. Second by Chris Maestas. The MPRRAC unanimously approved the motion.

- **Analyses in 2026**
  HCPF to explore sharing more data in March meeting if able: top 10 most utilized codes, outlier analysis results, benchmark ratios, access to care results, benchmark rate calculations and pre/post analysis of 2023 rate increases.
  MPRRAC Discussion:
  - Megan Adamson: Found the current materials well-balanced and cautioned against data overload.
  - Vennita Jenkins: Agreed the current information was sufficient and appreciated the responsiveness of HCPF staff during discussions.
  - Ian Goldstein: Shared appreciation for the Top 10 Codes tables.

2. **Training and Resources**
   - **Resources to be added to Shared 2026 Google Folder**
     - Brian Pool asked if MPRRAC would like HCPF to provide specific training or additional resources for 2026.
     - **Discussion:** The MPRRAC expressed support for keeping the resources listed for the shared Google Drive.
   - **Overview of MPRRAC Terms and CMS Rules**
     - **MPRRAC Terms:** Brian Pool provided an overview of committee terms and responsibilities.
     - **New CMS Rule, Access Rule:** The new CMS rule requires states to compare Medicaid FFS rates to Medicare for key services, engage an HCBS advisory group every two years, and demonstrate access sufficiency when reducing or restructuring rates, especially if rates fall below 80% of Medicare or cuts exceed 4% annually.
   - **Annual Training, Policies, Member Requirements and Meeting Etiquette**
     - Brian Pool shared the expectations for committee members to operate within designated limits, align with goals, and adhere to meeting protocols.
   - **Compliance Topics**
     - **Protected Health Information (PHI):** Brian Pool covered guidelines for handling PHI to ensure compliance with privacy regulations.
     - **CORA and Open Meeting Laws:** Brian Pool described Colorado Open Records Act (CORA) and open meeting laws and shared a CORA and open meeting laws recording for the MPRRAC to review with timeframes of 4:46 – 16:24.
   - **Evidence-Based Process and Meeting Timeline**
     - **Evidence-Based Process:** Brian Pool discussed the importance of grounding MPRRAC's recommendations in evidence-based analysis.
     - **Meeting Timeline:** An overview of the 2026 meeting schedule and key deadlines was provided to ensure alignment with MPRRAC's annual cycle.
   - **Benefit Determination Process**
     - The Benefit Determination Process is HCPF's internal procedure for evaluating requests to change coverage of Health First Colorado (Medicaid) services, as outlined in 10 CCR 2505-10 8.190.
     - Key Steps: 1) Request Received from providers, members, stakeholders, or staff 2) Feasibility Analysis conducted by HCPF policy specialists using set regulatory criteria 3) Stakeholder Notification on whether the request can move forward.

3. **Meetings and Improvement Ideas**
   MPRRAC discussed potential improvements to the structure, format, and timing of MPRRAC meetings, as well as the selection of a Vice Chair for 2026.
   - **Proposal 1:** Should public stakeholders provide their comments at the beginning of each MPRRAC meeting, instead of during the specific service category being reviewed?
   - **Discussion:**
     - Ian Goldstein: Acknowledged the burden on stakeholders having to wait hours or even across two meetings to speak. Still finds it more useful to hear public comment in context of the service under review. Suggested prioritizing presentations with known public comment first to minimize wait time.
     - Michelle LaPlante (HCPF): Explained this approach is not feasible due to timing - materials are finalized before most stakeholders sign up to speak (often day-of). Organizing the presentation order based on public sign-ups would disrupt meeting flow.
     - Megan Adamson: Supported the idea of proactively prioritizing high-feedback services when possible. Emphasized the importance of hearing specific feedback in the moment

of review to integrate effectively.
    - Terri Walter and Christopher Maestas: Agreed public comment is most useful when tied directly to the relevant service discussion.
    - Brian Pool (GPS): Noted the benefit of real-time Q&A between MPRRAC and stakeholders during service-specific comment.
    - Tim Dienst: Supported keeping public comment within the service discussion to keep feedback relevant.
- **Decision:** Public comment will remain within the service category discussion to preserve relevance and allow for integration into deliberations.
    - HCPF will attempt to proactively identify service categories with anticipated high public feedback (based on early written comments). If feasible, those services will be scheduled earlier in the meeting.

