# 2024 MPRRAC Cycle

## November 19, 2024

Presented by: Kim Kretsch, MPRRAC Chair

# Important Documents

- 2024 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 Deputy 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.

**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. 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.

**Ian Goldstein**

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.

# Year Two, Cycle One - Services Under Review

| Year Two (2024) |
| --- |
| Emergency Medical Transportation (EMT) |
| Non-Emergent Medical Transportation (NEMT) |
| Qualified Residential Treatment Programs (QRTP) |
| Psychiatric Residential Treatment Programs (PRTF) |
| Physician Services - Sleep Studies |
| Physician Services - EEG Ambulatory Monitoring Codes |
| Fee-for-service (FFS) Behavioral Health (BH) Substance Use Disorder (SUD) Codes |
| Home Health Services |
| Pediatric Personal Care (PPC) |
| Private Duty Nursing (PDN) |
| Home & Community Based Services (HCBS)<br>- ADL Assistance and Delivery Models<br>- Behavioral Services<br>- Community Access and Integration<br>- Consumer Directed Attendant Support Services<br>- Day Program<br>- Professional Services<br>- Residential Services<br>- Respite Services<br>- Technology, Adaptations and Equipment<br>- Transition Services |

# 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 2023
  - The committee reviewed and approved all service categories to be reviewed in 2024
  - HCPF collaborated with the actuary company Optumas for rate comparison analysis, and conducted in-house research and analysis (NEMT, EEG Ambulatory Monitoring Codes, Sleep Studies, FFS BH SUD).

- March 2024
  - 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

- June/ July 2024
  - The committee continued to hear feedback from providers and public stakeholders
  - The committee proposed comprehensive recommendations for each reviewed service category.

- August 2024
  - 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.

# 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)

# Stakeholder Feedback

- All stakeholder feedback was included in Appendix E of report
  - Total number of stakeholder feedback included in Appendix E (collected from December 2023 through October 1, 2024): 46

| Written Feedback Received by Category (via email and/or comment left on sign up sheet) | Number of Written Comments |
|---|---|
| Emergency Medical Transportation (EMT) | 0 |
| Non-Emergent Medical Transportation (NEMT) | 0 |
| Qualified Residential Treatment Programs (QRTP) | 1 |
| Psychiatric Residential Treatment Programs (PRTF) | 0 |
| Physician Services - Sleep Studies | 0 |
| Physician Services - EEG Ambulatory Monitoring Codes | 0 |
| Fee-for-service (FFS) Behavioral Health (BH) Substance Use Disorder (SUD) Codes | 2 |
| Home Health Services | 2 |
| Pediatric Personal Care (PPC) | 0 |
| Private Duty Nursing (PDN) | 11 |
| Home & Community Based Services (HCBS) - ALL CATEGORIES | 12 |
| Other Feedback (for services not under review) | 3 |
| Total | 31 |

| Verbal Feedback Recieved by Category | Number of Comments from Public Meetings |
|---|---|
| Emergency Medical Transportation (EMT) | 0 |
| Non-Emergent Medical Transportation (NEMT) | 0 |
| Qualified Residential Treatment Programs (QRTP) | 0 |
| Psychiatric Residential Treatment Programs (PRTF) | 0 |
| Physician Services - Sleep Studies | 0 |
| Physician Services - EEG Ambulatory Monitoring Codes | 0 |
| Fee-for-service (FFS) Behavioral Health (BH) Substance Use Disorder (SUD) Codes | 0 |
| Home Health Services | 1 |
| Pediatric Personal Care (PPC) | 0 |
| Private Duty Nursing (PDN) | 5 |
| Home & Community Based Services (HCBS) - ALL CATEGORIES | 7 |
| Other Feedback (for services not under review) | 2 |
| Total | 15 |

# Fiscal Approaches to MPRRAC Recommendations

EMT

- Service description:
  - ➢EMT services provide emergency transportation to a facility and are available to all Colorado Medicaid members

- ***Increase the rates for all codes under 80% to 80% of the benchmark.***
- ***Match the rate of A0021, which has no benchmark ratio, with the rate of A0425.***

NEMT

- Service description:
  - ➢ NEMT services provide transportation to and from Medicaid benefits and services and is available to all Medicaid members who receive full State Plan benefits.

