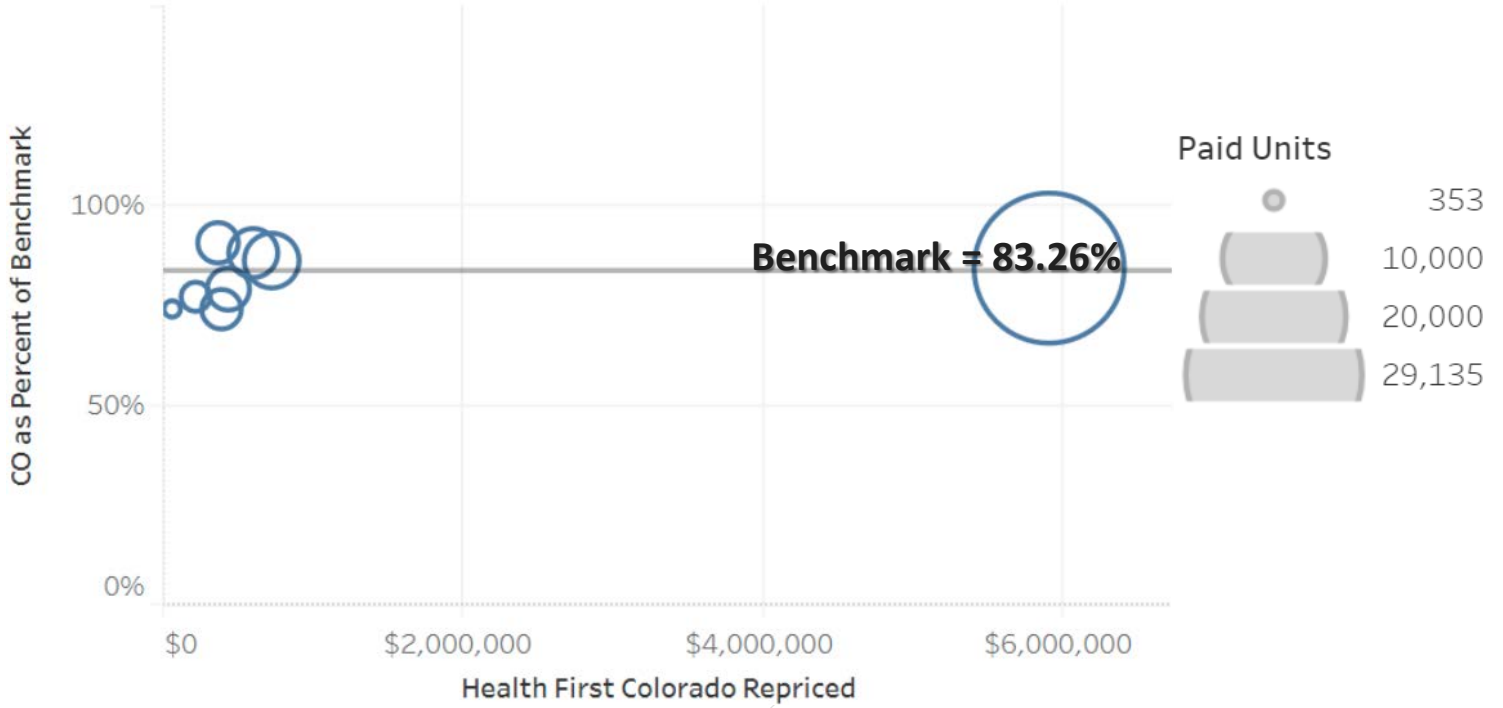


Dialysis (Facility) – Rate Review

1. Rate Comparison Scatterplot



Dialysis (Facility) – Rate Review

2. Top 10 Revenue Code Summary

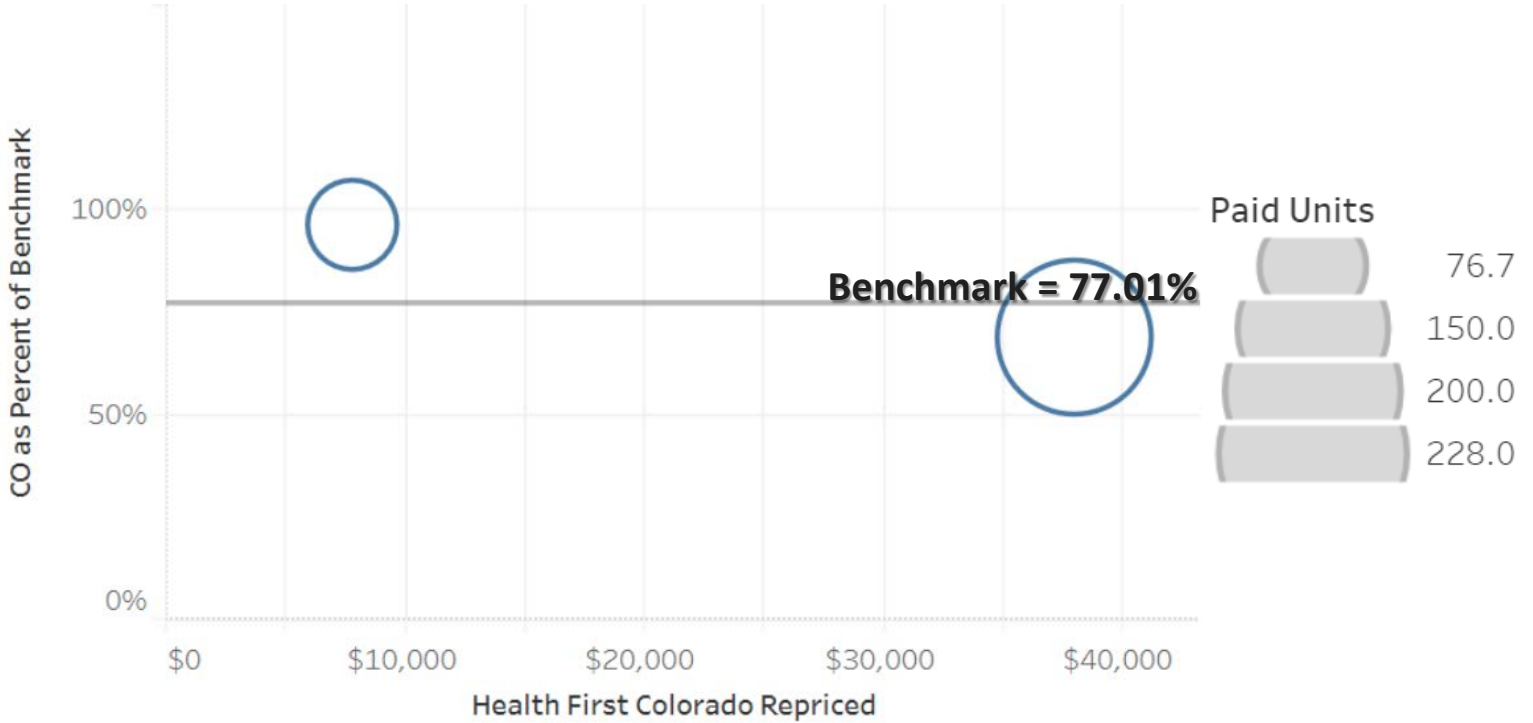
Top 10 Codes and Payment Rates							
Revenue Code	Description	Condition Code**	Colorado Rate	Wage Index Region	Units*	Paid Dollars*	Percent of Benchmark
821	HEMODIALYSIS - OUTPATIENT OR HOME HEMODIALYSIS/COMPOSITE OR OTHER HEMO/COMPOSITE		\$203.23	Denver, Aurora, Lakewood	22,919	\$4,612,745	75.02%
851	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME CCPD/COMPOSITE OR OTHER RATE CCPD/COMPOSITE	74	\$203.23	Denver, Aurora, Lakewood	5,146	\$1,034,501	176.94%
821	HEMODIALYSIS - OUTPATIENT OR HOME HEMODIALYSIS/COMPOSITE OR OTHER HEMO/COMPOSITE		\$188.54	Colorado Springs, CO	2,858	\$533,653	72.92%
821	HEMODIALYSIS - OUTPATIENT OR HOME HEMODIALYSIS/COMPOSITE OR OTHER HEMO/COMPOSITE		\$192.30	Greeley, CO	2,289	\$435,953	78.80%
