

# 2025 MPRRAC Cycle

November 18, 2025

Presented by: Megan Adamson, MPRRAC Chair



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# Agenda

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# Important Documents

- 2025 Medicaid Provider Rate Review Analysis and Recommendation Report
- Appendices of Report

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



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# Who's Who on the MPRRAC

## Megan Adamson, Chair of the MPRRAC

Dr. Adamson, MD, MHS, CPE, FAAFP, has practiced family medicine for 10+ years. Currently, she is the Chief Medical Officer at STRIDE Community Health Center in Wheat Ridge. 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.

## Ian Goldstein, Vice Chair of the MPRRAC

Dr. Ian Goldstein, MD, MPH, has over a decade of healthcare experience in both clinical and operational roles. He attended medical and public health school at Tulane University and research fellowships at the CDC and Stanford. He is currently the CEO of Soar Autism Center, a network of integrated autism therapy clinics in Colorado.

## 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 outpatient 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. Previously, she was the Center Director at InnovAge Greater Colorado PACE for 8 years, and has 17 years' of experience as an Assisted Living Administrator.

## Christopher Maestas

Christopher Maestas MBA SHRM-SCP SPHR is the General Manager of AMI-Wellness Home Health - providing acute, long-term, and waiver services to Medicaid members for over 20 years and has personal experience with individuals with intellectual and developmental disabilities. He also brings experience in Behavioral Health and Suicide Prevention.



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# Year 3 Services (2025)

Service Category	Service Subcategory
Dialysis & Dialysis-Related Services	Facility
Dialysis & Dialysis-Related Services	Non-Facility
Dental for People with Intellectual and Developmental Disabilities (DIDD) Services	DIDD
Durable Medical Equipment (DME)	Durable Medical Equipment
Prosthetics, Orthotics, and Disposable Supplies (POS)	Prosthetics
Prosthetics, Orthotics, and Disposable Supplies (POS)	Orthotics
Prosthetics, Orthotics, and Disposable Supplies (POS)	Enteral Formula
Prosthetics, Orthotics, and Disposable Supplies (POS)	Other and Disposable Supplies
Laboratory and Pathology Services	Laboratory and Pathology Services
Outpatient PT/OT/ST	PT
Outpatient PT/OT/ST	OT
Outpatient PT/OT/ST	ST
Specialty Care Services	Specialty Care Services
Early Intervention TCM	Early Intervention
Targeted Case Management (TCM)	Case Management
Targeted Case Management (TCM)	Transition Coordination
Vision Services	Vision Services



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# Year 3 Services (2025) (continued)

Service Category	Service Subcategory
Physician Services	Allergy and Immunology
Physician Services	Cardiology
Physician Services	Dermatology
Physician Services	ED and Hospital E&M
Physician Services	ENT
Physician Services	Family Planning
Physician Services	Gastroenterology
Physician Services	Gynecology
Physician Services	Health Education
Physician Services	Medication Injections & Infusions
Physician Services	Neuro/Psychological Testing Services
Physician Services	Neurology
Physician Services	Primary Care E&M
Physician Services	Radiology
Physician Services	Respiratory
Physician Services	Sleep Study
Physician Services	Vaccines Immunizations
Physician Services	Vascular



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# 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 2024
  - The committee reviewed and approved all service categories to be reviewed in 2025
  - HCPF collaborated with the actuary firm Optumas for rate comparison analysis, and conducted in-house research and analysis
    - Optumas:
      - Dialysis and Dialysis-related Services (Facility and Non-Facility)
      - Durable Medical Equipment
      - Prosthetics, Orthotics, Enteral Formula, Disposable Supplies
      - Laboratory and Pathology Services
      - Physical Therapy, Occupational Therapy, Speech Therapy
      - Early Intervention Targeted Case Management
      - Targeted Case Management (Case Management and Transitional Coordination)
      - Vision Services
      - All Physician Services Categories
    - In-house:
      - Dental for People with Intellectual and Developmental Disabilities
      - Speciality Care Services
- March 2025
  - 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 2025
  - HCPF conducted 33 new analyses based on the March meeting feedback or requests
  - The committee continued to hear feedback from providers and public stakeholders
  - The committee proposed comprehensive recommendations for each reviewed service category.
- August 2025
  - HCPF presented MPRRAC recommendations and fiscal impact to the committee to ensure accuracy and finalize recommendations
  - The committee again heard input from providers and stakeholders