- **Proposal 2:** Should the Chair or Vice Chair type the final recommendation language into the meeting chat during the June/July meetings to ensure clarity on complex proposals?
- **Discussion:**
    - Megan Adamson: Agreed that having a written version is helpful for complex recommendations. Raised challenge of facilitating and typing simultaneously.
    - Ian Goldstein: Clarified this would only apply to multi-part or detailed recommendations. Suggested a just-in-time approach: pause the discussion, agree that something needs to be written, then Chair or Vice Chair can type it into the chat.
- **Decision:**
    - When a detailed recommendation emerges, GPS will pause and ask for it to be typed into the chat.
    - Chair or Vice Chair (or another designee) will summarize and enter the proposal.

- **Announcements/MPPRACC Policies:** MPPRAC members will be invited to the Annual Stakeholder Webinar moving forward. Use of unofficial/individually requested AI notes is permitted, but HCPF will refer the public to the official notes from meeting posted on HCPF's website.
- **Discussion:**
    - Megan Adamson: Supported the stance on AI note taking and requested information on the timing of the annual stakeholder webinar.
    - Michelle LaPlante (HCPF): The webinar typically occurs in August or September and clarified that MPRRAC members are invited but not required to attend.
    - Tim Dienst: Asked about stakeholder participation.
    - Lingling Nie (HCPF): Shared that more than 1,000 stakeholders participated in the last session.
    - Terri Walter: Mentioned that the recordings are available online for those interested.

- **Vote for 2026 Vice-Chair:**
    - **Nomination:** Christopher Maestas nominated himself for Vice Chair, with a second from Tim Dienst.
    - **Vote:** The vote was unanimously approved, appointing Christopher Maestas as Vice Chair of MPRRAC for 2026.

4. **Stakeholder Engagement**
    - **Provider Outreach:**
        - HCPF will continue using Constant Contact in 2026 to notify providers two weeks before public meetings.

- Providers are encouraged to email HCPF_RateReview@state.co.us to be added to the distribution list.

- **Provider Outreach - Workgroups:**
  - PBT Workgroup: ~30 participants. Selected 9 benchmark states, provided input on alignment challenges, and suggested exploring commercial data.
  - Dental Workgroup: ~10 participants. Supported dual benchmark approach using CO Medicaid State Dental Plan and CO APCD commercial rates.
  - Process was valuable but resource-intensive.
  - Ian Goldstein: Requested that workgroup-related slides be shared in the MPRRAC folder.
- **Tariff Survey Follow Up:**
  - HCPF will not conduct a follow-up survey.
  - Instead, stakeholders are invited to submit letters on tariff impacts to HCPF_RateReview@state.co.us
  - Letters will be shared with MPRRAC and included in the 2026 Stakeholder Feedback Appendix.

5. **Miscellaneous**
   - **Open MPRRAC seat**
     - Application information to be posted on HCPF website by end of November
     - Let someone who may be interested know!
     - Current MPRRAC members may serve another term. If you're interested in continuing, please notify the Department.

5. Questions and Feedback

There were 9 public comments made during the November 14, 2025, meeting.

- **Public Comment 1:** Ross Peterson requested an off-cycle review of Non-Emergency Medical Transportation (NEMT) rates in Colorado's Medicaid program, citing:
  - NEMT's role in access to care, especially in rural areas.
  - Recent programmatic changes including a new broker launch and fraud, waste, and abuse measures.
  - Emergency JBC-approved rate corrections (July 2025) that are now saving Colorado $10M/month (~$60M/year), showing the value of timely rate adjustments.
  - Recommended back-to-back reviews in 2026 (off-cycle) and 2027 (on-cycle).
- **MPRRAC Discussion**
  - Broad support from members (Tim Dienst, Terri Walter, Vennita, Megan Adamson) for an off-cycle review in 2026 due to: Long gap since last full review, access issues in rural Colorado and impact of low rates even on other transport tiers.
  - Lingling Nie and Kevin Martin (HCPF): Shared data limitations: New broker rates effective July 2025, so 2026 data may be incomplete and most NEMT codes lack Medicare benchmarks, requiring heavy provider engagement to build alternative benchmarks.
- **Decision:** Tim Dienst moved to approve conducting an NEMT off-cycle review in 2026, and the motion was seconded by Chris Maestas. The committee voted unanimously in favor, approving the 2026 off-cycle NEMT review.