- ***Increase the rates for all codes up to at least 80% of the benchmark.***

# Fiscal Approaches to MPRRAC Recommendations

QRTP - Qualified Residential Treatment Programs

- Service Description:
  - ➢ QRTPs are facilities that provide residential trauma - informed treatment designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances. When appropriate, QRTP treatment facilitates the participation of family members, including siblings, in the child's treatment program and documents outreach to family members, including siblings. QRTP is a new service category as of 2021. Due to federal rule changes restricting the ability to reimburse RCCFs, many RCCFs transitioned into QRTPs.

- ***Increase the rate from 49.80% to 80% of the benchmark***

# Fiscal Approaches to MPRRAC Recommendations

PRTF - Psychiatric Residential Treatment Facilities

- Service description:
  - PRTFs provide comprehensive mental health treatment to children and adolescents (youth) who, due to mental illness, substance abuse, or severe emotional disturbance, need treatment that can most effectively be provided in a residential treatment facility. PRTF services are provided under the direction of a physician.
- ***Increase the rate from 98.30% to 100% of the benchmark.***
- ***For members whose diagnoses are classified as high acuity, increase the rate to 120% of the benchmark.***

# Fiscal Approaches to MPRRAC Recommendations

## Physician - Sleep Study Services

- Sleep Studies Service description:
  - These 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). Polysomnography is distinguished from sleep studies by the inclusion of sleep staging. Sleep studies and polysomnography are typically provided by hospitals, clinics, independent laboratories, or Independent Diagnostic Testing Facilities (IDTF).

- ***Adjust the rates for all codes under 80% of the benchmark up to 80%, and reduce the rates for all codes over 80% of the benchmark down to 80%.***
- ***Keep the rates for unattended (home-based) codes unchanged.***
- ***Set the rate for G0399, which lacks a benchmark ratio, to be comparable to the rates for G0398 and G0400. (These are all home sleep study codes)***

# Fiscal Approaches to MPRRAC Recommendations

Physician - EEG Ambulatory Monitoring Services

- EEG Ambulatory Monitoring Codes Service description:
  - Electroencephalogram (EEG) is a test that measures the electrical activity in the brain using small, metal discs. EEGs can help diagnose brain disorders, especially epilepsy or other seizure disorders. Ambulatory EEG monitoring is an EEG that is recorded at home. Ambulatory EEGs are typically provided by hospitals, clinics, or Independent Diagnostic Testing Facilities (IDTF).

- ***Decrease the rates for codes 95708 and 95714 to 100% of the benchmark and increase the rate for code 95715 to 80% of the benchmark.***

# Fiscal Approaches to MPRRAC Recommendations

## Fee-for-Service Behavioral Health Substance Use Disorder (FFS BH SUD)

- Service description:
  - Substance use disorder (SUD) coverage includes the continuum of care services delivered in accordance with ASAM (American Society of Addiction Medicine) criteria. This continuum includes preventative care, outpatient care, high intensity outpatient care, residential care and inpatient hospital care, Medication Assisted Treatment (MAT) and Screening and Assessments.

- ***Increase regular codes with benchmark ratio under 80% of the benchmark to 80%, while advising no change to the rates of codes already above 80%.***

- ***For codes without benchmark ratio (S9445), increase rate to be proportional to the overall recommendation (i.e., 9.33%).***

# Fiscal Approaches to MPRRAC Recommendations

## Home Health Services

- Service description:

  ➢ Home health services consist of skilled nursing, certified nurse aide (CNA) services, physical (PT) and occupational therapy (OT) services and speech/language pathology (SLP) services. Providers that render home health services must be employed by a class A licensed home health agency. Home health services are provided in home and community settings.

