2026 MPRRAC Cycle

November 13, 2026

Presented by: Ian Goldstein, MD, MPH, MPRRAC Chair

Summary

What MPRRAC Is For

An independent committee advising Colorado on Medicaid provider rates

REVIEW

The rate review schedule and HCPF's analysis of access, rates, and utilization

LISTEN

Quarterly public meetings and written comment from providers, members, and community stakeholders

RECOMMEND

Rate and policy recommendations to HCPF and to the JBC

MPRRAC's primary question

What do rates need to be to retain providers & sustain member access?

HCPF and the JBC answer

What can the state afford?

How a Recommendation Gets Made

1. **Nov 2025** — Committee approves the services to review: 22 subcategories
2. **Mar 2026** — HCPF presents proposed benchmarks for the services
3. **Jun–Jul 2026** — Review benchmark data; make initial recommendations
4. **Aug 2026** — Fiscal impact reviewed; recommendations finalized
5. **Nov 1, 2026** — HCPF report to the JBC, published online
6. **Today** — MPRRAC report out to the JBC

Three inputs feed MPRRAC recommendations

Rate comparison

Actuarial benchmarking by CBIZ Optumas, with HCPF in-house analysis for select services (DIDD dental, NHVP, and NEMT).

Access to care

Seven metrics: panel size, penetration rate, drive time, provider participation, provider stability, per-utilizer spend and per-utilizer utilization.

Public comment

288 written and verbal comments, November 2025 through October 2026, plus additional provider workgroups.

The committee's role

MPPRAC members review this material at quarterly public meetings and make recommendations publicly with a recorded vote. Members must disclose any conflict of interest before an item is discussed.

How We Benchmark

Does the service have a valid Medicare rate?

YES Benchmark to Medicare

Target: 80–100% of Medicare.

Medicare rates are the most rigorously built and regularly updated fee schedule available, resource-based and reviewed every year.

This year: 12 of 22 subcategories.

NO Benchmark to other states' Medicaid

Target: 100% of the benchmark-state average.

States chosen by HCPF and CBIZ Optumas, influenced by public stakeholder and MPRRAC feedback.

This year: 10 of 22 subcategories (note: DIDD dental uses Colorado's own State Dental rates as benchmark).

Occasionally: commercial (APCD) or Tricare rates. Rare, and used alongside the benchmarks above, not instead of them.

Guidelines, not a formula. The process above is the base expectation the committee follows. Access-to-care data, public comment, and other analyses then inform the committee's final recommendation.

A New Approach This Year: Ideal and Pragmatic

IDEAL

Focus exclusively on member access, with no budget filter.

Consistent with how the committee has historically made decisions: benchmark-driven, informed by access data and public comment.

