

Medicaid Provider Rate Review Public Meeting

November 14, 2025
9:00am - 2:00pm

Presented by: HCPF & GPS



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Department of Health Care
Policy & Financing

Agenda

- Welcome
- Meeting Structure & Logistics
 - Public comments will be shared at the end of the meeting
 - Send feedback to HCPF_RateReview@state.co.us
 - Lunch break around 11:30am
- 2025 Reflection & Planning for 2026
 - 2026 Review
 - Trainings
 - Meetings
 - Stakeholder Engagement
 - Miscellaneous
- Public Comments
- Next Steps
- Adjourn



Housekeeping

- Committee Members only - add “MPRRAC Member” to your Zoom name
- Public Stakeholders - sign up to make public comment (2 minutes)
 - Public comments will be shared at the end of the meeting
- Identify yourself before speaking
- Do not share PHI
- Use Q&A feature for questions



Disclaimer

Dylan Marcy, HCPF Accessibility Technology Specialist

➤ dylan.marcy@state.co.us

The PowerPoint presentation for this meeting is in draft form and may be updated with new information up until the day of the meeting. Materials did not have the time to undergo accessibility review before the meeting. New versions of materials that have gone through a full ADA review will be posted on our website as soon as possible after the meeting.



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Special Announcements

- **Terri retiring from committee, open seat available**
 - HCPF to announce opening on website and conduct interviews soon
 - Thank you, Terri!

- **New HCPF employee!**
 - Cole Hoffman - Rate Review Analyst

- **2025 MPRRAC Report available on our website**
 - <https://hcpf.colorado.gov/rate-review-reports>

MPRRAC/ JBC Presentation

November 18, 2025 9:00am - 10:30am

- Overview of:
 - provider rate review process
 - summary of provider rates reviewed
 - strategies for responding to the findings of the provider rate review
 - MPRRAC recommendations made to HCPF
- Virtual
- Presenter: Chair, Megan Adamson
- HCPF to assist MPRRAC with presentation prep but presentation will be done entirely by MPRRAC as stated in the statute
- Michelle will send link to listen in if MPRRAC members are available
- [Link to JBC schedule](#)



Rules of Governance

- Self-governance
- Maintain a respectful, safe environment for all
- One person speaks at a time
- Stay on mute unless engaging
- Tough on problems, easy on people
- Use the past only to describe a better future
- Come prepared - review materials in advance, gather & share input from your community, stakeholders, colleagues, etc.
- Chair and Vice Chair Terms:
 - Chair/ Vice Chair: one-year terms
 - Vice Chair will become Chair
 - Annual elections held in November to decide Vice Chair



MPRRAC/ Department Roles

- MPRRAC is a legislatively appointed body that functions collaboratively with HCPF; they are not HCPF staff.
- Rate Review staff is tasked with synthesizing actuarial analyses into digestible reports and works with other HCPF staff to develop recommendations for rate or policy changes, which are then agreed upon by the MPRRAC.
- These recommendations *may* result in future budget actions by HCPF but rate changes must be approved and appropriated for by the Legislature.
- Review of services including analysis and recommendations does not guarantee rate changes, whether increases or decreases, or changes to reimbursement policy.

Meeting Structure

MARCH

- Share preliminary data analysis results

JUNE/ JULY

- Discuss supplemental analyses (if applicable) and receive recommendations from the committee
- Start planning for the next year

AUGUST

- Share refined MPRRAC recommendations and fiscal impact analysis

NOVEMBER

- Lessons learned, training, other miscellaneous planning discussions
- Review schedule and off-cycle requests for 2026
- Annual MPRRAC Training
- Vote for Vice Chair



Meeting Purpose

- BY THE END OF TODAY:
 - The MPRRAC and HCPF will:
 - Brainstorm ideas to improve processes for Year 1 Cycle 2 (2026)
 - Vote for Vice Chair
 - Review trainings and resources
 - Hear any remaining public comments from stakeholders

