



Minutes of the Medicaid Provider Rate Review Quarterly Public Meeting

November 3, 2023

Colorado Department of Health Care Policy and Financing

303 E. 17th Avenue, Denver, CO 80203

Virtual Zoom Meeting, 9:00 a.m. – 12:00 p.m.

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

1. Call to Order and Welcome

Kim Kretsch, MPRRAC Chair, called the meeting to order at 9:04a.m. 4 of the 6 members were present and participating remotely. Tim was not present for voting.

A. Members on Zoom/Phone

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

Not Present:

Vennita Jenkins, MBA, CEO Senior Housing Options, Inc.
Terri Walter, MSN, RN, HopeWest, Hospice & Palliative Care

B. Department Staff Participants and Facilitators

Michelle LaPlante, Jeff Laskey, Cheyenne Gratale, Lingling Nie, Amanda Villalobos, Kevin Anderson, Victoria Martinez from HCPF, Brian Pool and Erin Ulric from GPS Consulting (facilitators)

C. Other Participants

20 total participants were present at 9:07.

D. Housekeeping & Meeting Overview

Michelle and Brian reviewed slides 2-9; including meeting etiquette, rules of governance, PHI, MPRRAC seat, the JBC presentation and the role of MPRRAC.

Kim will present to the JBC on behalf of MPRRAC – a virtual presentation would be preferred.

2. Meeting Minutes

Motion to approve September 29 minutes made by Kim, Kate seconded.



3. Meeting Purpose

The group will brainstorm ideas to improve processes during 2024.

4. 2024 Services for Review

The group reviewed the proposed services for review on slide 13. Kate requested to get an overview of the waiver process.

A. Dental Services

The MPRRAC needs to determine whether or not to do a full review of dental services. HCPF did end up doing a full review in 2023 for dental services. The committee did not have an opportunity to provide discussion beyond the 24 codes provided by stakeholders. The benchmark would be changed for 2024, and we would need to consider the changes.

B. Public Comment – Dental Services

There were 2 public comments:

1. Dental Services would like a full review in 2024.
2. It was clearly communicated during MPRRAC meetings that there would be a full rate review, and they would like to do a full rate review in 2024. Allow CDA to have a conversation with HCPF prior to making the decision on whether to do a full rate review.

Recommendation for a full rate review for Dental Services by Megan. Kim and Kate agreed.

However, this was updated a few minutes later.

Next steps: CDA will meet with HCPF, and CDA will provide a summary of the meeting to Michelle who will share with MPRRAC to make a decision.

C. Out of Cycle Review Requests

Pediatric sleep medicine

7 fee-for-service behavioral health SUD codes

All three members present supported including these two areas in an out of cycle review.

5. Process Improvements

The committee viewed proposed process improvements

A. Meeting Timing

Recommendation: Shift meetings to earlier in the year.

Discussion: It was confirmed that the staff does have capacity to meet the timeline proposed.

Vote: All three members online agreed that this timeline makes sense.

B. Extend Meeting Time

Recommendation: Extend meetings by an additional hour.

Discussion: This gives some additional time for members. Is another hour enough for all of the meetings? Propose 9-2 so there is time and if they end early, that's fine. Build in a break.



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Vote: All three members agreed to propose 9-2 and build in a break.

C. Public Comments & PHI

Recommendation: If someone shares PHI in a meeting, they would be asked to restate their comments without PHI.

Discussion: Taking care of that while it happens, and thoughtfulness of not losing stakeholder information. This also helps teach stakeholders what types of things are PHI and cannot be shared.

Vote: All three members approve this recommendation.

D. Training Materials

Recommendation: HCPF to provide pre-recorded training to MPRRAC

Discussion:

Training topics the member would like include:

- Orientation: Rules of governance, what is the role and responsibility of each member, Sunshine laws, MPRRAC purpose, advocacy/lobbying
- Technical training:
 - Waivers
 - Last cycle people didn't understand fee-for-service and MCO's.
 - Benchmarks
 - Code lookups
 - Reading data
 - Access to care metrics

Vote: All three members approve this recommendation.

E. Rate Prioritization

Recommendation: Determine a ranking system to prioritize which rates under review will receive increases.