821	HEMODIALYSIS - OUTPATIENT OR HOME HEMODIALYSIS/COMPOSITE OR OTHER HEMO/COMPOSITE		\$196.01	Rural Colorado	2,155	\$418,310	73.18%
821	HEMODIALYSIS - OUTPATIENT OR HOME HEMODIALYSIS/COMPOSITE OR OTHER HEMO/COMPOSITE		\$197.41	Boulder, CO	1,828	\$357,400	71.87%
821	HEMODIALYSIS - OUTPATIENT OR HOME HEMODIALYSIS/COMPOSITE OR OTHER HEMO/COMPOSITE		\$177.09	Pueblo, CO	1,319	\$231,257	71.04%
821	HEMODIALYSIS - OUTPATIENT OR HOME HEMODIALYSIS/COMPOSITE OR OTHER HEMO/COMPOSITE		\$202.61	Fort Collins, CO	1,092	\$219,026	76.15%
851	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME CCPD/COMPOSITE OR OTHER RATE CCPD/COMPOSITE	74	\$188.54	Colorado Springs, CO	973	\$181,589	174.71%
851	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME CCPD/COMPOSITE OR OTHER RATE CCPD/COMPOSITE	74	\$196.01	Rural Colorado	929	\$180,367	161.56%

* Adjusted for claims incurred but not reported (IBNR)