Meeting Minutes

August 22 Meeting



Section I: 2026 Review Cycle



2026 Review Cycle Agenda

- 2026 Review Schedule and Updates
- Impact of TPL/Copayment on Benchmark Ratio Calculation
- Outlier Analysis
- Benchmark Methodology
- Access to Care Metrics for 2026
- Analyses in 2026

2026 Service Categories Under Review

Anesthesia

Ambulatory Surgical Centers (ASCs)

Behavioral Health Services (FFS only)

- Mental Health Services
- Outpatient SUD Services
- BH Evaluation and Management Services
- Integrated Care Services
- BH Special Connections

Maternity Services

- General Maternity
- Doula and Lactation Support Services
- Prenatal Plus
- Nurse Home Visitor Program

Abortion Services

Pediatric Behavioral Therapy (PBT)

Dental Services

- State Dental Plan
- Dental for People with Intellectual Developmental Disabilities (DIDD)

Surgeries

- Cardiovascular System
- Digestive System
- Eye and Auditory System
- Integumentary System
- Musculoskeletal System
- Respiratory System
- Other



Updates to 2026 Review Schedule

- Surgery
 - During prep for the 2026 Surgery review, HCPF found some codes overlapping with those reviewed under Physician Services in 2025.
 - Move these overlapping codes from Physician Services (2025) out to Surgery (2026) for re-evaluation
 - Ensure accurate code classification by service type
 - Make sure all codes are reviewed in each appropriate cycle
 - Categories Impacted
 - Gynecology
 - Radiology

Updates to 2026 Review Schedule

- Dental
 - Data Source
 - Received ad-hoc datasets from DentaQuest (DQ)
 - Contains unclear claim and claim line status value
 - Provided only upon request and missing some key elements
 - Accessed Invoice tables, updated weekly with DQ data
 - Readily available and refreshed weekly
 - Used for invoicing, therefore expected to have higher accuracy
 - Also prepared by DQ, ensuring consistency in data origin
 - Comparison Results
 - Paid amount and claim count match rates exceed 97% between the two sources
 - Decision
 - Proceed with using Invoice table data for analysis to ensure higher accuracy and efficiency

Updates to 2026 Review Schedule

- Nurse Home Visitor Program
 - Reviewed for the first time within the Maternity Service Category
 - NHVP provides services to first time pregnant people whose first child is less than one month old
 - Targeted Case Management rates
 - T1017 + HD, TD
 - G0006 + HD, TD
 - Current FFS rates are provider-specific, making their review difficult
 - To address this, the average of the provider-specific rates will be used as the baseline rate in the review.

Impact of TPL/Copayment on Benchmark Ratio Calculation

- Benchmark Ratio
 - $$\frac{(\text{CO FFS Rate Repriced Amount} - \text{TPL/Copayment})}{(\text{Benchmark Rate Repriced Amount} - \text{TPL/Copayment})}$$
- Varying levels of TPL/copayment affect the benchmark ratio
 - When TPL/copayment amounts are high relative to the total repriced dollars, the benchmark ratio becomes distorted
 - Identify an appropriate threshold for excluding TPL/copayment from the benchmark ratio calculation.

Impact of TPL/Copayment on Benchmark Ratio Calculation (Example 1: CO Medicaid rate > benchmark rate)

- The 1st row: Assumed TPL/Copayment, benchmark ratio: negative
- The 2nd row: No TPL/Copayment, benchmark ratio: 113.7%
- Last 6 rows: As TPL/Copayment increases, the benchmark ratio inflates significantly from the 2nd row