- ***Increase overall benchmark ratio from 71% to 75%, allowing HCPF to decide which codes to prioritize for the greatest impact on access to care. Increase does not apply to the rates of codes with benchmark ratios already above 100%.***
- ***Increase the rates for codes without a benchmark by 3%.***

# Fiscal Approaches to MPRRAC Recommendations

## Pediatric Personal Care

- Service description:
  - PPC services consist of 17 personal care tasks performed by a non-medically trained caregiver for children ages 0-20 and provided in the member's home. The PPC benefit was implemented in October 2015. PPC services are the lowest level of care in the home health care continuum for children.

- ***Align the rates for identical services between PPC and HCBS Community First Choice and selecting the higher rate of two rates for PPC.***

# Fiscal Approaches to MPRRAC Recommendations

## Private Duty Nursing

- Service description:
  - PDN services consist of continuous skilled nursing care provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) for Colorado Medicaid members who are dependent on medical technology. PDN services are meant to provide care to members who need a higher level of care than is available in the home health benefit. These services are performed by an RN or LPN in the member's home.

- ***Increase the rates for revenue codes 552 and 559 to 100% of benchmark, while advising no change to the rates of the other three revenue codes.***

# Fiscal Approaches to MPRRAC Recommendations - HCBS (Home and Community Based Services)

HCBS - ADL Assistance and Delivery Models.

Service description:

➢This service provides personal assistance in personal functional activities required by an individual for continued wellbeing which are essential for health and safety, such as help with bathing, dressing, toileting, eating, housekeeping, meal preparation, laundry, and shopping.

- ***Pay at least 100% of the benchmark for all services in this category (use proxy codes as the benchmark as needed).***
- *One member disagreed and felt that the low outliers should be pulled up to 80% versus 100%.*

# Fiscal Approaches to MPRRAC Recommendations - HCBS (Home and Community Based Services)

## HCBS - Behavioral Services

Service description:

➢These services provide assistance to people with a mental illness or who need behavior support and require long-term support and services in order to remain in a community setting. This includes assessment, behavior support plans, and interventions.

- ***Recommend a floor of 100% for all codes in this service area.***
- ***All codes without a benchmark should stay in line with codes that are similar services. The rates for these codes are currently similar to the behavioral counseling codes which are above the benchmark.***
- ***No reductions in other codes.***

# Fiscal Approaches to MPRRAC Recommendations - HCBS (Home and Community Based Services)

## HCBS - Community Access and Integration

Service description:

➢ These services ensure that HCBS participants have access to the benefits of community living and live and receive services in integrated, non-institutional settings.

- ***Increase all job coaching and job development codes to a minimum of 100% of the benchmark (use proxy codes as the benchmark when available).***

- ***Increase codes with no benchmark or proxy by 3%.***

# Fiscal Approaches to MPRRAC Recommendations - HCBS (Home and Community Based Services)

## HCBS - Consumer Directed Attendant Support Services (CDASS)

Service description:

➢ This is a service - delivery option that allows HCBS waiver participants to direct and manage the attendants who provide their personal care, homemaker, and health maintenance services, rather than working through an agency. Through CDASS, participants are empowered to hire, train and manage attendants of their choice to best fit their unique needs or they may delegate these responsibilities to an authorized representative.

- ***Increase codes that are below 100% to 100% of the benchmark.***

# Fiscal Approaches to MPRRAC Recommendations - HCBS (Home and Community Based Services)

## HCBS - Day Program

Service description:

➢Services that provide daily support and activities for HCBS waiver participants, allowing them to participate in community life while receiving necessary assistance. Programs often focus on enhancing independence, social integration, and skill development that take place in a non-residential setting separate from the member's private residence or residential arrangement.

- ***Increase codes that are below 100% to 100% of the benchmark.***
- ***Increase codes with no benchmark or proxy by 3%.***

# Fiscal Approaches to MPRRAC Recommendations - HCBS (Home and Community Based Services)

## HCBS - Professional Services

Service description:

➢These services refer to a range of support services provided to waiver participants that cover various aspects of care, therapy, and assistance to enhance the individual's well-being and independence.