- **Public Comment 2:** Kevin Patterson (Oral Surgeon and Past CDA President): Urged HCPF to

use Colorado-specific, cost-informed data, specifically the CIVHC Claims Dashboard, as the benchmark for the dental rate review. He cautioned against relying on other states with low benefits or unclear methodologies. He highlighted Colorado's strong dental Medicaid program and provider participation as a direct result of investing in rates based on real cost data.

- **Public Comment 3:** Will Martin (COABA): Alerted MPRRAC that Pediatric Behavioral Therapy (PBT) recently experienced a rate cut issued outside the MPRRAC process. He noted cuts have had significant impacts, following a period where up to nine agencies closed and an emergency rate increase was needed to stabilize access. COABA asked the committee to factor this context into the 2026 PBT review.
- **Public Comment 4:** Jonathon Mueller (Co-founder of Ascend Behavioral Partners): Shared concern over the PBT rate cuts. His agency serves Medicaid families navigating autism diagnoses. Ascend has recently needed to implement cost-saving measures such as admin staff reductions and pausing facility expansion plans, which hinder long-term planning and investment in care.
- **Public Comment 5:** Amanda Mellot (Action Behavior Centers): Highlighted that PBT rate reductions will cause significant disruptions to care, and strain an already vulnerable population. She noted that nine PBT agencies closed in 2023–2024 and warned similar impacts are unfolding again. Mellot urged MPRRAC to establish appropriate benchmarks and restore sustainable reimbursement rates.
- **Public Comment 6:** Lauren Harvey (Colorado Dental Association): Advocated for using the CIVHC Dental Claims Dashboard for the 2026 dental review. She noted that a prior MPRRAC recommendation to use the ADA fee survey led to 180+ new Medicaid dental providers in six months. Since the ADA survey is no longer available, she asked MPRRAC and HCPF to avoid state-to-state comparisons, which she described as an echo chamber.
- **Public Comment 7:** Jill Hawks (Colorado Speech and Hearing Association): Shared concern over the proposed reduction in reimbursement rates for speech therapy services. She noted that four speech codes were recommended for increases by MPRRAC, yet the proposed budget reflects a decrease to 85% of benchmark, which undermines efforts and may erode trust in HCPF and the process overall. Jill also emphasized the negative impact on provider participation and access to care.
    - **Kate Leslie:** Asked whether discrepancies between MPRRAC and department recommendations are made visible.
    - **Kevin Martin** (HCPF): Confirmed that by statute, the department must include MPRRAC's recommendations in the report, but the final submission reflects HCPF's recommendations to the executive branch. MPRRAC and department recommendations are displayed side by side in the report.
- **Public Comment 8:** Bethany Coop: Condemned recent cuts to therapeutic services and home health care, calling them discriminatory and dangerous. She emphasized that these services prevent institutionalization and long-term dependence, and that cutting them will only shift costs to more expensive systems (e.g., hospitals, residential care). Bethany criticized the Governor's office for bypassing the MPRRAC process, denying stakeholders a chance to provide input or alternatives, and called for the reversal of these cuts and restoration of transparent processes.
    - Tim Dienst: Asked whether it would be possible to offer a HIPAA release form to allow families to share protected health information during public comment.
    - Kevin Martin (HCPF): This issue has been raised before with the department's HIPAA officer and will be raised again, though he is not optimistic about finding a workable solution.
- **Public Comment 9:** Emily Ice **(**Board Certified Behavior Analyst): Expressed support for COABA's comments regarding pediatric behavior therapy rates and challenges.

- **Other Notes:**

- Kevin Martin (HCPF): Clarified that the Executive Order period (April 1–June 30) has already passed and is now part of the budget cycle submitted to the Joint Budget Committee (JBC). As such, MPRRAC cannot influence those rate changes at this point, but there are other avenues to engage for future fiscal years.
- Megan Adamson: Confirmed she will reference these public comments during her JBC presentation to ensure the concerns are acknowledged moving forward.

6. Next Steps and Announcements

Survey for 2026 meeting dates to be sent to MPRRAC after this meeting.

Contact information was also shared (see below):

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

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7. November 14th Meeting Adjourned at 12:26PM