Scenario Description	TPL & Copay as % of Repriced Amount	TPL & Copay Amount	CO Medicaid FFS Rate (July 2024)	Medicare FFS Rate	CO FFS Rate Repriced Amount	CO FFS Rate Repriced Amount - TPL/Copayment	Benchmark Rate Repriced Amount - TPL/Copayment	Benchmark Ratio
Assumed TPL/Copayment	96%	\$381.51	\$132.03	\$116.09	\$396.09	\$14.58	-\$33.24	N/A
No TPL/Copayment	0%		\$132.03	\$116.09	\$396.09	\$396.09	\$348.27	113.7%
Different TPL/Copay Scenarios	5%	\$19.80	\$132.03	\$116.09	\$396.09	\$376.29	\$328.47	114.6%
	10%	\$39.61	\$132.03	\$116.09	\$396.09	\$356.48	\$308.66	115.5%
	20%	\$79.22	\$132.03	\$116.09	\$396.09	\$316.87	\$269.05	117.8%
	30%	\$118.83	\$132.03	\$116.09	\$396.09	\$277.26	\$229.44	120.8%
	40%	\$158.44	\$132.03	\$116.09	\$396.09	\$237.65	\$189.83	125.2%
	50%	\$198.05	\$132.03	\$116.09	\$396.09	\$198.05	\$150.23	131.8%

Impact of TPL/Copayment on Benchmark Ratio Calculation

(Example 2: CO Medicaid rate < benchmark rate)

- The 1st row: Assumed TPL/Copayment, benchmark ratio: 66.4%
- The 2nd row: No TPL/Copayment, benchmark ratio: 80.0%
- Last 6 rows: As TPL/Copayment increases, the benchmark ratio decreases significantly from the 2nd row

Scenario Description	TPL & Copay as % of Repriced Amount	TPL & Copay Amount	CO Medicaid FFS Rate (July 2024)	Medicare FFS Rate	CO FFS Rate Repriced Amount	CO FFS Rate Repriced Amount - TPL/Copayment	Benchmark Rate Repriced Amount - TPL/Copayment	Benchmark Ratio
Assumed TPL/Copayment	51%	\$80.00	\$79.20	\$99.03	\$158.40	\$78.40	\$118.06	66.4%
No TPL/Copayment	0%		\$79.20	\$99.03	\$158.40	\$158.40	\$198.06	80.0%
Different TPL/Copay Scenarios	5%	\$7.92	\$79.20	\$99.03	\$158.40	\$150.48	\$190.14	79.1%
	10%	\$15.84	\$79.20	\$99.03	\$158.40	\$142.56	\$182.22	78.2%
	20%	\$31.68	\$79.20	\$99.03	\$158.40	\$126.72	\$166.38	76.2%
	30%	\$47.52	\$79.20	\$99.03	\$158.40	\$110.88	\$150.54	73.7%
	40%	\$63.36	\$79.20	\$99.03	\$158.40	\$95.04	\$134.70	70.6%
	50%	\$79.20	\$79.20	\$99.03	\$158.40	\$79.20	\$118.86	66.6%

Impact of TPL/Copayment on Benchmark Ratio Calculation (Suggested Adjustment to Benchmark Ratio Methodology)

➤ Issue Identified

- High *TPL & Copay* amounts can significantly distort benchmark ratio results.
- Impact becomes more pronounced when *TPL & Copay* exceed a reasonable share of repriced dollars.

➤ Proposed Threshold

- If *TPL & Copay as % of Repriced Amount* > 30%
 - Exclude *TPL & Copay* from the benchmark ratio calculation
 - Apply a rate-only benchmark ratio for these high-impact cases
 - Reduce volatility in benchmark ratios
 - Improves accuracy and fairness in rate comparison

➤ Feedback?



Outlier Analysis

- Exclude outliers at an individual code level
- Standard statistical outlier rule: 1.5 X IQR rule.
 - IQR-Interquartile Range
 - Sets lower and upper bounds; everything outside these bounds is an outlier
 - Lower bound = Quartile 1 - 1.5 X IQR
 - Upper bound = Quartile 3 + 1.5 X IQR
- Example (using artificial data)

Proc Code	State A	State B	State C	State D	State E	State F	State G	1st Quartile	3rd Quartile	Interquartile Range	Lower Bound Q1-1.5*IQR	Upper Bound Q3+1.5*IQR
Code 1	27	32	25	26	37	29	26	26	30.5	4.5	19.25	37.25
Code 2	83	527	94	92	87	85	83	84	93	9	70.5	106.5
Code 3	17	15	15	14	14	13	12	13.5	15	1.5	11.25	17.25
Code 4	52	49	14	43	50	48	49	45.5	49.5	4	39.5	55.5

