

## **Repeal of Medicaid E&M code parity with Medicare**

Limits from the Taxpayer Bill of Rights (TABOR) are once again threatening the ability of the state General Assembly to fund Colorado infrastructure including health care. As such, the repeal of Medicaid evaluation and management (E&M) code parity with Medicare is a 2016 state budget issue and widely regarded to be an “at-risk” item. Colorado is one of few states that extended parity once the federal Affordable Care Act funds expired. There are three significant consequences to a proposed 20-percent-or-more rollback of these codes:

1. Decreased timely access to care for patients.
2. Reduced resources for care coordination within primary care and other practices.
3. A negative backlash on the state’s highly successful Regional Care Collaborative Organization (RCCO) program, leaving the initiative vulnerable to national managed care contracts when the bidding process resumes in 2017.

### *What this issue means to physicians:*

- After years of stability, now there is resurgent uncertainty about fair rates that could potentially increase unwillingness to participate in the state’s largest health insurance plan.
- There will be increased calls to do more care coordination services with less for this important, frequently complex patient population.
- There will be pressure to reduce the number of Medicaid patients or stop taking Medicaid altogether.

Colorado has made great gains in the reform of its Medicaid program, namely through the Accountable Care Collaborative (ACC). For three years in a row, the ACC has produced savings and increased patient satisfaction. The program relies on a solid primary care base using the patient-centered medical home (PCMH) model, along with practice analytics and support. The enhanced fees through E&M code parity with Medicare helped strengthen PCMHs, save taxpayer dollars and improve care. Repeal of the enhanced fees threatens these gains.