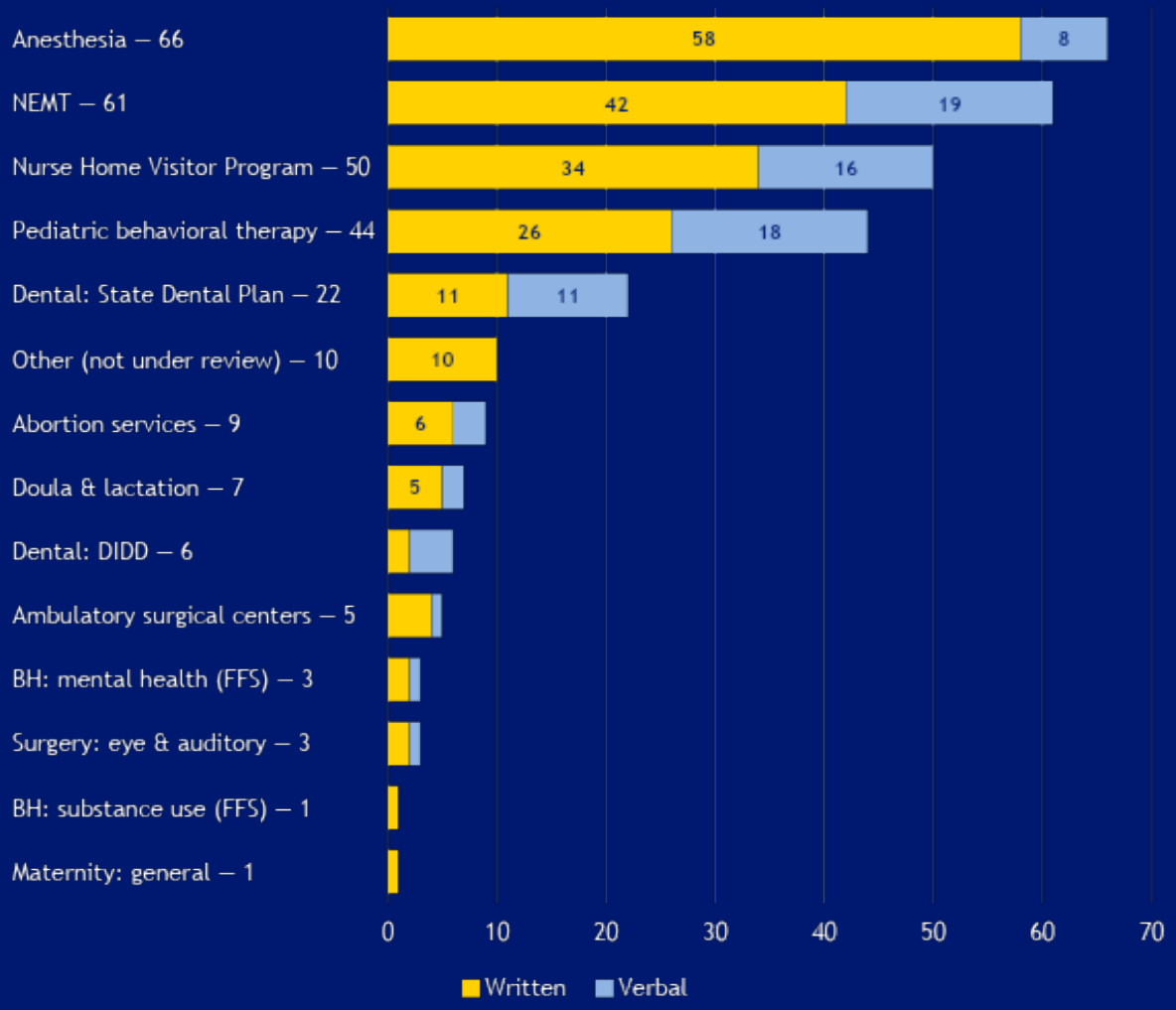
PRAGMATIC

A budget-conscious alternative for a constrained year.

Same process followed as Ideal, but additional weight given to the cost of care in a budget-constrained year.

The committee chose to add this second path in response to what we heard from this committee and the Department. Both paths are shown for services in the appendix and in the 2026 report.

What Colorado Told Us This Cycle



Four services drew 77% of all comment

Anesthesia 66
NEMT 61
Nurse Home Visitor Program 50
Pediatric behavioral therapy 44