** Condition code 74 reflects Home Dialysis

Dialysis (Professional) – Rate Review

1. Rate Comparison Scatterplot



2. Top Procedure Code Summary

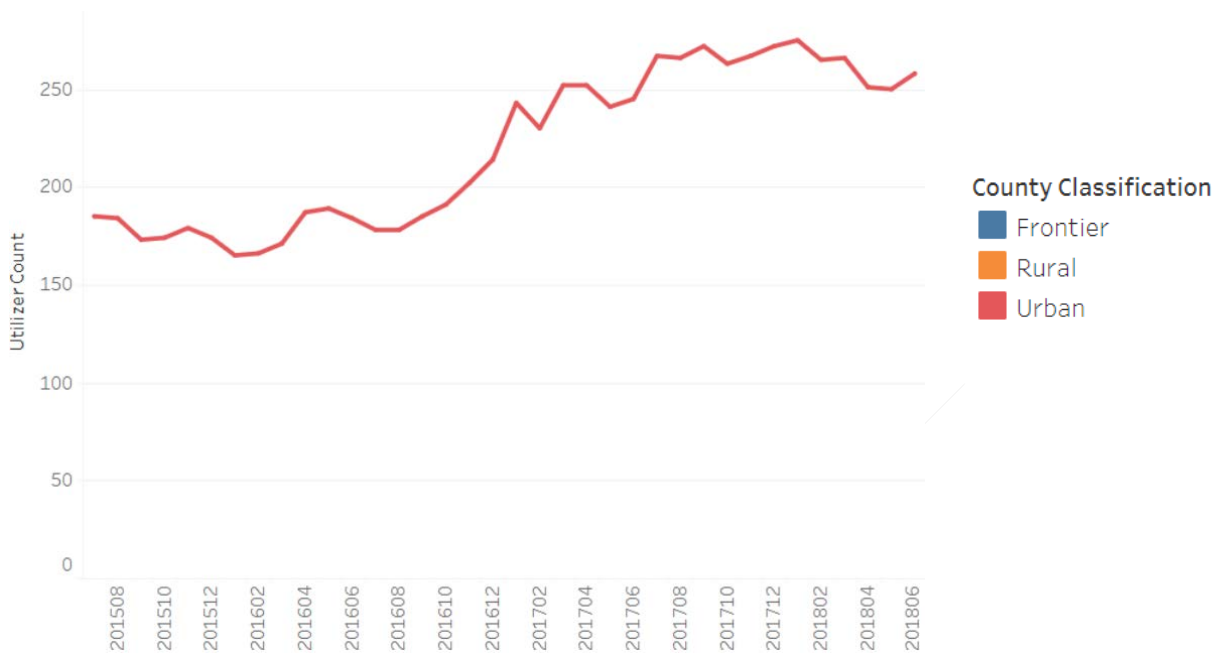
Top Codes and Payment Rates

Procedure Code	Description	Colorado Rate	Benchmark	Benchmark Rate	Units*	Paid Dollars*	Percent of Benchmark
90966	ESRD HOME PT SERV P MO 20+	\$166.78	Medicare	\$243.99	228	\$37,659	68.36%
90989	DIALYSIS TRAINING COMPLETE	\$500.05	Other States	\$457.30	PHI	PHI	109.35%
90937	HEMODIALYSIS REPEATED EVAL	\$102.29	Medicare	\$106.96	77	\$7,767	95.63%
90963	ESRD HOME PT SERV P MO <2YRS	\$403.01	Medicare	\$559.79	PHI	PHI	71.99%

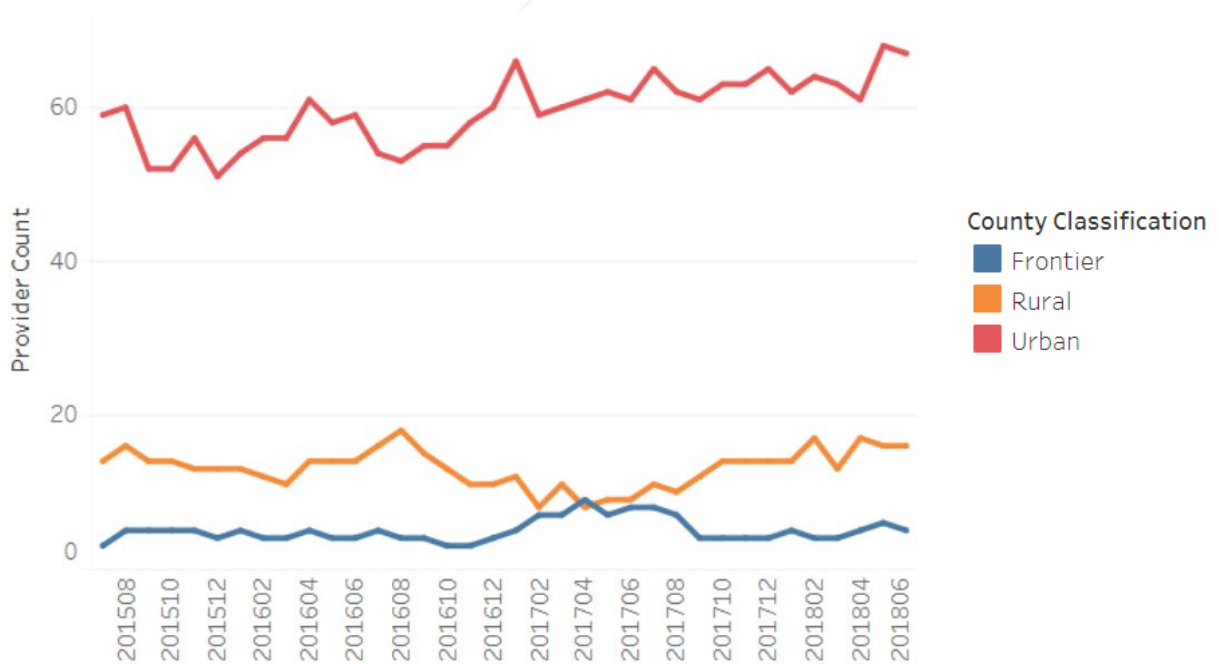
* Adjusted for claims incurred but not reported (IBNR)

