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Department of Health Care
Policy & Financing

Minutes of the Medicaid Provider Rate Review Quarterly Public Meeting

Virtual meeting:

November 15, 2024, from 9:00 a.m. - 2:00 p.m.

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

Meeting Part #1: November 15, 2024

Meeting Materials

[Agenda](#)

[Presentation](#)

[MPRRAC 101 Fact Sheet](#)

1. Call to Order and Welcome

Kim Kretsch, 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

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

B. Department Staff Participants and Facilitators

Kevin Martin, Lingling Nie, Wei Deng, Kimberly Preston, Kevin Anderson, Dylan Marcy, Amanda Villalobos, Angela Goodell, Morgan Anderson, Tyler Collinson, Trish Grodzicki, Hannah Hyland, Siyu Zhang, David McFarland, Valli Muthuvinayagam, Victoria Martinez, Adela Flores-Brennan, Cassandra Keller

Brian Pool and Agustín Leone from GPS Consulting (Facilitators)

C. Other Participants

53 total participants were present at 9:04.





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2. Meeting Overview

Lingling Nie, Dylan Marcy and Brian Pool reviewed (slides 2-10) the agenda, housekeeping, special announcements, MPRRAC/JBC presentation, rules of governance, the role of MPRRAC, meeting structure, and meeting purpose.

3. Meeting Minutes

Motion: Megan Adamson motioned to approve corrections to June/July Meeting minutes and August 16th meeting minutes.

Vote: Unanimous approval of the corrections to June/July Meeting minutes and August 16th meeting minutes.

4. Year Two Cycle 1 Process Improvement Ideas

A. 2025 Review Cycle

Brian Pool presented an overview of the 2025 review cycle, including service categories, updates to the review schedule, out-of-cycle requests, and access-to-care metrics (slides 13-18).

Key Discussion Areas:

1. Out-of-Cycle Review Requests

o DIDD Dental Services:

- **Context:** DIDD Dental, a subset of dental services for HCBS, was inadvertently omitted and faces challenges due to limited rural access. Historically, these services have higher reimbursement rates to support provider availability in rural areas.
- **Discussion:** Dr. Ian Goldstein proposed aligning DIDD Dental reviews with general Dental reviews scheduled for 2026. Chair Kim Kretsch raised concerns regarding committee capacity and requested clarity on the codes to be reviewed.
- **Outcome:** DIDD Dental will be included as a part of the 2025 review schedule.

2. Physician-Administered Drugs (PAD)

- o **Discussion:** PAD is subject to quarterly reviews, aligned with the federal schedule, due to its independent review requirements.

3. Access to Care Metrics for 2025

o Proposed Metrics:

- Metrics included panel size, drive times, penetration rate, special providers, telemedicine accessibility, new patient rate, and per member per year.

o Key Discussion Points:

- **Provider Participation & New Patient Rate:** Highlighted as significant metrics for assessing access.
- **Telemedicine & Drive Times:** Noted as complementary metrics that could improve access, especially in rural areas. Drive times was also mentioned as the most challenging access metric from an analysis perspective.
- **Per Member Per Year:** Clarified as a replacement for the price per service metric used in 2024.





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- **Annual Comparisons:** Megan Adamson suggested keeping consistent metrics for year-over-year tracking.
 - **Outcome:** HCPF will consolidate metrics and summaries, providing analyses in advance with areas for MPRRAC focus.
4. **Analyses for 2025**
- **Analysis Topics:**
 - Top 10 utilized codes, outliers, access to care results, benchmark rates, and benchmark calculation details.
 - **Committee Discussion:**
 - **Agreement on the value of including the top 10 codes in 2025.**
 - **Benchmarking:** The importance of transparency in benchmark selection was emphasized, with suggestions for clear state and Medicare distinctions in reports.
 - **Access to Care Improvement:** Although access-to-care improvements fall outside MPRRAC's primary focus on rate reviews, the committee suggested revisiting this topic in a future meeting for potential recommendations.

Vote:

2025 Access to Care Metrics and Analyses:

- **Motion:** Megan Adamson motioned to include all proposed access to care metrics and analyses for 2025.
- **Vote:** Unanimous approval to adopt all proposed access to care metrics and analyses for 2025.

B. Training and Resources

Brian Pool presented training and resource updates (slides 20-31) for MPRRAC, covering a range of topics from new CMS rules to meeting etiquette and compliance with open communication laws.

Key Discussion Areas:

1. Additional Resources for 2025

- **Discussion:** Brian Pool asked if MPRRAC would like HCPF to provide specific training or additional resources for 2025. The team expressed support for adding the resources listed to the shared Google Drive.