- ***Increase codes that are below 100% to 100% of the benchmark.***
- ***Increase codes with no benchmark or proxy for all service areas by 3%***

# Fiscal Approaches to MPRRAC Recommendations - HCBS (Home and Community Based Services)

## HCBS - Residential Services

Service description:

➢These services aim to promote independence, community integration, and individualized care in a home-like environment. It provides support and assistance with managing household tasks and activities in residential settings, such as in the homes of members, the homes of small groups of individuals living together, or the homes of host families.

- ***Increase all codes with no proxy or benchmark by 3%.***
- ***Increase any code that remains below 100% to 100% of the benchmark.***

# Fiscal Approaches to MPRRAC Recommendations - HCBS (Home and Community Based Services)

## HCBS - Respite Services

Service description:

➢These types of services typically involve temporary relief for individuals who have a disability or chronic health condition and for their primary caregivers, allowing them to rest, attend to personal needs, or take care of other responsibilities while ensuring their loved ones receive appropriate care.

- ***Increase all codes with no proxy or benchmark by 3%.***
- ***Increase any code that remains below 100% to 100% of the benchmark.***

# Fiscal Approaches to MPRRAC Recommendations - HCBS (Home and Community Based Services)

## HCBS - Technology, Adaptations, and Equipment

Service description:

➢These types of services typically refer to support provided to participants through the use of assistive technology, adaptations, and specialized equipment.

***These are manually priced and don't really have a benchmark, because they are paying for the cost of the product.***

- ***Increase all codes with no proxy or benchmark by 3%***

# Fiscal Approaches to MPRRAC Recommendations - HCBS (Home and Community Based Services)

## HCBS - Transition Services

Service description:

➢ Transition services are designed to assist waiver participants in transitioning from institutional or residential settings to community-based living arrangements. These services aim to support a smooth and successful transition by addressing various aspects of the individual's needs.

- ***Increase all codes with no proxy or benchmark by 3%.***
- ***Increase any code that remains below 100% to 100% of the benchmark.***

# Fiscal Approaches to MPRRAC Recommendations

- **For HCBS (all categories):**
  - Increase the rates of all codes under 100% of the benchmark ratio to 100%, and no change to the rates of codes with a benchmark ratio above 100%.
  - For codes without a benchmark ratio but that have proxy codes, the benchmark ratio of the proxy codes should be used as their benchmark ratio. The rate should be increased to 100% of the proxy code benchmark ratio if the proxy code benchmark ratio is under 100%.
  - Increase the rates for codes with neither a benchmark nor proxy codes by 3%.
  - Standardize uneven rates for the same service across different programs by adopting the highest rate in addition to the above change.
  - Align the Denver rate and the non-Denver rate by selecting the higher of the two, after uneven rates adjustment.

# Fiscal Impacts

The total anticipated fiscal impact of the MPRRAC's recommendations is estimated to be **$585,325,315 total funds, including $286,510,954 General Fund.**

| Benchmark Ratios and Anticipated Fiscals Impact by Service Category | | | | |
|---|---|---|---|---|
| **Service Category** | **Current Benchmark Ratio** | **Proposed Benchmark Ratio** | **Total Funds** | **General Fund** |
| Emergency Medical Transportation (EMT) | 67.08% | 80.01% | $12,237,729 | $2,962,754 |
| Non-Emergent Medical Transportation (NEMT) | 52.88% - 161.78% | 81.60% | $13,987,037 | $3,923,364 |
| Qualified Residential Treatment Programs (QRTP) | 49.80% | 80% | $2,640,290 | $1,320,145 |
| Psychiatric Residential Treatment Facilities (PRTF) | 98.3% | 100% | $282,688 | $141,344 |
| Physician Services - Sleep Studies | 121.85% | 100.97% | ($602,660) | ($200,204) |
| Physician Services - EEG Ambulatory Monitoring Codes | 91.33% | 96.06% | $127,986 | $42,517 |
| Fee-for-service (FFS) Behavioral Health Substance Use Disorder (SUD) Codes | 70.67% | 91.97% | $19,181 | $4,498 |
| Home Health Services | 70.88% | 75% | $36,305,888 | $18,152,944 |
| Pediatric Personal Care (PPC) | 84.12% | 105.1% | $1,103,519 | $551,760 |
| Private Duty Nursing (PDN) | 88.07% | 92% | $4,910,555 | $2,455,278 |
| Home and Community Based Services (HCBS) - All Categories | 76.45% | 104.89% | $514,313,102 | $257,156,554 |
| **Total** | | | **$585,325,315** | **$286,510,954** |