Dialysis – Access to Care

1. Distinct Utilizers over Time



2. Active Providers over Time



Dialysis – Access to Care

3. Utilizers per Provider over Time (Panel Size)

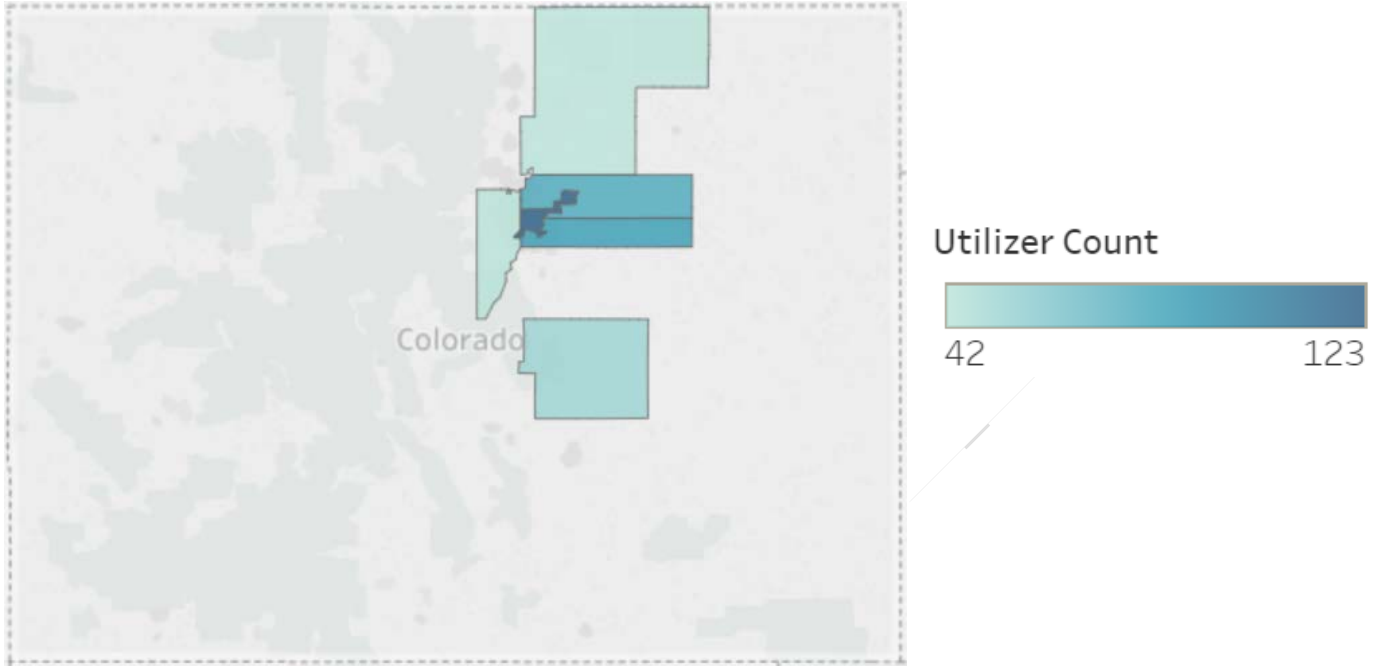


4. Member to Provider Ratios (FY2017-18)