Benchmark Methodology

- Medicare Benchmark:
 - Use Medicare rates as the primary comparator when available.
- Other States' Medicaid Rates:
 - When no appropriate Medicare benchmark exists, identify comparable state Medicaid rates in collaboration with stakeholders.
- Commercial Rates (if applicable):
 - Consider reliable, publicly available commercial rates when:
 - No appropriate Medicare benchmark exists
 - Data quality is high and comparable
 - Internal and external stakeholders support the approach
 - A dual benchmark (Other states' Medicaid + commercial) is appropriate
- Final rate recommendations—whether or not commercial rates are incorporated or reflected—are subject to JBC approval.

Access to Care Metrics for 2026

- Metrics:
 - 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
 - Per Member Per Year Utilization
- MPRRAC vote to approve recommendations for metrics for 2026
 - Please note that these are dependent on resources/availability of information



Analyses in 2026

- HCPF to explore sharing more data in March meeting if able:
 - top 10 codes utilized, outliers, etc. when applicable
 - benchmark ratios
 - access to care results
 - benchmark rate calculation information (when benchmark rates come from other states)
 - Pre and post analysis for the 2023 rate increase impact on some services
- **MPRRAC discussion:** any other improvements/ ideas for 2026 analysis you would like to explore?

Section II: Training and Resources



Resources to be added to Shared 2026 Google Folder

(to be shared by end of November)

- Sunshine Laws overview by Jennifer Weaver, recorded from August 2024 public meeting
- MPRRAC 101 Fact Sheet
- Senate Bill 22-236 (MPRRAC Law)
- MPRRAC member term information
- MPRRAC Annual Training slideshow
- CMS New Rule Resource Links
- Question: Would the MPRRAC like HCPF to supply any specific trainings for 2026?



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MPRRAC Terms

- Appointed by Governor
 - Megan Adamson, term ending 1/1/2027
 - Vennita Jenkins, term ending 1/1/2027
 - Christopher Maestas, term ending 3/1/2029
- Appointed by Speaker of the House
 - Tim Diesnt, term ending 1/1/2027
 - Ian Goldstein, term ending 2/16/2028
- Appointed by President of the Senate
 - Terri Walter - seat to open soon, details to come
 - Katherine Leslie, term ending 1/1/2027

New CMS Rule: Access Rule

Highlights of the Access Rule:

- **42 CFR 447.203(b)(3):** Requires states to compare their FFS payment rates for primary care, obstetrical and gynecological care, outpatient mental health and substance use disorder services and direct care services (personal care, home health aide, homemaker, and habilitation services) to Medicare rates.
- **42 CFR 447.203(b)(6):** Requires states to establish a HCBS advisory group for direct care workers, beneficiaries, beneficiaries' authorized representatives, and other interested parties to meet at least every two years, and advise and consult on payment rates paid for personal care, home health aide, homemaker, and habilitation services.
- **447.203(c)(1) and (2):** Requires states to demonstrate access sufficiency through an initial analysis (to check if under 80% of Medicare rates; if more than 4% reduction of benefit category per year; and if access to care concerns) when submitting a state plan amendment with a rate reduction or restructuring. If not meeting, the state needs to perform additional analysis.



Annual MPRRAC Training

- Per C.R.S. 25.5-4-401.5, the MPRRAC was established to assist HCPF in the review of the provider rate reimbursements under the Colorado Medical Assistance Act. In addition, the MPRRAC shall:
 - Review annual review schedule and recommend any changes
 - Review analysis on provider rates prepared by HCPF and provide feedback
 - In conjunction with HCPF, conduct public meetings to allow stakeholders opportunity to provide feedback
 - Recommend to HCPF and JBC any changes to the process of reviewing rates, including measures to increase access
 - Provide other assistance as requested by HCPF

Annual MPRRAC Training: Policies

- Meetings will be jointly facilitated by HCPF's Rate Review Stakeholder Relations Specialist, MPRRAC Chair, and GPS.
- Meeting dates and meeting materials will be publicly posted once scheduled with at least one week's notice.
- HCPF will share analyses, conclusions, and recommendations with MPRRAC and stakeholders.
- Annual Training will occur
- If an actual, apparent, or perceived conflict of interest exists, the MPRRAC member shall disclose the basis of the conflict of interest to the other members and public before discussion begins or as soon as identified.