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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# 2025 MPRRAC Recommendations



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# Rate Comparison Analysis

- One - year claim data for the base analysis: SFY 2023 - 2024 (7/1/2023 - 6/30/2024)
- Primarily use 2025 Medicare rate for benchmarking if applicable. Use other states' Medicaid rates or other sources for benchmarking if there is no valid Medicare rate.
- Services using Medicare rates for benchmarking primarily include: Dialysis Services, Durable Medical Equipment (DME), Prosthetics, Orthotics, and Disposable Supplies (POS), Laboratory and Pathology Services, Outpatient PT/OT/ST, Vision Services and Physician Services.
- 5 out of 33 subcategories exclusively use other states' rates/ADA rates (i.e., no Medicare benchmark rates at all):
  - DIDD dental services
  - Specialty care services (Skin Substitutes)
  - 3 TCM subcategories



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# Access to Care Analysis

HCPF expanded measures of access to care in 2025:

- Panel Size
- Penetration Rate
- Special Provider
- Telemedicine Accessibility/ In-Home Services (Dialysis - Facility only)
- Drive Time
- Provider Participation
- Per Utilizer Per Year/Month (PUPY/PUPM) Expenditure
- Per Utilizer Per Year Utilization



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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
- HCPF had enhanced engagement with multiple stakeholders, specifically for DIDD dental services, TCM Case Management Services and Early Intervention TCM Services



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# Stakeholder Feedback: Written

All stakeholder feedback was included in Appendix I of report

- Total number of stakeholder feedback (written and verbal) included in Appendix I (collected from December 2024 through October 1, 2025): 221

Service Category	Number of Written Comments
Dialysis & Dialysis-Related Services- Facility	4
Dialysis & Dialysis-Related Services- Non-Facility	0
Dental for People with Intellectual and Developmental Disabilities (DIDD) Services	5
Durable Medical Equipment (DME)	4
Prosthetics, Orthotics, and Disposable Supplies (POS)	10
Laboratory and Pathology Services	2
Outpatient PT/ OT/ ST	33
Specialty Care Services	1
Early Intervention TCM	3
Targeted Case Management (TCM)- Case Management	4
Targeted Case Management (TCM)- Transition Coordination	0
Vision Services	5

Service Category	Number of Written Comments
Physician Services - Allergy and Immunology	0
Physician Services - Cardiology	0
Physician Services - Dermatology	0
Physician Services - ED and Hospital E&M	0
Physician Services - ENT	0
Physician Services - Family Planning	0
Physician Services - Gastroenterology	0
Physician Services - Gynecology	0
Physician Services - Health Education	0
Physician Services - Medication Injections & Infusions	0
Physician Services - Neuro/Psychological Testing Services	7
Physician Services - Neurology	1
Physician Services - Primary Care E&M	3
Physician Services - Radiology	1
Physician Services - Respiratory	0
Physician Services - Sleep Study	0
Physician Services - Vaccines Immunizations	0
Physician Services - Vascular	0



# Stakeholder Feedback: Verbal

Service Category	Number of Verbal Comments
Dialysis & Dialysis-Related Services- Facility	4
Dialysis & Dialysis-Related Services- Non-Facility	4
Dental for People with Intellectual and Developmental Disabilities (DIDD) Services	18
Durable Medical Equipment (DME)	8
Prosthetics, Orthotics, and Disposable Supplies (POS)- Prosthetics	4
Prosthetics, Orthotics, and Disposable Supplies (POS)- Orthotics	4
Prosthetics, Orthotics, and Disposable Supplies (POS)- Enteral Formula	7
Prosthetics, Orthotics, and Disposable Supplies (POS)- Disposable Supplies and Other	5
Laboratory and Pathology Services	4
Outpatient PT / OT/ ST	60
Specialty Care Services	3
Early Intervention TCM	1
Targeted Case Management (TCM)- Case Management	3
Targeted Case Management (TCM)- Transition Coordination	3
Vision Services	0