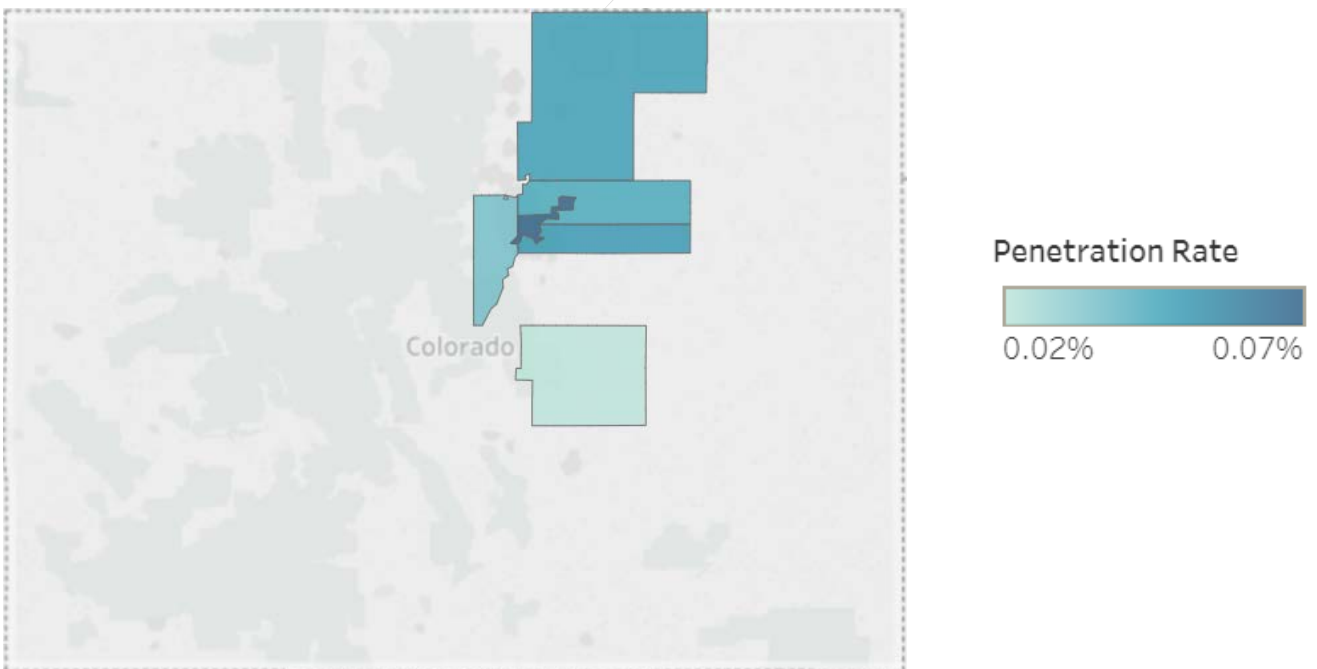
Member to Provider Ratio			
County Classification	FY2017-18 Providers	FY2017-18 Members	Providers per 1,000 Members
Frontier	307	41,742	7.35
Rural	599	162,003	3.70
Urban	2,097	1,217,439	1.72
Statewide	2,245	1,408,747	1.59