Annual MPRRAC Training: Requirements of MPRRAC Members

- Participate in 75% of all meetings
- Access to internet and email to communicate with HCPF, receive/ send resources necessary for participation. As well as audio technology and quiet environment for remote meetings.
- Prepare by reading reports/ handouts provided by HCPF
- Sense of professionalism and respect for others
- Disclosure of Conflicts of Interest

Annual MPRRAC Training: Operating Within Limits & Understanding Goals

- Colorado Revised States state what each board or commission can do and what authority board members have:
 - [Colorado Revised Statutes | Colorado General Assembly](#)



Annual MPRRAC Training: Meeting Etiquette

- Honor the agenda
- Identify yourself before speaking
- Collaborative Effort
- Honor and respect everyone
- Adhere to all Rules of Governance the MPRRAC has set (slide 7)

Annual MPRRAC Training: Protected Health Information (PHI)

- What is PHI?
 - Individually identifiable information relating to the past, present, or future health status of an individual.
- Types of PHI
 - Diagnoses/ treatment information
 - Medical test results
 - Prescription information
 - National identification numbers
 - Demographic information (birthdate, gender, ethnicity, contact/ emergency contact information)
- Shared PHI may result in portions of the meeting recording to be deleted and delay posting the meeting publicly on HCPF's website

Annual MPRRAC Training: CORA and Open Meetings Law

- In the spirit of open government, the Colorado Open Records Act (CORA) requires most public records to be available to public.
- The Open Meetings Law (OML), which is part of the Colorado Sunshine Law, generally requires any state or local governmental body to discuss public business or to take formal action in meetings that are open to the public.
- For more information on how this pertains to the MPRRAC, re-watch the August 16, 2024 public MPRRAC meeting recording
 - <https://www.youtube.com/watch?v=80zBejcPvUQ>, timeframe: 4:46 - 16:24

Annual MPRRAC Training: Evidence-Based Process

- Stakeholder/ MPRRAC feedback is very important to the process
 - HCPF works to validate all feedback through data and subject matter experts (SMEs), unless anecdotal feedback is accompanied by data-driven evidence.

- Data-driven research conducted in the rate review process is useful for:
 - Identifying outliers
 - Repricing methodology
 - Including the living cost adjustment when comparing to other states' rates
 - Utilization attached and TPL/copay reduction to reflect the actual expenditure
 - Rate comparison results with the conjunction with access to care metrics

Annual MPRRAC Training: Meeting Timeline

➤ March

- HCPF shares preliminary data analysis results
- Stakeholder and committee feedback

➤ June/ July

- Discuss supplemental analyses (if applicable)
- Receive recommendations from committee
- Start planning elements of the next year's review
- Stakeholder and committee feedback

➤ August

- HCPF shares refined committee recommendations and fiscal impacts analyses
- Stakeholder and committee feedback

➤ November

- Discuss lessons learned from the review and identify improvement opportunities
- Prepare for the following year's review
- Annual MPRRAC training
- Vote for Vice Chair



Questions Regarding Annual MPRRAC Training

Additional Training: Benefit Determination Process

- What is the Benefit Determination Process?
 - Implements determination request policy 10 CCR 2505-10 8.190 (Page 173)
 - Internal process used to evaluate potential changes in the coverage of a Health First Colorado service.
 - Conducted by HCPF policy specialists, other HCPF staff included as necessary
 - Occurs when providers, members, stakeholders, internal staff, etc., request coverage changes
- Process Steps:
 - A benefit request is received.
 - HCPF analyzes the request for feasibility using the criteria outlined in 10 CCR 2505-10 8.190.1.A.
 - HCPF notifies stakeholders whether the request can be implemented.