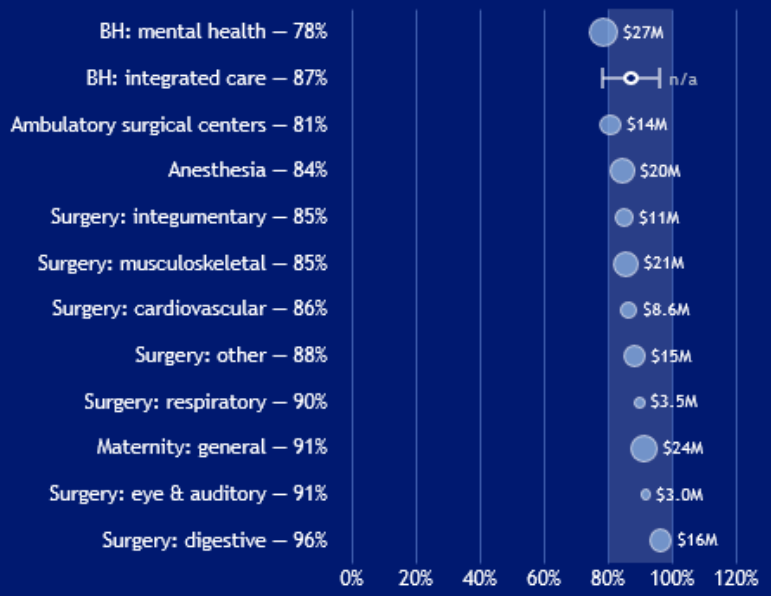
288 comments received November 2025 through October 1, 2026 (Appendix G). Written = letters and email; verbal = testimony at public meetings.

Nine subcategories received no comment: Prenatal Plus, Integrated Care, Special Connections and six of the seven surgery groups.

Where Rates Stand

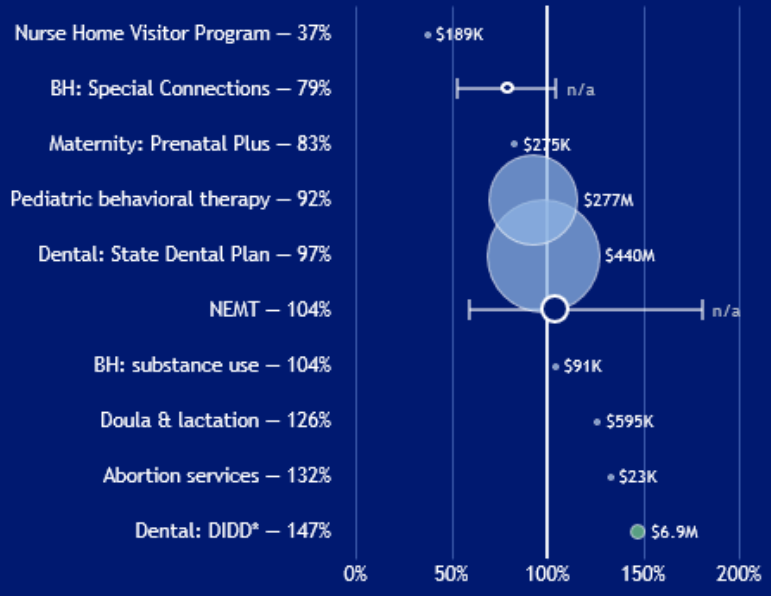
Medicare-benchmarked services

Target: 80–100% of Medicare (shaded band)



Medicaid-benchmarked services

Target: about 100% of benchmark (white line)



Colorado rate as % of benchmark

DIDD dental: benchmarked to Colorado's own State Dental Plan*

Open dot = estimate (midpoint of reported range); no spend data due to rate-only review.

$ = FY 2024-25 Medicaid spend (dot area proportional)

**Premium over Colorado's own State Dental Plan, as members with disabilities need more dentist time. Source: 2026 Rate Review Report.*

Ideal and Pragmatic: What Each Path Costs

PRAGMATIC **$5.1M** total funds

$2.3M General Fund

= $7.7M of targeted increases, offset by $2.6M of surgery rebalancing

Where it goes: NHVP to 80% ($3.9M) · NEMT ($1.5M) · FFS mental health ($1.3M) · DIDD dental, dental, and ASCs ($1.0M)

IDEAL **$100.4M** total funds

$31.5M General Fund

88% sits in three lines: State Dental Plan $44.2M · PBT $23.4M · NEMT $21.0M.

See Additional Details section for each service recommendation.