Dialysis – Access to Care

5. Utilizer Density Map (FY2017-18)

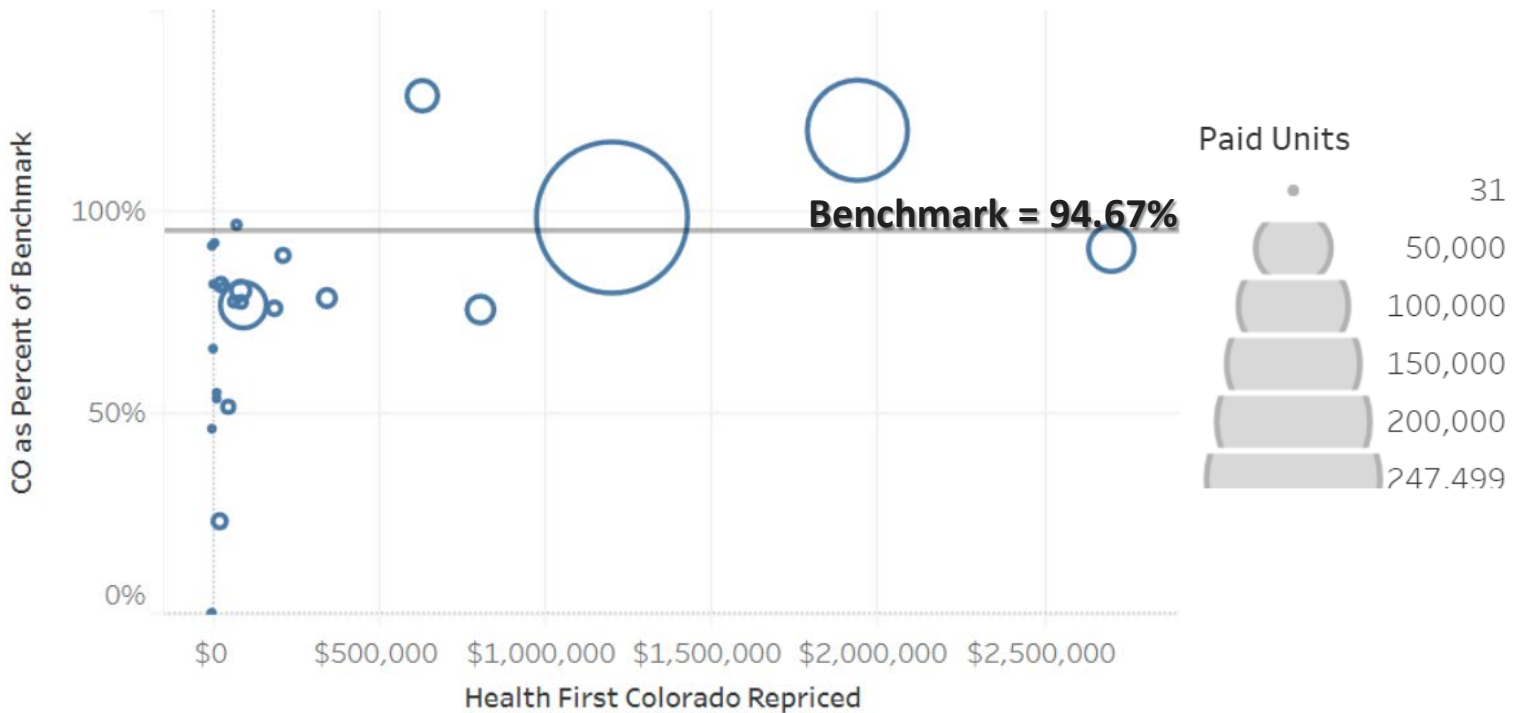


6. Penetration Rate Map (FY2017-18)



Behavioral Health (BH) – Rate Review

1. Rate Comparison Scatterplot



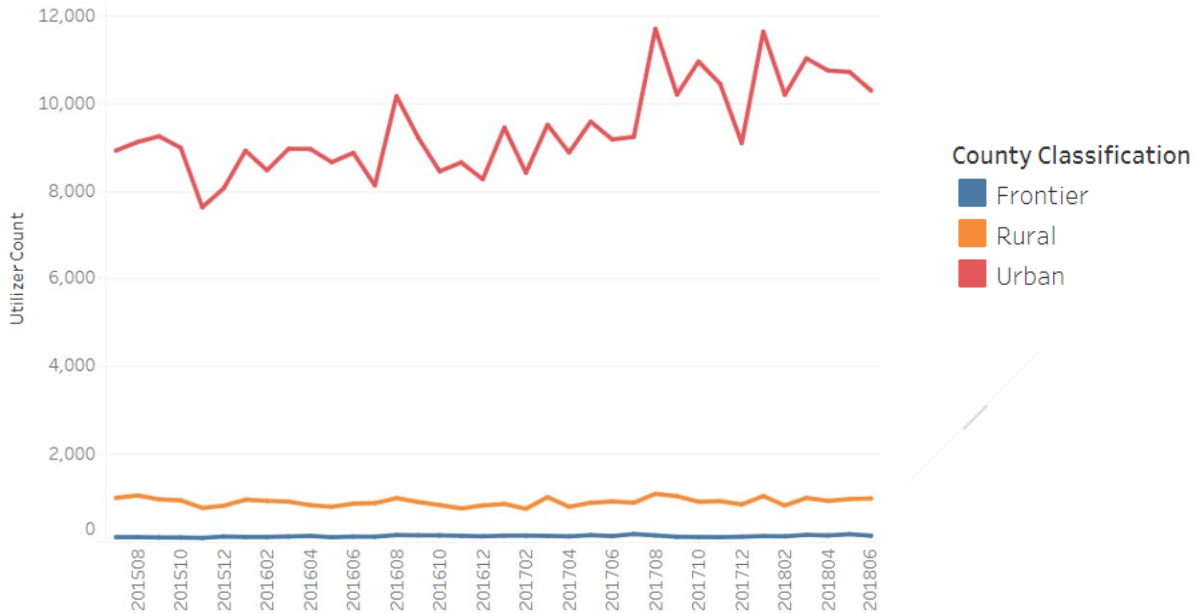
2. Top 10 Procedure Code Summary

Top 10 Codes and Payment Rates							
Procedure Code	Description	Colorado Rate	Benchmark	Benchmark Rate	Units*	Paid Dollars*	Percent of Benchmark
96132	NEUROPSYCH TST BY PSYCH/PHYS	\$120.56	Medicare	\$134.53	21,697	\$1,880,686	89.61%
96110	DEVELOPMENTAL SCREEN W/SCORE	\$17.85	Other States	\$14.97	103,442	\$1,824,386	119.35%
T1019	PERSONAL CARE SER PER 15 MIN	\$4.87	Other States	\$4.98	247,207	\$1,191,272	97.89%