# Fiscal Impacts (HCBS)

The total anticipated fiscal impact of the MPRRAC's recommendations for the HCBS service category is estimated to be **$514,313,102 total funds, including $257,156,554 General Fund.**

| MPRRAC Recommendation Fiscal Impact Summary for HCBS by Subcategory | | |
|---|---|---|
| **HCBS Subcategory** | **Total Funds** | **General Fund** |
| HCBS ADL Assistance and Delivery Models | $326,174,297 | $163,087,149 |
| HCBS Behavioral Services | $1,252,163 | $626,082 |
| HCBS Community Access and Integration | $5,235,386 | $2,617,693 |
| HCBS Consumer Directed Attendant Support Services (CDASS) | $53,747,838 | $26,873,919 |
| HCBS Day Program | $68,831,683 | $34,415,842 |
| HCBS Professional Services | $233,747 | $116,874 |
| HCBS Residential Services | $56,079,846 | $28,039,923 |
| HCBS Respite Services | $2,590,812 | $1,295,406 |
| HCBS Technology, Adaptations and Equipment | $66,999 | $33,500 |
| HCBS Transition Services | $100,331 | $50,166 |
| **Total** | **$514,313,102** | **$257,156,554** |

# Access to Care

HCPF expanded measures of access to care in 2024:

- Panel Size
- Provider Participation
- Penetration Rate
- Special Provider
- Price Per Service
- Telemedicine Accessibility

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

- <u>EMT:</u>
  - Pay for treatment in place, which is a medical service that involves treating patients at the scene of an emergency or in their homes instead of transporting them to a hospital

# Access to Care

- Sleep Studies:
  - Keep unattended (home-based) codes unchanged, rebalance all other sleep study rates to 80% of Medicare benchmark. This is because unattended (home-based) codes can be cost-efficient but also expand access to care for Medicaid members.

- PRTF:
  - Increase to 120% of the benchmark for those members with high acuity - aim to ease the access to care challenges for those foster care kids most vulnerable and highly demanding mental health treatment.

- PDN:
  - Increase revenue codes 552 and 559 to 100% of benchmark. These two codes have the highest utilization for the whole PDN service category. Increasing them to 100% of benchmark definitely is to expand the access to care for PDN utilizers.

- HCBS:
  - All HCBS recommendations demonstrate consideration of access to care and equity challenges (same service across different waiver programs; remove the Denver and non-Denver rate difference to promote rate equity for non-Denver or rural area providers) for HCBS members.

# Improvements - Past and Future

- From 2023 to 2024:
  - 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 expanded access to care metrics from 2 to 6
- Looking into 2025:
  - HCPF to utilize Constant Contact as another form of outreach to stakeholders (in addition to manual outreach)
  - HCPF will continue to try to find ways to improve analysis/ research methodology

# Questions & Comments

# Contact Info

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**Megan Adamson**
**Vice Chair of MPRRAC**
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# Thank you!

COLORADO
Department of Health Care Policy & Financing

# Minutes of the Medicaid Provider Rate Review Quarterly Public Meeting

## Virtual meeting:

November 15, 2024, from 9:00 a.m. – 2:00 p.m.

## A. Rate Reductions for Dental and Pediatric Behavioral Therapy Discussion

Medicaid Director Adela Flores-Brennan joined the MPRRAC meeting at 10:21AM to discuss the proposed targeted rate reductions for pediatric behavioral therapy (PBT) and dental services.

