

# 2023 MPRRAC Cycle

November 28, 2023

Presented by: Kim Kretsch, MPRRAC Chair



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# Important Documents

- 2023 Medicaid Provider Rate Review Analysis and Recommendation Report
- Appendices of Report

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

# Who's Who on the MPRRAC

## Kim Kretsch, Chair of the MPRRAC

Dr. Kretsch, DDS, MBA, is a managing partner and pediatric dentist at Colorado Dentistry for Children, LLC in Brush, Colorado. She provides experience with financial and clinical aspects of a dental practice serving Medicaid members in a rural setting.

## Megan Adamson, Vice Chair of the MPRRAC

Dr. Adamson, MD, FAAFP, MHS-CL, has practiced family medicine for 10+ years. Currently, she is the Clinic Medical Director for Clinica Family Health in Lafayette, Colorado. She also serves as the Chair of the Colorado Academy of Family Physicians Health of the Public and Member Engagement Committee and is a board member of the Colorado Academy of Family Physicians.

## Tim Dienst

Mr. Dienst is the Chief Executive Officer for Ute Pass Regional Health Service District and serves as the Chairperson of the Colorado State Emergency Medical and Trauma Advisory Council.

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# Who's Who on the MPRRAC

## Kate Leslie

Since 2016, Ms. Leslie has been in private practice in Boulder County, serving Medicaid recipients. Ms. Leslie is a licensed clinical social worker, with extensive experience working in a variety of in-patient, residential, and out-patient settings. She primarily serves young adults and the LGBTQI community.

## Terri Walter

Ms. Walter, RN, MSN, is the Chief Administrative Officer and Compliance Officer of HopeWest, a western Colorado provider of Hospice, Palliative Care, PACE, and Grief Services. She provides 35 years of experience in hospice and palliative care.

## Vennita Jenkins

Ms. Jenkins, MBA, joined Senior Housing Options in 2017 and is now the Chief Executive Officer. She also serves as the Board Chair of LeadingAge Colorado. Previously, she was the Center Director at InnovAge Greater Colorado PACE, and has 17 years' experience as an Assisted Living Administrator.

One vacant seat which HCPF is actively trying to fill



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# Changes from 2022 to 2023

- 24 members on committee to 7
- Five-year cycle to three-year cycle
- MPRRAC presentation to JBC



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# Year One, Cycle One Services Under Review

Anesthesia	Surgeries
Ambulatory Surgical Centers (ASCs)	<ul style="list-style-type: none"> <li>Digestive System</li> </ul>
Fee-for-service (FFS) Behavioral Health Services	<ul style="list-style-type: none"> <li>Musculoskeletal System</li> </ul>
Pediatric Behavioral Therapy (PBT)	<ul style="list-style-type: none"> <li>Cardiovascular System</li> </ul>
Maternity Services	<ul style="list-style-type: none"> <li>Respiratory System</li> </ul>
Abortion Services	<ul style="list-style-type: none"> <li>Integumentary System</li> </ul>
Dental Services	<ul style="list-style-type: none"> <li>Eye and Auditory System</li> </ul>
	<ul style="list-style-type: none"> <li>Other</li> </ul>
	<ul style="list-style-type: none"> <li>Co-surgeries</li> </ul>



# Overview of Rate Review Process

The MPRRAC collaborates with the department of Health Care Policy & Financing (HCPF) during the entire provider rate review process.

- November 2022
  - The previous committee reviewed and approved all service categories to be reviewed in 2023
  - HCPF collaborated with the actuary company Optumas for rate comparison analysis, and conducted in-house research and analysis (e.g., PBT and dental).
- April 2023
  - HCPF presented all data analysis results to the committee so the committee can make corresponding recommendations.
  - The committee heard the voices, concerns and requests from the provider community and other public stakeholders

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# Overview of Rate Review Process

- July 2023
  - The committee continued to hear feedback from providers and public stakeholders
  - The committee proposed comprehensive recommendations for each reviewed service category.
    - For consistency, for all services, the committee decided to establish their recommendations at 80 - 100% of benchmark
    - Emphasized preventative care/ high value codes for biggest impact to providers/ patients
- September 2023
  - HCPF presented MPRRAC recommendations to the committee to ensure accuracy

Considering the recommendations from the MPRRAC, the policy staff and senior management team at HCPF collaborated to develop the department's recommendations, balanced against budgetary considerations.