Note: HCPF's report recommends no changes to any services under review due to budget constraints. If only part of the recommendations can be funded, the committee sees the greatest need in the following areas:

Service	CO as % of benchmark	Public comments	MPRRAC members prioritizing[1]	Ideal (total funds)	Pragmatic (total funds)
NEMT	59–181%	61	**5**	$21.0M	$1.5M + rate study
Nurse Home Visitor Program	37%	50	**2**	$4.9M	$3.9M
Maternity: Prenatal Plus	83%	0	**2**	$58K	$1.3K
Pediatric behavioral therapy	92%	44	**3**	$23.4M	< $0.1M
Dental: State Dental Plan	97%	22	**1**	$44.2M	$0.1M
Anesthesia	84%	66	**1**	$0 (policy rec.)	

1. Mentions at August 2026 final round-robin.

MPRRAC Policy Recommendations

Anesthesia	Evaluate why anesthesia services were disproportionately affected by recent rate reductions compared with other Medicare-benchmarked codes.
Dental: State Dental Plan	Remove the annual benefit cap. Caps are an insurance-industry tool to limit utilization; a fiscal cap may delay or forgo necessary preventive and primary dental care. Committee vote: 4 in favor, 3 opposed.
Maternity: Nurse Home Visitor Program	Evaluate and consider adopting a per-member-per-month (PMPM) rate.
Pediatric behavioral therapy	Explore cost-effective approaches to covering caregiver training (codes 97156 and 97157) through additional data analysis and stakeholder feedback.
NEMT	Consider funding a more detailed rate study (cost analysis, 50-state benchmark or other) to ensure appropriate rate setting, given the substantial volume of stakeholder feedback.

Why Keep This Process, and How to Improve It

What our committee delivers

Independent. Seven appointed members from practice across the state, unpaid.

Public. Quarterly meetings that are open to public comment with materials/data published online.

Data-driven. Transparent benchmarks and multiple access metrics, not anecdotes.

One organized channel. 288 comments this year; provides open channel for provider feedback rather than going only to JBC/HCPF inboxes.

Opportunities for improvement

1. Codify in statute how budget considerations should be handled in the MPRRAC process.

2. Fund additional access measurement for services (e.g. secret-shopper and wait-times), with results shared with MPRRAC, HCPF and JBC.

3. Increase use of off-cycle reviews, so a service hit by a budget cut doesn't wait three years.

4. Increase use of targeted rate studies (e.g., cost-based rate model) if there are serious concerns that a fee schedule or benchmark is inadequate.

Questions and Comments

Additional Details

Important Documents

- https://hcpf.colorado.gov/rate-review-reports
  - 2026 Medicaid Provider Rate Review Analysis and Recommendation Report
  - Appendices of Report

Who's Who on the MPRRAC

Ian Goldstein, 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.

Megan Adamson, Vice 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.

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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Who's Who on the MPRRAC (cont'd)

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.

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.

Manisha Makhija

Dr. Manisha Makhija, DDS, BDS is a general dentist who has served Medicaid and low-income communities in Aurora, Colorado for over 10 years. She is the Dental Director at Project Worthmore, where she advances access to compassionate, high-quality oral healthcare for underserved populations. Dr. Makhija has served eight years in the United States Army Reserves and is a clinical preceptor at an ACTS site affiliated with the University of Colorado School of Dental Medicine, training and mentoring the next generation of dental professionals.

Nichole Hardy Swann

Nichole Hardy Swann, PsyD. is a licensed clinical psychologist who completed her APA-accredited program and internship in 2016. Dr. Swann specializes in early childhood and neurodevelopmental concerns, and she has a passion for neurodiversity affirming and assent based practices. She is the owner of Exploration Kids Therapy, which provides speech, occupational, physical, and mental health therapy and testing psychology services on the Western Slope of Colorado. She is also the owner of Swann Clinic for Behavioral Health, a Behavioral Health Center of Excellence for Applied Behavioral Analysis in Rifle, Clifton, and Montrose, Colorado.