**Key Discussion Areas:**

1. **State Budget Shortfall and Medicaid Funding Challenges**
   - **Background**: The state faces a $900 million budget shortfall, attributed to factors such as the end of ARPA stimulus funding, TABOR limits on Medicaid budget growth, and increased costs associated with higher-acuity Medicaid members.
   - **Medicaid Budget Details**: Projected budget includes $17.4 billion in total funds, with $5 billion from the general fund, covering approximately 1.4 million Medicaid and CHIP members.
2. **Proposed Targeted Rate Reductions**
   - **Services Affected**: PBT and dental services, neither of which have Medicare benchmarks, will see targeted reductions. PBT rates are proposed to align with a benchmark excluding Nebraska as an outlier, while dental rates are set to decrease relative to last year's increases.
   - **Additional Reductions**: Other categories, such as anesthesia and physician services, will be benchmarked to 95% of Medicare rates to achieve budgetary balance.
3. **Rationale for Targeted vs. Across-the-Board Cuts**
   - **Discussion**: Members questioned the focus on PBT and dental, as opposed to a flat (e.g. 1%) reduction across all services. Flores-Brennan explained that many rates have not seen increases in years, so an across-the-board cut would disproportionately impact services that have remained stagnant. The decision aimed to minimize harm to underfunded areas.
4. **Legislative Process and MPRRAC's Role**
   - **Current Status**: The proposal is now with the Joint Budget Committee (JBC) and cannot be altered by HCPF. Public comments can influence JBC's decision, but the proposed reductions are already included in the governor's budget.
   - **MPRRAC's Position**: MPRRAC members expressed disappointment with the proposal, noting that it undermines their advisory role. Ian Goldstein also highlighted the need for stability in the review process, advocating continuity in rate-setting to support provider investments and build stakeholder trust.

**Next Steps for Public Input:**

- Flores-Brennan encouraged stakeholders to continue voicing their concerns

through the legislative process, as future adjustments would need to come through JBC deliberations.

## 2. Questions and Feedback

Public comment started at 11:35AM. There were 8 public comments.

1. A general dentist expressed concerns about the proposed Medicaid dental rate cuts, emphasizing the connection between oral health and overall health. He noted the impact of these services on community members' quality of life and requested opposition to the cuts to maintain accessible dental care.
2. A dentist anesthesiologist highlighted the importance of Medicaid rate increases for serving patients with special needs. He shared that recent rate adjustments allowed his clinic to expand services, reducing wait times significantly, and urged opposition to the proposed cuts to sustain access for vulnerable populations.
3. An oral surgeon and Medicaid provider recounted cases where untreated dental issues led to costly emergency room visits, underscoring the financial and health risks associated with reduced dental access. He urged the committee to oppose the cuts to prevent such severe cases and related high costs.
4. A general dentist with experience in both rural and urban areas emphasized the impact of recent rate increases in improving access to care for low-income and marginalized communities. She warned that reversing these increases would harm provider recruitment and access, urging support against the proposed cuts.
5. A mother of two children with autism spoke about the essential role of ABA therapy in developing foundational life skills for children with autism. She emphasized the risk of losing these gains if cuts proceed, asking for continued support for ABA funding.
6. A disability rights advocate expressed concerns about cuts to ABA services, highlighting the negative impact on continuity of care. She noted that reduced reimbursement would lead to longer wait times and potential setbacks in skill development for children with autism, urging opposition to the cuts.
7. A dental hygienist described the positive impact of recent Medicaid rate adjustments on expanding preventative care access in rural areas. She stressed the instability that rate cuts would bring to these services, advocating for sustained support to maintain access to care in underserved regions.
8. An ABA provider outlined challenges with the current reimbursement code structure, noting that some services are effectively provided at no cost due to bundling. She emphasized that cuts would further strain providers, making it difficult to deliver essential services and urging reconsideration of the proposed rate reductions.