90837	PSYTX W PT 60 MINUTES	\$103.23	Medicare	\$137.56	7,654	\$778,460	74.99%
96136	PSYCHO TESTING BY PSYCH/PHYS	\$62.01	Medicare	\$48.46	10,211	\$644,945	127.98%
90791	PSYCH DIAGNOSTIC EVALUATION	\$108.62	Medicare	\$140.86	2,776	\$296,868	77.00%
H0005	ALCOHOL AND/OR DRUG SERVICES	\$30.16	Other States	\$13.04	6,005	\$178,747	231.23%
90792	PSYCH DIAG EVAL W/MED SRVCS	\$132.03	Medicare	\$145.15	1,163	\$151,824	90.92%
96112	DEVELOPMENTAL TEST EXTEND	\$103.76	Medicare	\$138.97	1,487	\$151,568	74.59%
96110	DEVELOPMENTAL SCREEN W/SCORE	\$18.21	Other States	\$14.97	5,569	\$98,657	121.69%

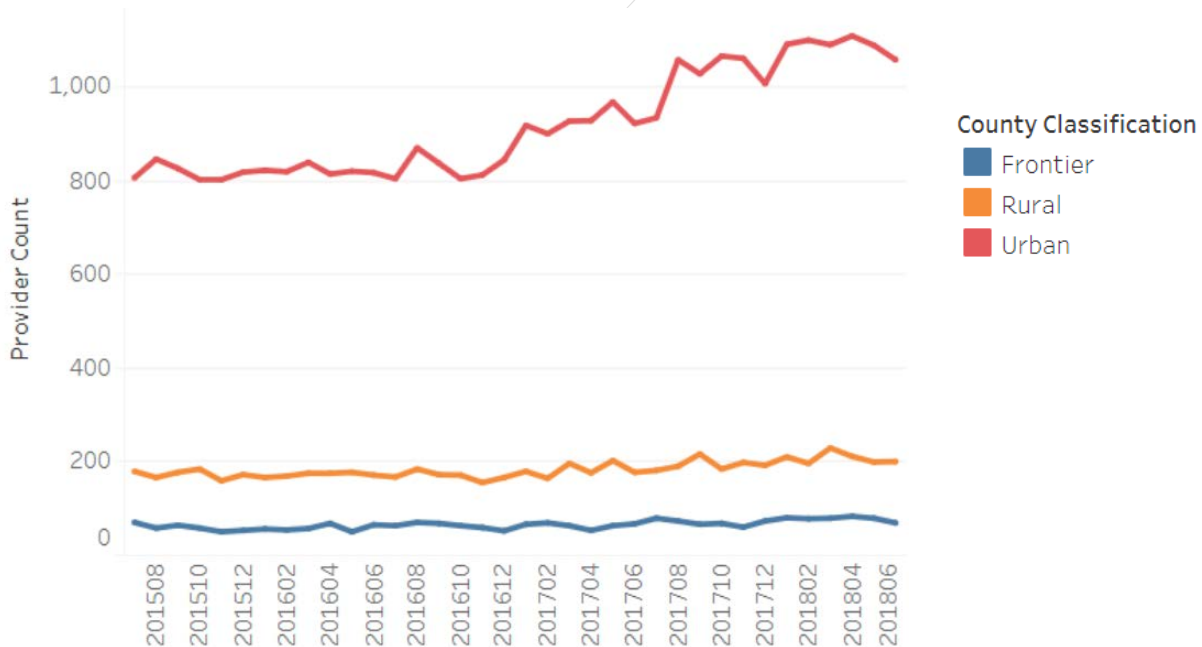
* Adjusted for claims incurred but not reported (IBNR)