Service Category	Number of Verbal Comments
Physician Services - Allergy and Immunology	0
Physician Services - Cardiology	0
Physician Services - Dermatology	0
Physician Services - ED and Hospital E&M	0
Physician Services - ENT	0
Physician Services - Family Planning	0
Physician Services - Gastroenterology	0
Physician Services - Gynecology	1
Physician Services - Health Education	0
Physician Services - Medication Injections & Infusions	0
Physician Services - Neuro/Psychological Testing Services	5
Physician Services - Neurology	0
Physician Services - Primary Care E&M	1
Physician Services - Radiology	3
Physician Services - Respiratory	0
Physician Services - Sleep Study	0
Physician Services - Vaccines Immunizations	0
Physician Services - Vascular	0



# Fiscal Approaches to MPRRAC Recommendations

## Dialysis and Dialysis-related Services - Facility

- Service description:
  - Dialysis and dialysis-related services - facility services provide treatment in state-approved freestanding dialysis treatment centers and home settings. Facility dialysis providers receive a composite rate for a variety of treatments based on the county where the facility is located.
- *Where the rates are based on the rate area, increase the rates that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates that are above 80% of the benchmark the same.*

## Dialysis and Dialysis-related Services - Non-Facility

- Service description:
  - Dialysis and dialysis-related services - non-facility provide non-routine life-sustaining treatment for patients with kidney failure or End-Stage Renal Disease (ESRD). This service allows patients to receive non-routine dialysis services. Non-facility dialysis providers are reimbursed based on specific treatment provided to the patients.
- *Increase the rates for all codes that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates for all codes that are above 80% of the benchmark the same.*



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# Fiscal Approaches to MPRRAC Recommendations

## Dental for People with Intellectual and Developmental Disabilities (DIDD)

- Service Description:

- DIDD services is an enhanced dental program for Colorado Medicaid members aged 21 and older who are enrolled in the Home and Community-Based Services (HCBS) Developmental Disabilities (DD) or Supported Living Services (SLS) waivers programs. This dental program recognizes the unique dental challenges faced by these individuals, providing supplementary reimbursement to providers who deliver comprehensive dental care. By offering additional support, dental IDD Services aim to improve oral health outcomes for a population with complex medical and personal care needs.

- *Increase rates that are below 100% of the regular Medicaid dental rates in the State Plan to 150% of those rates and keeping any rates that are at or above 100% of the State Plan levels the same.*
- *Adjust the rates for the three highly used codes (D00120, D7140, and D2392) to 150% of the standard Medicaid dental rates in the State Plan, acknowledging that the current rates are set higher than the State Plan rates.*



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# Fiscal Approaches to MPRRAC Recommendations

## Durable Medical Equipment (DME)

- Service description:
  - DME includes items that are primarily and customarily used to serve a medical purpose. Generally, they are not useful to an individual in the absence of a disability, illness or injury; can withstand repeated use; and can be reusable or removable.
- *Increase the rates for all codes that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates for all codes that are above 80% of the benchmark the same.*
- *For codes with valid Colorado rates but without benchmark ratios, the MPRRAC recommends an increase of 3% to account for inflation.*



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## Prosthetics, Orthotics, and Disposable Supplies (POS) - Prosthetics

- Service description:
  - Prosthetics services provide specialized healthcare solutions for individuals who have lost limbs or body parts due to amputation, injury, or congenital conditions. These services focus on the design, fabrication, fitting, and maintenance of artificial limbs and body parts called prostheses.
- ***Increase the rates for all codes that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates for all codes that are above 80% of the benchmark the same.***

## Prosthetics, Orthotics, and Disposable Supplies (POS) - Orthotics

- Service description:
  - Orthotics services focus on the design, fabrication, and application of external devices, which are called orthoses, to support, align, or correct various parts of the body.
- ***Increase the rates for all codes that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates for all codes that are above 80% of the benchmark the same.***
- ***For codes with valid Colorado rates but without benchmark ratios, the MPRRAC recommends an increase of 3% to account for inflation.***



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## Prosthetics, Orthotics, and Disposable Supplies (POS) - Enteral Formula