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# Stakeholder Engagement

- Invite public stakeholders to attend public meetings to voice their concerns
- Incorporate their voices into the MPRRAC and HCPF recommendations
- When HCPF received stakeholder feedback via email, they responded promptly and efficiently with care and passed along feedback to MPRRAC
- In some instances, HCPF met with providers directly to gain deeper understanding of concerns
  - This included engagement from multiple parties within HCPF (Subject Matter Experts, Executive Leadership, Rates Review & Research section, Budget team)



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# Stakeholder Feedback

- All stakeholder feedback was included in Appendix D of report
  - Total number of stakeholder feedback included in Appendix D (collected from March 01, 2023 through October 17, 2023): 120

Written Feedback Received by Category (via email and/or comment left on sign up sheet)	Number of written comments
Anesthesia	1
ASC	2
Maternity	2
FFS BH	22
PBT	62
All Surgeries	8
Abortion	1
Dental	22
<b>Total</b>	<b>120</b>

Verbal Feedback Received by Category	Number of comments in public meetings
Anesthesia	1
ASC	1
Maternity	1
FFS BH	5
PBT	54
All Surgeries	3
Abortion	1
Dental	17
<b>Total</b>	<b>83</b>



# Fiscal Impact Statements

The total fiscal impact of the MPRRAC's recommendations is \$144,027,428 total funds, and \$39,718,024 General Fund.

Service Category	Total Funds	General Fund
Anesthesia	(\$9,897,967)	(\$2,896,344)
Ambulatory Surgical Centers (ASCs)	\$5,379,889	\$1,574,264
Fee-for-service (FFS) Behavioral Health Services	\$319,452	\$159,726
Pediatric Behavioral Therapy (PBT)	\$34,281,532	\$17,140,766
Maternity Services	\$8,942,246	\$4,471,123
Abortion Services	\$0	\$0
Dental Services	\$104,138,137	\$19,015,624

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# Fiscal Impact Statements

Surgery Categories	Total Fund	General Fund
Digestive System	(\$1,447,136)	(\$423,461)
Musculoskeletal System	\$5,003,658	\$1,464,171
Cardiovascular System	(\$7,723,131)	(\$2,259,943)
Respiratory System	\$180,879	\$52,929
Integumentary System	\$3,216,801	\$941,300
Eye and Auditory System	(\$176,581)	(\$51,671)
Other	\$1,809,649	\$529,540
Co-surgeries (2 surgeons required for procedure)	\$0	\$0



# Fiscal Approaches

- The MPRRAC recommends reducing the rate to 100% of the benchmark for anesthesia.
- The MPRRAC recommends an increase of ASC rates to at least 80% of the benchmark.
- The MPRRAC recommends to raise all rates to 100% of the benchmark, especially for four psychological testing codes (96132, 96133, 96136, 96137) for behavioral health.
- The MPRRAC recommends increasing PBT rates to 100% of the benchmark that includes Nebraska.

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# Fiscal Approaches

- The MPRRAC recommends an increase of maternity rates to 100% of the benchmark.
- The MPRRAC recommends that the 24 preventative, endodontic, periodontic and diagnostic dental codes submitted by the Colorado Dental Association be increased to 100% of the commercial benchmark to have the most immediate impact on the dental community.

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# Fiscal Approaches

- For Digestive and Musculoskeletal surgeries, the MPRRAC recommends a rebalance of codes to 80% of the benchmark.
  - Except for some digestive surgery preventative codes.
- For the rest of the surgery categories, the MPRRAC recommends a rebalance of codes below 80% of the benchmark to be increased to 80% and codes above 100% of the benchmark to be reduced to 100%.
  - Except for one integumentary surgery preventative code.



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# Access to Care

HCPF measured two access to care metrics in 2023:

- Provider participation
- Utilizer to provider ratio per county

The MPRRAC considered access to care issues when making their recommendations and are reflected in the following recommendations:

- Anesthesia - Introduce a travel rate for anesthesia providers due to additional travel costs and an expected improvement of access to care.
- FFS Behavioral Health - The MPRRAC recommends a language translation modifier for native language speakers for testing codes.

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# Access to Care

- Pediatric Behavioral Therapy - increasing PBT rates to 100% of the benchmark that includes Nebraska (78.7%) and open a list of codes that are not currently covered by Colorado Medicaid.
- Dental Services - 24 preventative, endodontic, periodontic and diagnostic dental codes submitted by the Colorado Dental Association be increased to 100% of the commercial benchmark to have the most immediate impact on the dental community. These 24 dental codes are high value codes with the most immediate impact on the Colorado dental community.



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# Focusing on the Future

- Stakeholder engagement
  - HCPF to do more outreach
  - Utilize Subject Matter Experts
- Access to care
  - Expand metrics for 2024



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# Questions & Comments



# Contact Info

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# Thank you!



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