



**Medicaid Provider Rate Review Quarterly Public Meeting
 Department of Health Care Policy & Financing**

Virtual Webinar
 Denver, CO
 Zoom URL:

<https://us06web.zoom.us/j/83958159775?pwd=RHJpTVFnREZyNzhGNXBCK0pzMmE4QT09>

Meeting ID: 839 5815 9775

Passcode: 124185

Dial In: 833 548 0276 US Toll-free

July 14, 2023
 9:00am - 12:00pm

Meeting resources:

1. [Department MPRACC Website](#) with meeting resources
 - a. [Meeting agenda](#)
 - b. [Sign up for public comment](#)
 - c. [Meeting presentation](#)
 - d. [Meeting recording](#)

1) Call to Order and Attendance

The Medicaid Provider Rate Review Advisory Committee (MPRRAC) members and Department staff in attendance will be noted.

Megan Adamson, MPRRAC Vice Chair, called the meeting to order at 9:05 AM. All members were present and participating remotely. GPS notetaker

List of Committee Members

1. Terri Walter, MSN, RN, HopeWest, Hospice & Palliative Care
2. Kim Kretsch DDS, MBA Colorado Dentistry for Children in Brush CO
3. Vennita Jenkins, MBA, CEO Senior Housing Options, Inc.
4. Megan Adamson, MD, family physician from Lafayette Colorado
5. Kate Leslie, LCSW, Medicaid Mental Health provider
6. Tim Diesnt, CEO, Ute Pass Regional Health Service District
7. Gretchen McGinnis, MSPH, Senior Vice President of Health Care Systems and Accountable Care at Colorado Access

Department Staff and Facilitators

- Present: Cheyenne Gratale, Jeff Laskey, Kevin Martin, Victoria Martinez, and Lingling Nie
 - Michelle LaPlante is out of the office.



- Various department staff are present to offer policy and other assistance as needed.
- Brian Pool and Kevin Mindenhall from GPS Consulting (facilitators)

87 total participants logged on as of 9:28 AM

2) Meeting Overview

The Department will review the agenda, meeting logistics, and updates.

Brian Pool reviewed slides 2 - 4.

NOTE: changed public comment to 1-minute because of the large number of requests to speak.

Kevin Martin, Fee for Service (FFS) Rates Division Director, introduced Linling Nie Manager of the MPRRAC Section and formerly a rates analyst for the Department and Victoria will focus more on day-to-day operations.

The department is hiring 4 analysts that are in the process of posting.

MPRRAC is now its own section within the Department.

Brian Pool reviewed slides 6 - 9.

3) Meeting Minutes

Kim Kretsch, MPRRAC Chair, gave a reminder that it was previously agreed upon to create a meeting summary instead of detailed minutes because the full meeting recording is available on the Department’s MPRRAC webpage: <https://hcpf.colorado.gov/rate-review-public-meetings>

Vennita Jenkins seconded—no one opposed. Therefore, MPRRAC voted to approve the April 2023 meeting minutes.

Opened it up to questions. No questions.

Brian reviewed slides 12 - 15.

- The committee deferred Ambulatory Surgical Centers and FFS BH Services for review until 2024.
- Questions posted in chat and Q&A were answered live or in writing.

4) Year One Services Recap, New Analyses, and Recommendations

a) Anesthesia

i) Data Analysis Recap (slide 16)

The Department recapped the rate comparison and access to care analysis discussed in the April meeting. The Department answered questions about:



- Definition for provider participation.
- Clarification rates are based on Medicaid providers rendering and being reimbursed for services.
- Percent of a benchmark compared to the Centers for Medicaid and Medicare (CMS) Medicare rates.
- Using quantitative measurements to represent access.

ii) New Analyses and Information (slides 17 - 18)

The Department presented additional analyses.

- The time range for data utilized to compare provider enrollment was Fiscal years 2020, 2021, and 2022.

iii) Questions and Feedback

Stakeholders from the anesthesia community asked questions and provided feedback.

- Reimbursement for moderate sedation vs. general anesthesia the codes have remained the same.
- Since data is based on where utilizers live, there was a question about how far users travel to utilize the services and if anesthesia providers' travel is captured.
 - NOTE: Currently, the Department does not have access to that data.
- If employed by the hospital, reimbursement is included in the hospital rates.
 - Reimbursement rates are different for different facilities.
- Is there a way to target specific codes to “not decrease?”

iv) MPRRAC Recommendation Discussion

Suggested to review going forward:

- Reimbursement rates between moderate vs. general sedation.
- Anesthesia providers' travel rates because of additional costs, and it improves access to care.
- Use equity lens and **bring everyone up to 100% of the benchmark.**
 - Concerns regarding when the benchmark is lowered, or costs to supply services increase (e.g., Covid-19 protocols, supply chain issues, inflation, etc.).
 - Concerns about making an entire slate of codes at 100% benchmark without a specific review of each code because the training, equipment, facility, and travel involved are different, and apprehensive if some rates are lowered.
- Desire to establish parity.