Overview of Rate Review Process

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

- August/ November 2025
  - The committee reviewed and approved all service categories to be reviewed in 2026
  - HCPF collaborated with the actuary firm Optumas for rate comparison analysis, and conducted in-house research and analysis
    - Optumas:
      - Anesthesia
      - Ambulatory Surgical Centers (ASCs)
      - Dental Services - State Dental Plan
      - Behavioral Health Services (FFS only)
      - Maternity Services except for Nurse Home Visitor Program
      - Abortion Services
      - Pediatric Behavioral Therapy (PBT)
      - All Surgery Services
    - In-house:
      - Dental Service - Dental for People with Intellectual Developmental Disabilities (DIDD)
      - Maternity Service - Nurse Home Visitor Program
      - Non-emergent Medical Transportation (NEMT)

- March 2026
  - 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 (cont'd)

- June and July 2026
  - HCPF conducted 23 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 2026
  - 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.

Rate Comparison Analysis

- One - year claim data for the base analysis: SFY 2024 - 2025 (7/1/2024 - 6/30/2025)
- Primarily use January 2026 Medicare rate for benchmarking if applicable. Use other states' Medicaid rates or other sources for benchmarking if there is no valid Medicare rate.
- 9 out of 22 subcategories exclusively use other states' rates, etc. (i.e., no Medicare benchmark rates at all):
  - Dental Services
  - Behavioral Health Services (FFS only) - 2 subcategories - except for Mental Health and Integrated Care Services
  - Maternity 3 subcategories - except for General Maternity
  - Abortion Services
  - Pediatric Behavioral Therapy (PBT)
  - Non-emergent Medical Transportation (NEMT)

Access to Care Analysis

Access to Care Metrics in 2026:

- Panel Size
- Penetration Rate
- Drive Time
- Provider Participation
- Provider Stability
- Per Utilizer Per Year/Month (PUPY/PUPM) Expenditure
- Per Utilizer Per Year Utilization

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 PBT and Dental Services.

2026 Provider Engagement Workgroups

- 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

2027 Provider Engagement Workgroups

- Three meetings (9/14/2026, 10/23/2026, 10/30/2026) to gather stakeholder input on selecting benchmark states for services without Medicare benchmarks
- Emails were sent to over 3,967 providers in August 2026
- Services part of the workgroup discussion:
    - Non-emergent Medical Transportation (NEMT)
    - Qualified Residential Treatment Programs (QRTP)
    - Psychiatric Residential Treatment Facilities (PRTF)
    - Early Intervention Targeted Case Management (EI TCM)
    - Home Health
    - Pediatric Personal Care (PPC)
    - Private Duty Nursing (PDN)
    - Home & Community Based Services (HCBS)
    - Community First Choice (CFC)

- Outcomes
    - Meeting 1: 185 registered, 67 attendees
    - Meeting 2: 168 registered, 28 attendees
    - Meeting 3: 208 registered, 31 attendees
    - State benchmark list still being approved by HCPF & CBIZ Optumas as of November 2026

MPRRAC Rate Recommendations Grouping - 1

- Group 1: No changes are recommended for codes with benchmark rates (the majority of codes). For codes without benchmark ratios, we recommend a 3% rate increase to account for rising living costs.

- Impacted services:

    - Anesthesia
    - Dental Services - State Dental Plan - “Pragmatic” version
    - Maternity - General Maternity
    - Maternity - Doula and Lactation Support Services
    - Pediatric Behavioral Therapy (PBT) - “Pragmatic” version

MPRRAC Rate Recommendations Grouping - 2

- Group 2: Increase rates to 80% or 100% of the benchmark rates.
- Impacted services:
    - Ambulatory Surgical Centers (ASCs) - Ideal 80%
    - Dental Services - State Dental Plan - Ideal 100%
    - Fee-for-Service Behavioral Health - all four subcategories (Pragmatic 80% and Ideal 100%)
    - Maternity - Prenatal Plus (PN+) (Pragmatic 80% and Ideal 100%)
    - Maternity - Nurse Home Visitor Program (NHVP) (Pragmatic 80% and Ideal 100%)
    - Abortion Services (80%)
    - Pediatric Behavioral Therapy (PBT) - Ideal 100%
    - Non-emergent Medical Transportation (NEMT) (Pragmatic 80% and Ideal 100%)

MPRRAC Rate Recommendations Grouping - 3

- Group 3: Rebalance rates by increasing those below the specified lower benchmark threshold and decreasing those above the specified upper benchmark threshold.