Section III: Meetings



2026 Meeting Schedule

All Meetings: 9am - 2pm

- First Quarterly Public Meeting:
 - Before the end of March
- Second Quarterly Public Meetings
 - HCPF will automatically schedule TWO meetings in June/ July to allow for ample time to discuss supplemental analyses and recommendations
 - June/ July meetings will be held within 1 week of each other (to the best of HCPF's ability)
- Third Quarterly Public Meeting
 - August
- Fourth Quarterly Public Meeting
 - November
- Michelle to send Survey for 2026 meeting dates after this meeting



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Improvement Ideas

- Should public stakeholders speak at the beginning of each meeting, instead of during their service category, for the sake of stakeholders' time?
- Should the Chair / Vice Chair summarize and write into the meeting chat what the MPRRAC's recommendation language should be after each category discussion? (For June/ July meetings)
 - HCPF reserves the right to edit grammar, wording, etc

OTHER

- MPPRAC members will be invited to the Annual Stakeholder Webinar moving forward
- Use of unofficial/ individually requested AI notes is permitted but HCPF strongly urges public to refer to the official notes from meeting posted on HCPF's website





VOTE for MPRRAC Vice Chair

Reminder:

1. Terms last 1 year
2. Vice Chair will roll into Chair
3. Annual election for Vice Chair in November

Section IV: Stakeholder Engagement



Provider Outreach

- HCPF will continue to utilize Constant Contact in 2026
 - Regularly scheduled emails will be sent out 2 weeks in advance of public meetings to remind providers to participate
 - Please share your email if you want to be included!
 - Send an email to HCPF_RateReview@state.co.us
- HCPF will continue to outreach providers at the start of the review cycle to gather insights into services
 - Please share your email if you want to be included!
 - Send an email to HCPF_RateReview@state.co.us



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Provider Outreach - Workgroups

- Overview
 - Emails were sent to over 500 PBT providers and over 1,000 Dental providers in July 2025
 - PBT and Dental categories do NOT have any codes that have Medicare benchmarks
 - Both categories had considerable stakeholder engagement in 2023, with particular interest in benchmarking
- Outcomes
 - PBT Provider Workgroup
 - Approx. 30 attendees for each meeting
 - Providers collaborated to select 9 provider-approved benchmark states
 - Providers shared analysis-related feedback to assist HCPF in using the correct approach when states do not perfectly align
 - Providers suggested to investigate commercial rates
 - Dental Provider Workgroup
 - Approx. 10 attendees for each meeting
 - DIDD - Use CO Medicaid State Dental Plan as benchmark
 - State Dental Plan - Use dual benchmark methodology
 - CO APCD Dental Average Commercial Payment as one of the benchmarks
 - Benchmark States: 1 final feedback received



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Tariff Survey Follow Up

- HCPF is unable to conduct a follow up survey at this time
 - The tariff policy is still in progress and far from being finalized
- Instead, we encourage stakeholders to send HCPF letters regarding the effect of tariffs on their service(s)
 - Send to team email address (HCPF_RateReview@state.co.us)
 - Will be sent to MPRRAC for review, and included in 2026 Stakeholder Feedback Appendix

Section IV: Miscellaneous



Updates

- Open MPRRAC seat
 - Application information to be posted on our website by end of November
 - <https://hcpf.colorado.gov/medicaid-provider-rate-review-advisory-committee>
 - HCPF may conduct interviews with potential candidates
 - New member will start March 2026
 - Let someone who may be interested know!
- Most members terms end at the end of 2026, so additional members needed in future - spread the word!





Comments from Public

Next Meeting

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



Announcements

MEETING MINUTES

- Sent to Chair and Vice Chair, then to committee
- Posted on website within 1 week of meeting
- Meeting summary will be faithful to MPRRAC recommendations and show any minority opinions

WEBSITE

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

Contact Info

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Thank you!