- Service description:
  - Enteral formula is a liquid, nutrient-rich food or supplement designed to be delivered directly into the gastrointestinal (GI) tract either orally or through a feeding tube. It is designed to meet nutritional needs when someone cannot consume enough food or nutrients orally due to medical conditions that impair normal digestion or absorption. These formulas may be nutritionally complete or specialized for specific medical conditions. Enteral formula is ordered by a physician, physician assistant, or nurse practitioner and provided according to standards of practice. Under appropriate circumstances, enteral formula may be covered under Medicare Part B when medical necessity criteria are met.
- *Recommends no change to the rates. This is because there are many formula products assigned to each code, and while Medicare covers the cost of the standard (low-cost) adult formulas, two-thirds of the Health First Colorado expenditure in this category is for pediatric members who typically require higher cost formulas.*

## Prosthetics, Orthotics, and Disposable Supplies (POS) - Other and Disposable Supplies

- Service description:
  - Disposable supplies are healthcare related items that are consumable, disposable, or single-use items for one individual. Supplies are required to address an individual medical disability, illness or injury.
- *Increase the rates for all codes that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates for all codes that are above 80% of the benchmark the same.*
- *For codes with valid Colorado rates but without benchmark ratios, the MPRRAC recommends an increase of 3% to account for inflation.*



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## Laboratory and Pathology Services

- Service description:
  - Laboratory and pathology services involve microbiological, serological, chemical, hematological, radiobioassay, cytological, immunohematological, pathological or other examinations of fluids derived from the body. The purpose of these examinations is to provide information for the diagnosis, prevention or treatment of a disease or to assess a medical condition.
- *Increase the rates for codes with valid Colorado rates but without benchmark ratios by 3% to account for inflation.*

## Outpatient Physical Therapy (PT) Services

- Service description:
  - Outpatient Physical Therapy (PT) is a healthcare service provided by licensed professionals called physical therapists. Physical therapists diagnose and treat patients with medical problems or injuries that limit their mobility and daily functioning. PT aims to improve a patient's ability to move, function, and manage pain through various techniques and interventions.
- *Adjust the rates for the two highly used codes (97530 and 97533) to 100% of the benchmark rate.*
- *Increase the rates for codes with valid Colorado rates but without benchmark ratios by 3% to account for inflation.*



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## Occupational Therapy (OT) Services

- Service description:
  - Occupational Therapy (OT) is a healthcare service provided by licensed professionals that aims to improve a person's ability to perform daily activities and participate in meaningful occupations. OT supports individuals whose physical, mental, or developmental conditions impact their ability to engage in everyday tasks.
- *Adjust the rates for the two highly used codes (97530 and 97533) to 100% of the benchmark rate.*
- *Increase the rates for codes with valid Colorado rates but without benchmark ratios by 3% to account for inflation.*

## Speech-Language Therapy (ST) Services

- Service description:
  - Speech-Language Therapy (ST) is a specialized healthcare service provided by licensed speech-language pathologists (SLPs) to assess, diagnose, and treat communication and swallowing disorders in individuals of all ages. ST aims to improve a person's ability to communicate effectively, and address challenges related to speech, language, voice, fluency, and swallowing.
- *Adjust the rates for the four highly used codes (92507, 92609, 92508 and 92526) to 100% of the benchmark rate.*
- *Recommends no premium for GT telehealth modifiers, meaning the rate will be the same with code without GT telehealth modifiers.*



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## Specialty Care Services

- Service description:
  - Specialty care services include skin substitutes and eConsult codes. Skin substitutes are advanced wound care products designed to replace or regenerate damaged skin. Skin substitute products are categorized and reimbursed based on their composition: allogenic acellular, allogenic cellular, xenogenic and injections. eConsult is defined as an asynchronous dialogue initiated by a treating practitioner seeking a consulting practitioner's expert opinion without a face-to-face member encounter with the consulting practitioner. Providers can utilize HCPF's eConsult platform, [Colorado Medicaid eConsult](#), or a third-party eConsult platform that meets HCPF's criteria.
- *Increase the rates for all codes and skin substitute groups that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates for all codes and skin substitute groups that are above 80% of the benchmark the same.*

## Early Intervention (EI) Targeted Case Management (TCM)

- Service description:
  - EI-TCM services provide developmental support to children 0-3 who have a significant developmental delay or a condition that has a high probability of resulting in a developmental delay. Services are provided through early intervention service brokers and may include:
    - Locating, coordinating, and monitoring developmental disabilities services.
    - Coordinating with other non-developmental disabilities funded services to ensure non-duplication of services.
    - Monitoring the effective provision of services across multiple funding sources.
- *Increase the rate for T1017 TL to 80% of the benchmark.*