2. Overview of MPRRAC Terms and CMS Rules

- **MPRRAC Terms:** Brian Pool provided an overview of committee terms and responsibilities.
- **New CMS Rules:** Lingling Nie introduced the [CMS Access Rule and fact sheet](#), highlighting recent updates relevant to the committee's work.

3. Annual Training and Member Requirements

- **Member Requirements:** Pool emphasized the expectations for committee members to operate within designated limits, align with goals, and adhere to meeting protocols.

4. Compliance Topics

- **Protected Health Information (PHI):** Pool covered guidelines for handling PHI to ensure compliance with privacy regulations.





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- **CORA and Open Meeting Laws:** Pool described Colorado Open Records Act (CORA) and open meeting laws. Lingling Nie provided a [video link](#) with a relevant timestamp (4:45-16:24) for further details.
- **Meeting Etiquette:** Members were reminded about decorum during meetings, including appropriate communication practices.
- 5. Evidence-Based Process and Meeting Timeline**
 - **Evidence-Based Process:** Pool discussed the importance of grounding MPRRAC's recommendations in evidence-based analysis.
 - **Meeting Timeline:** An overview of the 2025 meeting schedule and key deadlines was provided to ensure alignment with MPRRAC's annual cycle.
- 6. Sunshine Laws Compliance**
 - **Discussion:** Pool reminded members about compliance with sunshine laws, emphasizing the importance of avoiding "reply all" in emails and refraining from substantive discussions outside of scheduled meetings. Members acknowledged the importance of limiting communication between meetings to ensure transparency and compliance.

C. Meetings

MPRRAC discussed potential improvements to the structure, format, and timing of MPRRAC meetings, as well as the selection of a Vice Chair for 2025.

Key Discussion Areas:

1. Meeting Format and Accessibility

- **Hybrid vs. Virtual Meetings:**
 - **Discussion:** Members discussed the pros and cons of hybrid meetings. While hybrid meetings offer in-person interaction, they can create participation inequities, as those in the room often have better access to the facilitator and group. Virtual meetings on Zoom have shown better attendance and accessibility.
 - **Outcome:** The team agreed to maintain a virtual meeting format to promote equitable access and higher attendance.

2. Meeting Duration and Timing Adjustments

- **Standard Meeting Length:**
 - **Discussion:** The current standard for MPRRAC meetings is five hours. Members considered shortening the March and November meetings to 2-3 hours and extending the June/July meeting if needed.
 - **Outcome:** The committee decided to retain the five-hour meeting length but will release members early if all business is completed before the scheduled end.

3. Election of Vice Chair for 2025

- **Additional Time Commitment:**
 - **Discussion:** Members reviewed the additional responsibilities for the Chair and Vice Chair, including meeting preparation roles, pre-meeting planning sessions, and a significant time commitment at year-end for JBC preparations.

Vote:

- **Nomination:** Tim Dienst nominated Ian Goldstein for Vice Chair, with a second from Vennita Jenkins.





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- **Vote:** The vote was unanimously approved, appointing Ian Goldstein as Vice Chair of MPRRAC for 2025.

D. Stakeholder Engagement

MPRRAC discussed strategies for improving stakeholder engagement, focusing on provider outreach and direct meetings with stakeholders to gain a deeper understanding of service-specific nuances.

Key Discussion Areas:

1. Provider Outreach

- **Overview:** Brian Pool presented plans for HCPF to use Constant Contact in 2025 for improved communication with providers. Regular emails will be sent three weeks before public meetings to encourage provider participation.
- **Discussion:** Members discussed ways to expand the provider email list, including individual and professional networks for statewide reach. It was noted that existing provider email records are inaccurate, making the transition to Constant Contact essential.

2. Stakeholder Meetings with MPRRAC

- **Overview:** Brian Pool posed the question of whether MPRRAC should meet with stakeholders from each service separately to gain more in-depth insights.
- **Discussion Points:**
 - **Increased Commitment:** Members noted that additional meetings would require a higher time commitment as they would occur outside regular public meetings.
 - **Transparency and Efficiency:** Suggestions included using the current MPRRAC meeting structure for stakeholder engagement to reduce scheduling burdens. HCPF agreed to summarize external stakeholder engagements for MPRRAC review, as such meetings are infrequent.
 - **Deep Dive Opportunities:** Members proposed using the June and July meetings strategically, with June to identify services needing further review and July for in-depth discussions.
 - **Public Comment Limitations:** The standard 2-minute limit for public comments was seen as a barrier to meaningful input. Members suggested allowing up to five commenters to pool their time for a more comprehensive presentation.
 - **Recording Preference:** The committee expressed a preference for recording these stakeholder sessions, pending provider consent.