Discussion: The ability to utilize the staff to help prioritize the codes will be useful. It was helpful this year to hear from stakeholders about which codes were most important and most impactful. MPRRAC hears about codes in the same meeting they are making decisions. Would be helpful to have stakeholders put forward the codes they want reviewed. They could identify preventative codes and get stakeholders to prioritize high-impact codes.

Vote: All three members approve this recommendation.

F. Access Metrics

Recommendation: Review access metrics to determine what MPRRAC wants to see

Discussion: Interpreting these metrics gets challenging. Nuances of someone being a Medicaid provider but they limit their practice. Provider participation could be skewed, may be helpful to get more granular here by setting a minimum threshold for providers. They exclude a lot of claim data with MPRRAC. HCPF recommends that the MPRRAC select 3-4 metrics from a capacity perspective. Would also be helpful to have MPRRAC's interpretation on what they want to see from the measures. Network adequacy numbers from Medicaid don't match on the ground experience.





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MRRAC Recommendation: Panel size, utilizer density **or** penetration rate, provider participation (compare to commercial, trend over time, minimum # of patients), and telehealth accessibility/drive times.

Vote: All three members approve this recommendation.

6. Stakeholders Engagement Improvements

The committee viewed proposed stakeholder engagement improvements

A. Constant Contact Outreach

Recommendation: Explore constant contact to send notifications to providers regarding meetings.

Discussion: We'll get lots of bounce back from there.

Vote: Not really necessary.

B. Top 10 Providers

Recommendation: HCPF pulls top 10 providers for each services and invites them to MRRAC

Discussion: This feels like a quantity thing but not a quality thing. The best feedback we got was from provider orgs. Provider advocacy orgs are the most helpful. Prefer this option than the first. Reach out to these providers for referrals, having them refer us to a provider organization.

Vote: Find provider advocacy organizations that can represent providers, they were the most helpful stakeholder. If someone is representing multiple parties, they can get 5 minutes.

C. Stakeholder one-pager

Recommendation: Create MRRAC 101 fact sheet for stakeholders

Discussion: This feels helpful.

Vote: Agreed this feels important.

D. Google Drive for Stakeholder Feedback

Recommendation: Utilize google drive for stakeholder feedback

Discussion: Members appreciate the emails. HCPF can prompt members to review the google drive before the meeting. The nudge is helpful.

Vote: Agreed to consolidate in google drive, but prompt members to review before each meeting.

7. Miscellaneous Improvements

The committee viewed proposed miscellaneous improvements

A. Minority Opinion

Recommendation: Add minority opinion from the members into the report





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Discussion: The group does want to capture the minority opinion in the report, even if it's just one person.

Vote: Agree on wanting to capture all minority opinions in the report.

B. Data Analysis

Recommendation: Complete all data analysis by July.

Vote: Agree from MPRRAC members, this is a good goal.

C. Impact to Budget

Recommendation: Share impact on total budget of the MPRRAC recommendations

Discussion: Would also be helpful to see the total budget impact. It would be helpful to see this data prior to finalizing the recommendation so they MPRRAC can prioritize as needed. Fiscal impact may look big for some services, but it doesn't show how far behind the service has been. This data will need to be put into context.

Vote: Agree from MPRRAC members, would be helpful to see this data, but it needs to be contextualized.

Note: A few times Dental was referred to as an emergency review, and it was not an emergency review, it was a partial review. MPRRAC cannot do emergency reviews. This is noted for the minutes.

8. Public Comment

There was one public comment:

- Upon reviewing the recommendations in the report for PBT, the recommendation is significantly less than was noted in the last meeting. The benchmark was changed. If the recommendations that are in this report stand, PBT providers will not be able to continue to operate in this state.

Discussion: The recommendation from the committee was to raise to 100% of the benchmark. The department has a separate recommendation. MPRRAC members expressed frustration that the benchmark was changed mid-review, which limits transparency. When the benchmark gets changed, MPRRAC needs to know. MPRRAC members would like to see their recommendations reflected in the report.

9. Next Steps

Michelle shared that the meeting minutes would be sent to members within one week.

Contact information was also shared:

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

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

10. Meeting Adjourned at 11:41 a.m.

Kim asked for a motion to adjourn the meeting, Megan made the motion, and Kate seconded the motion.