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## Targeted Case Management - Case Management

- Service description:
  - Case management services ensure that a member is receiving services as outlined by the Centers for Medicare & Medicaid Services in their Person Centered Service Plan. This service was redesigned with the goal making access to case management services more equitable.
- *Increase the monthly TCM rate T2023+HI (July 2025 rate) to 100% of the benchmark.*
- *For codes with valid Colorado rates but without benchmark ratios, the MPRRAC recommends an increase of 3% (July 2024 rate) to account for inflation.*

## Targeted Case Management - Transition Coordination

- Service description:
  - Transition coordination services support transition to a community setting from an institutional setting. This service is available to members over 18 living in congregate settings other than assisted living facilities or other group homes. This includes comprehensive assessments for transition, community risk assessments, development of a transition plan, referrals, and monitoring/follow-up activities. Provided by transition coordination agencies (TCAs), services continue until the member is successfully connected to Medicaid services within their residential community and the risk of community living discontinuity is assessed as minimal.
- *Recommends no change to the rates.*



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## Vision Services

- Service description:
  - Vision services encompass a range of healthcare solutions aimed at improving and maintaining visual acuity and eye health including:
    - Comprehensive eye examinations.
    - Prescription and fitting of corrective lenses, including eyeglasses and contact lenses.
    - Dispensing of eyeglasses, including frames and lenses.
    - Diagnosis and treatment of eye diseases and conditions, including vision correction, eye surgery, and management of conditions like cataracts, glaucoma, and retinal diseases.
- *Adjust the rates of codes below 80% of the benchmark rate up to 80%, and keep the rates that are above 80% of the benchmark the same.*
- *For codes with valid Colorado rate but without benchmark rates, a rate increase of 3% to account for inflation.*

## Physician Services - Allergy and Immunology

- Service description:
  - Allergy and immunology is a medical specialty focused on the diagnosis, treatment, and management of allergic conditions and disorders of the immune system. This includes evaluation and care for conditions such as allergic rhinitis, asthma, eczema, food allergies, drug allergies, insect sting allergies, and anaphylaxis, as well as immune system disorders like primary immunodeficiencies and autoimmune diseases. Services in this category include allergy testing, immunotherapy, pulmonary function testing, and management of chronic or complex allergic and immunologic conditions.
- *Recommends increasing rates under 80% of the benchmark to 80% of the benchmark and keeping the rates for all codes above 80% of the benchmark the same.*



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## Physician Services - Cardiology

- Service description:
  - Cardiology services encompass a comprehensive range of medical care focused on diagnosing, treating, and managing diseases of the heart and blood vessels. Cardiology Services aim to improve patients' cardiovascular health, manage chronic conditions, and enhance overall quality of life through expert care and advanced medical technologies.
- *Increasing rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark.*
- *For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.*

## Physician Services - Dermatology

- Service description:
  - Dermatology is a medical specialty concerned with the diagnosis, treatment, and prevention of conditions affecting the skin, hair, nails, and mucous membranes. This includes a wide range of acute and chronic conditions such as acne, eczema, psoriasis, dermatitis, fungal infections, skin cancers, and pigmentary disorders. Dermatology also encompasses the treatment of cosmetic concerns and the monitoring of skin changes that may indicate systemic disease.
- *Increase rates under 80% of the benchmark to 80% of the benchmark and keeping the rates for all codes above 80% of the benchmark the same.*



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## Physician Services - Emergency Department (ED) and Hospital Evaluation and Management (E&M)

- Service description:
  - ED and hospital E&M encompass the assessment, diagnosis, and management of patients in acute care settings, including emergency departments, inpatient hospital units, observation status, and critical care environments. These services are provided by physicians and qualified healthcare professionals to address a wide range of medical conditions, from minor injuries and illness to complex, life-threatening emergencies. Please note: Hospital facility payments are not part of this service subcategory.
- *Increase rates under 80% of the benchmark to 80% of the benchmark and keeping the rates for all codes above 80% of the benchmark the same.*
- *For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.*