- Impacted services:

    - Ambulatory Surgical Centers (ASCs) - Pragmatic 80% - 85%
    - Dental Services - Individuals with Developmental Disabilities (IDD) (150% - 200%)
    - Surgeries
        - Other six subcategories: Pragmatic 80% - 85% and Ideal 80% - 100% for all codes
        - Digestive System: Pragmatic 80% - 85% and Ideal 80% - 100% for non-colonoscopy codes; 130% for colonoscopy codes

Benchmark Ratio and Anticipated Fiscal Impact by Service Category					
Service Category	CO as a Percent of the Benchmark	"Ideal" MPRRAC Recommendations - Fiscal Impact		"Pragmatic" MPRRAC Recommendations - Fiscal Impact	
		Total Funds	General Fund	Total Funds	General Fund
Anesthesia	84.10%	$0	$0	$0	$0
Ambulatory Surgical Centers	80.62%	$702,571	$201,638	$423,789	$121,627
Dental Services - State Dental Plan	97.33%	$44,187,629	$9,146,839	$125,247	$25,926
Dental Services - Dental for People with Developmental Disabilities	146.94%	$716,159	$358,080	$426,068	$213,034
Behavioral Health Services (FFS only) - Mental Health Services	78.26%	$5,566,663	$1,335,999	$1,301,195	$312,287
Behavioral Health Services (FFS only) - Substance Use Disorder	103.73%	$6,097	$1,463	N/A	N/A
Behavioral Health Services (FFS only) - Integrated Care Services	78.53% - 95.97%	$54	$13	N/A	N/A
Behavioral Health Services (FFS only) - BH Special Connections Services	53.60% - 104.91%	$0	$0	N/A	N/A

Benchmark Ratio and Anticipated Fiscal Impact by Service Category					
Service Category	CO as a Percent of the Benchmark	"Ideal" MPRRAC Recommendations - Fiscal Impact		"Pragmatic" MPRRAC Recommendations - Fiscal Impact	
Maternity Services - General Maternity	90.93%	$1,219	$609	N/A	N/A
Maternity Services -Doula and Lactation Support Services	125.82%	$0	$0	N/A	N/A
Maternity Services - Prenatal Plus	82.55%	$58,176	$29,088	$1,336	$668
Maternity Services - Nurse Home Visitor Program	36.97%	$4,929,382	$2,464,691	$3,905,814	$1,952,907
Abortion Services	132.47%	$0	$0	$0	$0
Pediatric Behavioral Therapy	92.21%	$23,398,791	$11,699,396	$9,726	$4,863
Surgeries - Cardiovascular System	86.31%	-$129,912	-$37,285	-$419,619	-$119,570
Surgeries - Digestive System	96.17%	-$41,477	-$11,904	-$318,708	-$91,469
Surgeries - Eye and Auditory System	91.49%	$17,935	$5,147	-$219,587	-$63,022
Surgeries - Integumentary System	84.77%	$80,059	$22,977	-$262,458	-$75,325
Surgeries - Musculoskeletal System	85.24%	$97,388	$27,950	-$401,917	-$115,350
Surgeries - Respiratory System	89.57%	-$65,154	-$18,699	-$233,874	-$67,122
Surgeries - Other	88.17%	-$77,311	-$22,188	-$710,055	-$203,786
Non-emergency Medical Transportation	59.32% - 180.82%	$20,962,638	$6,288,791	$1,505,303	$451,591
TOTALS		**$100,410,907**	**$31,492,605**	**$5,132,260**	**$2,347,259**

Contact Info

Ian Goldstein, MD, MPH
Chair of MPRRAC

Thank you!