b) Ambulatory Surgical Centers (ASCs)

i. Data Analysis Recap (slide 21)

The Department recapped the rate comparison and access to care analysis discussed in the April meeting.

ii. New Analyses and Information (slides 22 - 23)

The Department presented additional analyses.

iii. Questions and Feedback

Stakeholders from the ASC community did not ask questions or provide feedback but were allowed to do so.

iv. MPRRAC Recommendation Discussion

The MPRRAC discussed recommendations regarding ASC rates.

- Support some increase in the rates for free-standing facilities.
- ACS payment grouper is what you would call a facility.
- Ideally would like to go to Enhanced Ambulatory Patient Grouping (EAPG) classification methodology to explain the amount and type of resources used.
- It is hard to recommend because there isn't a good benchmark comparison and unclear costs to run an ambulatory facility.
- Recommend standard increase.
- **Recommend a 25% increase to get closer to 75% of the benchmark.**
 - Committee supports this recommendation.

c) Fee-for-Service (FFS) Behavioral Health Services

i. Data Analysis Recap (slides 26 - 27)

The Department recapped rate comparison and access to care analysis discussed in the April meeting.

- NOTE: This is only FFS and not about RAE capitated rates.
- RAEs do not have retroactive eligibility, so that gap is covered by FFS BH.
- Also, it is optional to be part of RAE. There is a **very small** portion of Medicaid Members that opt out, but they are covered by FFS BH.

ii. New Analyses and Information (slides 28 - 29)

The Department presented additional analyses.

- Rates without a Medicare benchmark are benchmarked to comparable services in other states. We compared Behavioral Health (not PBT) against



iii. Questions and Feedback

Stakeholders from the FFS behavioral health services community asked questions and provided feedback.

- Questions about access to mental health and behavioral health services.
- Questions about psychological testing that lead to a report and suggested therapy for mental health services.
- Comments in chat about providers closing or leaving the Medicaid system because of low rates.
- Concern about the additional burden on mobile providers and the remaining providers as other providers leave Medicaid.
- Suggest putting money into prevention, such as testing and ABA rather than crisis intervention.
- Suggest adding a \$75 - \$100 modifier to interpret Medicaid Member's preferred language vs. a separate payment for interpretative services.

iv. MPRRAC Recommendation Discussion

The MPRRAC discussed recommendations regarding FFS behavioral health services rates.

- Psychological testing is covered in both FFS and RAE capitated service; however, Autism is always billed FFS because Autism is not covered by RAEs.
- Psychological assessments have a waitlist of more than a year and acts as a bottleneck for access to services.
- Recommend language translation modifiers for native language speakers for testing, in conjunction with a bump up to 100% of benchmark for psychological testing (committee members' support).
 - Others support a higher rate increase above 100%.
 - Suggest looking at specific codes to be above 100% that could help alleviate the bottleneck in access to service.
 - From stakeholders in chat, look at codes: 90791, 96130, 96131, 96132, 96136, 96137, 96132, 96133, and 9751-97158

d) Maternity Services

i. Data Analysis Recap (slides 32 - 33)

The Department recapped rate comparison and access to care analysis discussed in the April meeting.

ii. New Analyses and Information (slides 34 - 35)



The Department presented additional analyses.

- Colorado Medicaid now covers patients for a full year postpartum, not 60 days. We got a State Plan Amendment from the feds.
- iii. Questions and Feedback

Stakeholders from the maternity services community did not ask questions or provide feedback but were allowed.
- iv. MPRRAC Recommendation Discussion

The MPRRAC discussed recommendations regarding maternity services rates.

 - **The committee supports an increase to 100% of the benchmark.**
 - Concerns that JBC will come back to say appreciate the standardization of 100% but need to prioritize due to lack of funding.

e) Abortion Services

- i. Data Analysis Recap (slides 38 - 39)

The Department recapped the rate comparison and access to care analysis discussed in the April meeting.
- ii. New Analyses and Information

The Department did not present additional analyses.
- iii. Questions and Feedback

Stakeholders from the abortion services community asked questions and provided feedback.

 - Rates are too low to provide abortion services, especially compared to Oregon and Illinois. Only covers 10 - 20 abortions annually.
 - From chat: Abortion care was only reimbursable when provided in hospital settings (though only one hospital statewide provides abortion care, and 99%+ of abortions happen in outpatient offices). This is, in many ways, actually a new benefit. PPRM provides unreimbursed abortion care for several thousand Colorado Medicaid patients annually, and I would be happy to provide any additional data that might be helpful to this group. The out-of-state patient increase is relevant because it increases the wait time for Colorado Medicaid patients by several weeks -- and thus the cost for care increases. Colorado Medicaid will never cover out-of-state patients, but the burden on providers right now is extraordinary.
 - \$1,000 for 59840 and 59841, \$800 for F0199
- iv. MPRRAC Recommendation Discussion

The MPRRAC discussed recommendations regarding abortion service rates.