## Physician Services - Ear, Nose, Throat (ENT)

- Service description:
  - ENT services, also known as otolaryngology, encompass a comprehensive range of medical and surgical care for conditions affecting the ears, nose, throat, and related structures of the head and neck.
- *Increase rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark.*
- *For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.*



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## Physician Services - Family Planning

- Service description:
  - Family planning services are preventive services that focus on sexual and reproductive health with the intent to delay, prevent or plan for a pregnancy. These include all FDA (Food and Drug Administration) approved contraceptives, pregnancy tests, sterilization services and basic fertility services. The scope of these services range from device insertion to basic fertility counseling.
- *Increase rates under 80% of the benchmark to 80% of the benchmark and to keep the rates that are above 80% of the benchmark the same.*
- *Increase codes 58300 (INSERT INTRAUTERINE DEVICE) and 58301 (REMOVE INTRAUTERINE DEVICE) to 100% of the benchmark.*

## Physician Services - Gastroenterology

- Service description:
  - Gastroenterology services involve diagnosing and treating conditions and diseases of the digestive system. This includes conditions which impact the esophagus, stomach, intestines, liver, pancreas, or gallbladder.
- *Increase rates under 80% of the benchmark to 80% of the benchmark and to keep the rates that are above 80% of the benchmark the same.*



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## Physician Services - Gynecology

- Service description:
  - Gynecology is a medical specialty focused on the health of the female reproductive system. Services in this category encompass preventative care, diagnosis, treatment, surgeries and management of a broad range of related reproductive tissue conditions such as menstrual disorders, pelvic pain, endometriosis, fibroids, ovarian cysts and menopausal symptoms. Gynecologic care also includes routine screenings, such as breast cancer screening, Pap tests, and STI/HPV testing. These services are essential for maintaining reproductive and overall health throughout different stages of life, from adolescence through the post-menopausal period.
- *Increase rates under 80% of the benchmark to 80% of the benchmark and to keep the rates that are above 80% of the benchmark the same.*
- *For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.*

## Physician Services - Health Education

- Service description:
  - Health education services refer to services designed to improve health literacy, including improving knowledge and developing life skills which are conducive to individual and/or community health. These services intended to educate members on the dangers of alcohol, nicotine, marijuana, illicit drugs, etc.
- *For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.*



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# Fiscal Approaches to MPRRAC Recommendations

## Physician Services - Medication Injections and Infusions

- Service description:
  - Medication injections & infusions services involve administering medications directly via intravenous (IV) infusions or injections. This category also includes the usage of equipment which facilitates the administration of medications. This service category does not include services covered under Physician-Administered Drugs.
- *Increase rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark.*
- *For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.*

## Physician Services - Neuro/Psychological Testing Services

- Service description:
  - Neuro/psychological testing services assess and diagnose a wide range of mental health and neurological conditions. This includes all types of depression screening, developmental screening, and screening for other mental health conditions.
- *Increase rates under 100% of the benchmark and compared to Medicare to 100% of the benchmark.*
- *Align reimbursements for certain evaluation and testing codes so that the rates for the second hour (and beyond) match the corresponding first-hour codes. Specifically, this includes aligning 96131 with 96130, 96133 with 96132, 96137 with 96136, 96139 with 96138, and 96113 with 96112.*
- *For codes with valid Colorado rate but without benchmark ratios, MPRRAC recommends aligning the rates of codes with modifiers to the rates of the same codes without modifiers (96110EP to 96110 and 96116GT to 96116). And for G-Codes (G8431, G8510, and G8511), MPRRAC recommends increasing the rates by 10%.*



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## Physician Services - Neurology

- Service description:
  - Neurology involves the diagnosis, treatment, and management of disorders affecting the nervous system, including the brain, spinal cord, and peripheral nerves. Neurological services encompass a wide range of conditions such as epilepsy, stroke, multiple sclerosis, Parkinson's disease, migraines, and neuropathies. Providers in this category include neurologists and other specialists who utilize clinical evaluations, diagnostic testing (e.g., electroencephalograms, electromyography testings, imaging), and therapeutic interventions to support patients with acute and chronic neurological conditions.
- *Increase rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark.*
- *For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.*