E. Rate Reductions for Dental and Pediatric Behavioral Therapy Discussion

Medicaid Director Adela Flores-Brennan joined the MPRRAC meeting at 10:21AM to discuss the proposed targeted rate reductions for pediatric behavioral therapy (PBT) and dental services.





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Key Discussion Areas:

1. State Budget Shortfall and Medicaid Funding Challenges

- **Background:** The state faces a \$900 million budget shortfall, attributed to factors such as the end of ARPA stimulus funding, TABOR limits on Medicaid budget growth, and increased costs associated with higher-acuity Medicaid members.
- **Medicaid Budget Details:** Projected budget includes \$17.4 billion in total funds, with \$5 billion from the general fund, covering approximately 1.4 million Medicaid and CHIP members.

2. Proposed Targeted Rate Reductions

- **Services Affected:** PBT and dental services, neither of which have Medicare benchmarks, will see targeted reductions. PBT rates are proposed to align with a benchmark excluding Nebraska as an outlier, while dental rates are set to decrease relative to last year's increases.
- **Additional Reductions:** Other categories, such as anesthesia and physician services, will be benchmarked to 95% of Medicare rates to achieve budgetary balance.

3. Rationale for Targeted vs. Across-the-Board Cuts

- **Discussion:** Members questioned the focus on PBT and dental, as opposed to a flat (e.g. 1%) reduction across all services. Flores-Brennan explained that many rates have not seen increases in years, so an across-the-board cut would disproportionately impact services that have remained stagnant. The decision aimed to minimize harm to underfunded areas.

4. Legislative Process and MPRRAC's Role

- **Current Status:** The proposal is now with the Joint Budget Committee (JBC) and cannot be altered by HCPF. Public comments can influence JBC's decision, but the proposed reductions are already included in the governor's budget.
- **MPRRAC's Position:** MPRRAC members expressed disappointment with the proposal, noting that it undermines their advisory role. Ian Goldstein also highlighted the need for stability in the review process, advocating continuity in rate-setting to support provider investments and build stakeholder trust.

Next Steps for Public Input:

- Flores-Brennan encouraged stakeholders to continue voicing their concerns through the legislative process, as future adjustments would need to come through JBC deliberations.

5. Questions and Feedback

Public comment started at 11:35AM. There were 8 public comments.

1. A general dentist expressed concerns about the proposed Medicaid dental rate cuts, emphasizing the connection between oral health and overall health. He noted the impact of these services on community members' quality of life and requested opposition to the cuts to maintain accessible dental care.
2. A dentist anesthesiologist highlighted the importance of Medicaid rate increases for serving patients with special needs. He shared that recent rate adjustments allowed





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his clinic to expand services, reducing wait times significantly, and urged opposition to the proposed cuts to sustain access for vulnerable populations.

3. An oral surgeon and Medicaid provider recounted cases where untreated dental issues led to costly emergency room visits, underscoring the financial and health risks associated with reduced dental access. He urged the committee to oppose the cuts to prevent such severe cases and related high costs.
4. A general dentist with experience in both rural and urban areas emphasized the impact of recent rate increases in improving access to care for low-income and marginalized communities. She warned that reversing these increases would harm provider recruitment and access, urging support against the proposed cuts.
5. A mother of two children with autism spoke about the essential role of ABA therapy in developing foundational life skills for children with autism. She emphasized the risk of losing these gains if cuts proceed, asking for continued support for ABA funding.
6. A disability rights advocate expressed concerns about cuts to ABA services, highlighting the negative impact on continuity of care. She noted that reduced reimbursement would lead to longer wait times and potential setbacks in skill development for children with autism, urging opposition to the cuts.
7. A dental hygienist described the positive impact of recent Medicaid rate adjustments on expanding preventative care access in rural areas. She stressed the instability that rate cuts would bring to these services, advocating for sustained support to maintain access to care in underserved regions.
8. An ABA provider outlined challenges with the current reimbursement code structure, noting that some services are effectively provided at no cost due to bundling. She emphasized that cuts would further strain providers, making it difficult to deliver essential services and urging reconsideration of the proposed rate reductions.

6. Next Steps and Announcements

Survey for 2025 meeting dates will be sent to MPRRAC by the end of November.

Contact information was also shared (see below):

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

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7. Meeting Adjourned at 12:03PM