- Recommend increasing rates closer to other states’ Medicaid programs because rates are only reviewed every three years, and expect an increase in abortion services in the coming years.
- Comment not prepared to make a recommendation today.
- One suggestion is a targeted rate increase through the legislature because there is insufficient information and concerns about how a rate increase may impact other rate increases.
 - Concerns about using different states as a benchmark because other factors may not be comparable to Colorado.
 - Medicare is not used as the benchmark because Medicare is for 65 or older.
- It is a very limited benefit with minimal codes and a few claims (less than 30), so it won’t financially impact Medicaid’s overall budget.
- The committee supports the recommendation to compare rates to other states and a recommendation for a targeted rate increase through the legislature.

f) Pediatric Behavioral Therapy (PBT)

i. Data Analysis Recap (slides 42 - 43)

The Department recapped the rate comparison and access to care analysis discussed in the April meeting.

ii. New Analyses and Information (slides 44 - 46)

The Department presented additional analyses.

- It is not feasible for the Department to continually update its analysis with all rate changes. The Department’s analysis is a point in time through June 2022.
 - [Tricare](#) rates are average, and Tricare recently updated their rates in May 2023, but the analysis was completed prior to that rate increase
- Medicaid rates also were updated in July 2023.
- The Department will rework the data presented on slide 45.

iii. Questions and Feedback (more than 30 minutes).

Stakeholders from the PBT community asked questions and provided feedback.

- Suggest implementing all Adaptive Skill CPT codes and following CMS’s MUE guidance.
- From Chat: COABA would want to participate in an update rate analysis and the postponed meeting.
- From Chat: Nine+ (9) PBT Providers with dozens of clinics have left Colorado this past year, leaving an estimated 650-1150 patients



without services and the same number of Colorado workers without jobs. Many of our friends and colleagues were impacted.

- From Chat: At least 21 centers have closed in the Denver area in the last year.
- From Chat: We are estimating 650-1150 families impacted by loss of providers in CO due to the unsustainable rates.
- There were many more comments in the chat.
- There were many public comment speakers. Here are just a few comments:
 - Medicaid rates for Autism impact private insurer rates because private insurers benchmark off of Medicaid since Medicare rates for these services do not exist.
 - Colorado is below the national average for these codes and is also missing additional billing codes.
 - There is a minimum of 6 months waitlist for Applied Behavior Analysis (ABA) care for Autism.
 - ABA provides care for the whole family to better understand how to interact with their child; without ABA care, the child will be put on permanent disability, which cannot be less expensive than offering higher ABA rates to keep providers in Colorado.
 - Why did the Department drop CT, MN, NM, and OR from analysis in 2023 when they were included in 2020? The replacement states, like FL, have lower Medicaid rates than Colorado.
 - Adoption of the full CPT code set and rate increases are needed.
 - Autism represents 80% of diagnoses for Medicaid children.
 - We cannot pay a livable wage and are losing people to gas stations and retail.
 - There were questions about the channel or method to request an emergency rate increase for these codes.

iv. MPRRAC Recommendation Discussion

The MPRRAC agreed they want to postpone recommendations regarding PBT rates until newer data is included in the analysis.

- The Department said giving a new analysis will NOT change the timeline, so there is no downside to conducting new data analysis. There is a legislatively established process and timeline for getting rate increase recommendations to the JBC.
- The committee asked to hear public comments today.
- The committee asked if the Department could do anything to get an



emergency rate increase now vs. going through this process.

- o Kevin Martin from the Department will look into the request for a Medicaid rate increase expedited process and will bring back the answer to this committee.

TIME RAN OUT

The committee agreed to reconvene virtually during the next two weeks to cover the remaining topics, and the information will be posted on the [website](#).