## Physician Services - Primary Care Evaluation and Management (E&M)

- Service description:
  - Primary care E&M services include basic office visits available to all Health First Colorado (CO) members that involve diagnosing and treating a patient's health. These encounters can lead to members being referred to specialists for additional services.
- *For codes with benchmark ratios, the MPRRAC recommends:*
  - *Increasing rates under 80% of the benchmark to 80% of the benchmark.*
  - *Increase pediatric and adult well-visit codes to 100% of the benchmark*
  - *Increase codes related to cervical cancer, and DXA scans to 100% of the benchmark*
- *For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.*



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## Physician Services - Radiology

- Service description:
  - Radiology services primarily consist of imaging services. These services include but are not limited to angiograms, computed tomography (CT scans), electrocardiograms (ECG), magnetic resonance imaging (MRI scans), mammograms, positron emission tomography (PET scans), radiation treatment, ultrasounds, and X-rays.
- *Increase rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark. This recommendation excludes all chest X-ray codes (71045, 71046, 71047, and 71048), abdominal X-ray codes (74018, 74019, 74021, and 74022), and ultrasound abdominal aortic aneurysm screening code (76706).*
- *For colon cancer screening codes with benchmark ratios (74261, 74262, 74263, 74270, and 74280), MPRRAC recommends increasing rates to 100% of the benchmark.*
- *For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.*

## Physician Services - Respiratory

- Service description:
  - Respiratory services include diagnostic evaluation and procedures of the nose, trachea, bronchi, lungs, and pleura (a set of membranes which cover the lungs). This service category also includes the management of chronic respiratory conditions such as COPD (Chronic Obstructive Pulmonary Disease) and asthma.
- *Increase rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark.*
- *For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.*



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# Fiscal Approaches to MPRRAC Recommendations

## Physician Services - Sleep Study

- Service description:
  - Sleep studies refer to the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep with six or more hours of recording with physician review, interpretation and report. The studies are performed to diagnose a variety of sleep disorders and to evaluate a patient's response to therapies such as continuous positive airway pressure (CPAP). This service is typically provided by hospitals, clinics, independent laboratories, or Independent Diagnostic Testing Facilities (IDTF).
- *Increase rates under 80% of the benchmark to 80% of the benchmark, and decreasing the unattended sleep study codes with rates above 140% of benchmark to 140% of the benchmark.*
- *For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.*

## Physician Services - Vaccines Immunizations

- Service description:
  - Vaccines and Immunizations services promote and facilitate the prevention of preventable diseases. All vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are covered for all members. Additionally members under the age of 19 receive all vaccines included in the Vaccines for Children (VFC) Program via VFC providers who are also enrolled Medicaid providers.
- *Increase rates under 80% of the benchmark to 80% of the benchmark.*
- *For codes 90460, 90471, and 90473, the MPRRAC recommends increasing the rates to the regional-allowed maximum rate (\$21.68).*
- *For codes with valid Colorado rates but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.*



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# Fiscal Approaches to MPRRAC Recommendations

## Physician Services - Vascular

- Service description:
  - Vascular services involve testing and treatment related to the functioning of arteries and veins. The treatment for conditions such as peripheral artery disease (PAD), deep vein thrombosis (DVT), varicose veins, and aneurysms fall into this category.
- *Increase rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark.*



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# Year 3 Overall Fiscal Impacts

The total anticipated fiscal impact of the MPRRAC's recommendations is estimated to be \$26,286,126 total funds, including \$8,940,059 General Fund.