Megan motioned to adjourn; seconded by Kim . **The meeting officially ended at 12:10 PM**

~~**5. 10-minute break**~~

~~**a. Dental Services**~~

~~i. Data Analysis Recap~~

~~The Department will recap the rate comparison and access to care analysis discussed in April meeting.~~

~~ii. New Analyses and Information~~

~~The Department will present additional analyses.~~

~~iii. Questions and Feedback~~

~~Stakeholders from the dental community will have the opportunity to ask questions and provide feedback.~~

~~iv. MPRRAC Recommendation Discussion~~

~~The MPRRAC will discuss recommendations regarding dental rates.~~

~~**b. Surgeries**~~

~~i. Data Analysis~~

~~The Department will recap the rate comparison and access to care analysis discussed in the April meeting.~~

~~ii. New Analyses and Information~~

~~The Department will present additional analyses.~~

~~**c. Surgeries - Digestive System**~~



~~i. Data Analysis Recap~~

~~The Department will recap the rate comparison and access to care analysis discussed in April meeting.~~

~~ii. New Analyses and Information~~

~~The Department will present additional analyses.~~

~~iii. Questions and Feedback~~

~~Stakeholders from the digestive system surgery community will have the opportunity to ask questions and provide feedback.~~

~~iv. MPRRAC Recommendation Discussion~~

~~The MPRRAC will discuss recommendations regarding digestive system surgery rates.~~

~~d. Surgeries - Musculoskeletal System~~

~~i. Data Analysis Recap~~

~~The Department will recap the rate comparison and access to care analysis discussed in April meeting.~~

~~ii. New Analyses and Information~~

~~The Department will present additional analyses.~~

~~iii. Questions and Feedback~~

~~Stakeholders from the musculoskeletal system surgery community will have the opportunity to ask questions and provide feedback.~~

~~iv. MPRRAC Recommendation Discussion~~

~~The MPRRAC will discuss recommendations regarding musculoskeletal system surgery rates.~~

~~e. Surgeries - Cardiovascular System~~

~~i. Data Analysis Recap~~

~~The Department will recap the rate comparison and access to care analysis discussed in April meeting.~~

~~ii. New Analyses and Information~~

~~The Department will present additional analyses.~~

~~iii. Questions and Feedback~~

~~Stakeholders from the cardiovascular system surgery community will have the~~



~~iv. MPRRAC Recommendation Discussion~~

~~The MPRRAC will discuss recommendations regarding cardiovascular system surgery rates.~~

~~f. Surgeries – Respiratory System~~

~~i. Data Analysis Recap~~

~~The Department will recap the rate comparison and access to care analysis discussed in April meeting.~~

~~ii. New Analyses and Information~~

~~The Department will present additional analyses.~~

~~iii. Questions and Feedback~~

~~Stakeholders from the respiratory system surgery community will have the opportunity to ask questions and provide feedback.~~

~~iv. MPRRAC Recommendation Discussion~~

~~The MPRRAC will discuss recommendations regarding respiratory system surgery rates.~~

~~g. Surgeries – Integumentary System~~

~~i. Data Analysis Recap~~

~~The Department will recap the rate comparison and access to care analysis discussed in April meeting.~~

~~ii. New Analyses and Information~~

~~The Department will present additional analyses.~~

~~iii. Questions and Feedback~~

~~Stakeholders from the integumentary system surgery community will have the opportunity to ask questions and provide feedback.~~

~~iv. MPRRAC Recommendation Discussion~~

~~The MPRRAC will discuss recommendations regarding integumentary system surgery rates.~~

~~h. Surgeries – Eye and Auditory System~~

~~i. Data Analysis Recap~~



~~The Department will recap the rate comparison and access to care analysis discussed in April meeting.~~

~~ii. New Analyses and Information~~

~~The Department will present additional analyses.~~

~~iii. Questions and Feedback~~

~~Stakeholders from the eye and auditory system surgery community will have the opportunity to ask questions and provide feedback.~~

~~iv. MPRRAC Recommendation Discussion~~

~~The MPRRAC will discuss recommendations regarding eye and auditory system surgery rates.~~

~~i. Surgeries - Other~~

~~i. Data Analysis Recap~~

~~The Department will recap the rate comparison and access to care analysis discussed in April meeting.~~

~~ii. New Analyses and Information~~

~~The Department will present additional analyses.~~

~~iii. Questions and Feedback~~

~~Stakeholders from the surgery community will have the opportunity to ask questions and provide feedback.~~

~~iv. MPRRAC Recommendation Discussion~~

~~The MPRRAC will discuss recommendations regarding other surgery rates.~~

~~6. Questions and Feedback~~

~~The Department will ask for feedback from the MPRRAC and public stakeholders.~~

~~7. Next Steps and Announcements~~

~~Meeting minutes will be sent to chairs, and then sent to committee. After review, they will be posted to website.~~

~~Contact information:~~

- ~~• Website <https://hcpf.colorado.gov/rate-review-public-meetings>~~
- ~~• Michelle LaPlante
Rate Review Stakeholder Relations Specialist
michelle.laplante@state.co.us~~
- ~~• Victoria Martinez
Waiver and Fee Schedule Rates Manager~~



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

~~8. Adjourn~~

~~NAME moved to adjourn; NAME seconded. None opposed. Meeting is adjourned at TIME.~~

~~Reasonable accommodations will be provided upon request. Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify XXXX or the [504/ADA Coordinator](#) or hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.~~