Service Category	Service Subcategory	Total Funds	General Fund
Dialysis & Dialysis-Related Services	Facility	\$103,994	\$28,515
Dialysis & Dialysis-Related Services	Non-Facility	\$2,588	\$710
Dental for People with Intellectual and Developmental Disabilities (DIDD) Services	DIDD	\$1,073,485	\$207,934
Durable Medical Equipment (DME)	Durable Medical Equipment	\$1,039,849	\$285,127
Prosthetics, Orthotics, and Disposable Supplies (POS)	Prosthetics	\$564,395	\$154,757
Prosthetics, Orthotics, and Disposable Supplies (POS)	Orthotics	\$1,067,224	\$292,633
Prosthetics, Orthotics, and Disposable Supplies (POS)	Enteral Formula	\$0	\$0
Prosthetics, Orthotics, and Disposable Supplies (POS)	Other and Disposable Supplies	\$2,894,413	\$793,648
Laboratory and Pathology Services	Laboratory and Pathology Services	\$0	\$0
Outpatient PT/OT/ST	PT	\$363,088	\$181,544
Outpatient PT/OT/ST	OT	\$1,150,651	\$575,326
Outpatient PT/OT/ST	ST	\$1,950,074	\$975,037
Specialty Care Services	Specialty Care Services	\$295	\$81
Early Intervention TCM	Early Intervention	\$660,902	\$330,451
Targeted Case Management (TCM)	Case Management	\$7,772,602	\$3,886,301
Targeted Case Management (TCM)	Transition Coordination Services	\$0	\$0
Vision Services	Vision Services	\$3,268,733	\$896,287



# Year 3 Fiscal Impacts (continued)

Service Category	Service Subcategory	Total Funds	General Fund
Physician Services	Allergy and Immunology	\$21,470	\$5,887
Physician Services	Cardiology	\$194,302	\$53,278
Physician Services	Dermatology	\$65,597	\$17,987
Physician Services	ED and Hospital E&M	\$278,538	\$76,375
Physician Services	ENT	\$79,398	\$21,771
Physician Services	Family Planning	\$229,334	\$62,884
Physician Services	Gastroenterology	\$174	\$48
Physician Services	Gynecology	\$98	\$27
Physician Services	Health Education	\$1,409	\$386
Physician Services	Medication Injections & Infusions	-\$34,143	-\$9,362
Physician Services	Neuro/Psychological Testing Services	\$3,818,091	\$1,046,921
Physician Services	Neurology	\$113,980	\$31,253
Physician Services	Primary Care E&M	\$969,652	\$265,879
Physician Services	Radiology	\$211,008	\$57,859
Physician Services	Respiratory	-\$30,130	-\$8,262
Physician Services	Sleep Study	-\$259,414	-\$71,131
Physician Services	Vaccines Immunizations	\$342,172	\$93,823
Physician Services	Vascular	\$279	\$76



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# Policy Recommendations

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

- Laboratory and Pathology Services:
  - *Recommends that HCPF adds coverage for exome sequencing codes 81415 and 81416 and to set their rates at 80% of the Medicare benchmark. To understand the fiscal impact of adding coverage of these codes, they would need to undergo HCPF's Benefit Determination Process.*
- Speech-Language Therapy:
  - *Recommends HCPF to look into and evaluate rates between Home Health and outpatient Speech Therapy, acknowledging that home health rates account for drive time and mileage to and from, but should determine whether magnitude of difference exceeds what would be appropriate reflecting on rate difference.*
  - *Recommends HCPF to review the reimbursement rate structures for PT/OT and ST to ensure parity. For example, some PT/OT service codes are billed in 15-minute increments, while equivalent ST service codes are limited to a single unit per session, which can result in higher reimbursement for PT/OT if the session runs long.*
- Physician Services - Primary Care and Evaluation and E&M:
  - *Look into telehealth premiums and re-evaluate for parity.*
  - *For codes with benchmark ratios, use code G2211 as a marker to identify services being offered in primary care settings, to incentivize or enhance those payments.*



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# Improvements - Past and Future

- From 2024 to 2025:
  - HCPF conducted more stakeholder outreach and held informational meetings on occasion with stakeholders to understand their service's nuances
  - HCPF utilized Subject Matter Experts better and expanded contact list of stakeholders
  - HCPF utilized Constant Contact as another form of outreach to stakeholders (in addition to manual outreach)
  - HCPF expanded access to care metrics from 6 to 9
- Looking into 2026:
  - HCPF will continue to try to find ways to improve analysis/research methodology
  - Will add continuity of care metrics to better evaluate access to care
  - HCPF conducted PBT and Dental Workgroups (details on next slide)



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# Provider Outreach - Workgroups for 2026 Review

- Overview
  - Emails were sent to over 500 Pediatric Behavioral Therapy (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



# Questions & Comments



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# Contact Info

Megan Adamson

Chair of MPRRAC

[megan.cason@gmail.com](mailto:megan.cason@gmail.com)



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# Thank you!



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