BH – Access to Care

1. Distinct Utilizers over Time

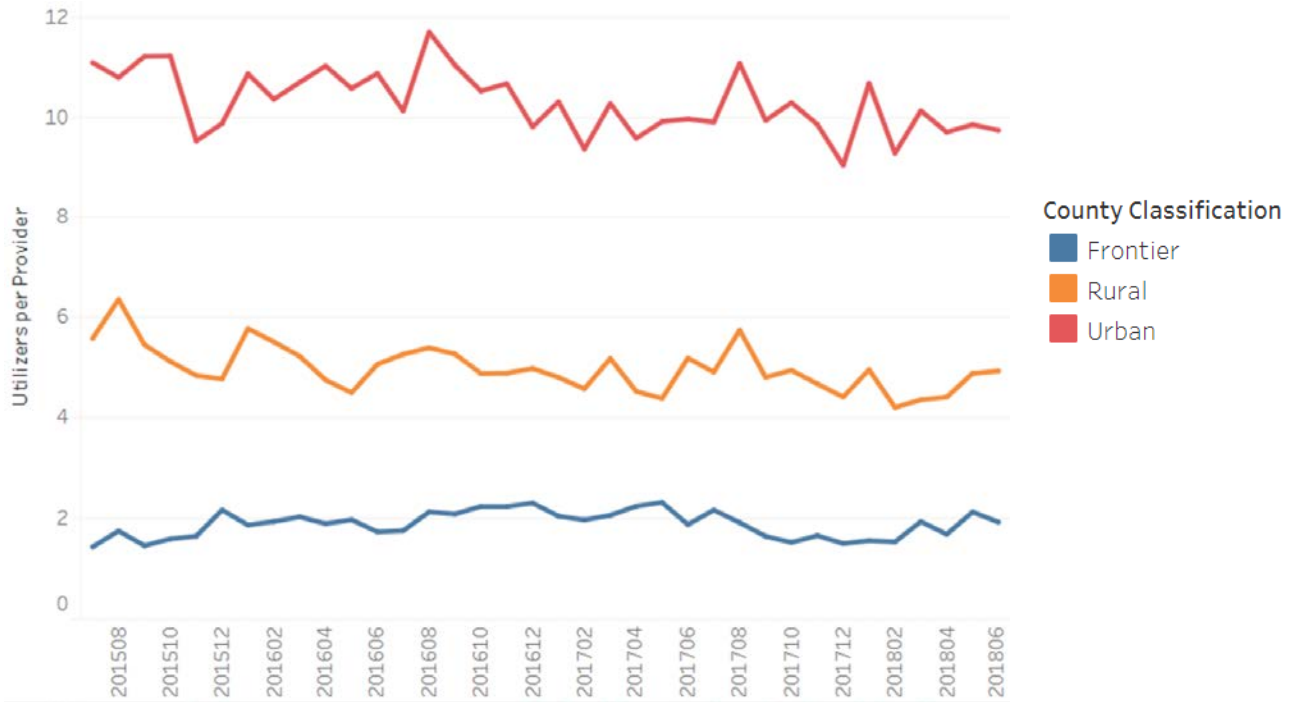


2. Active Providers over Time



BH – Access to Care

3. Utilizers per Provider over Time (Panel Size)

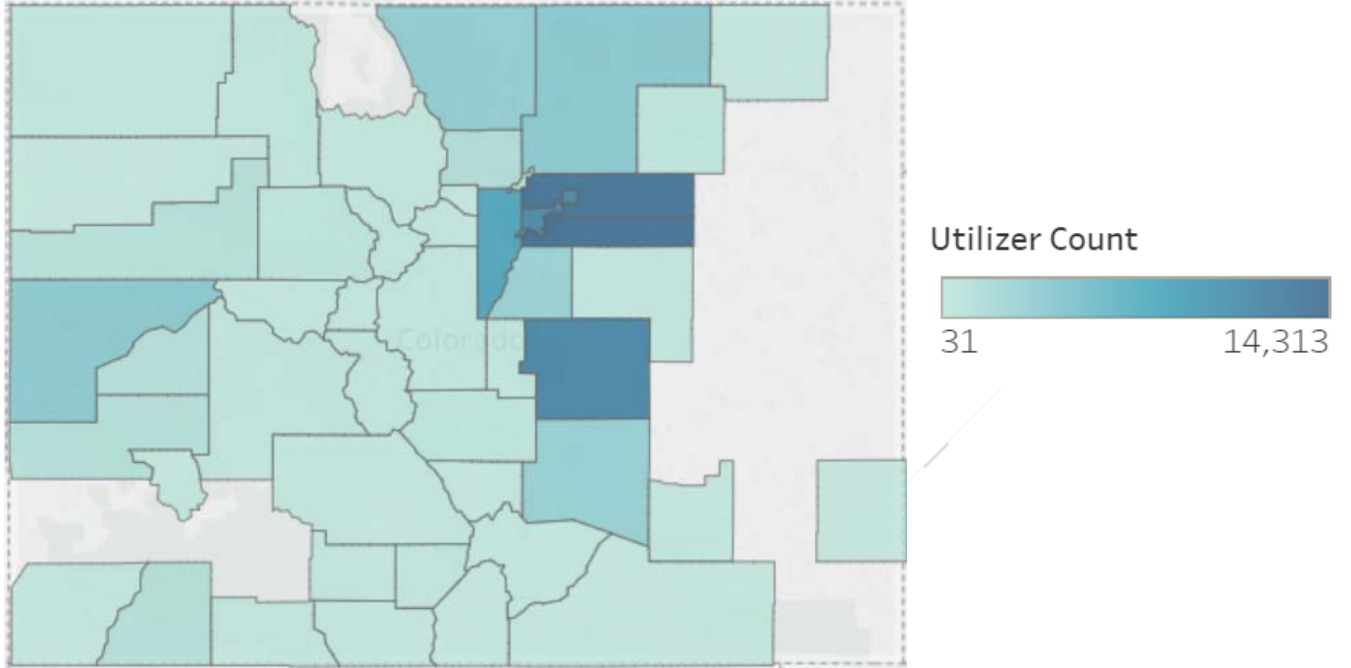


4. Member to Provider Ratio (FY2017-18)

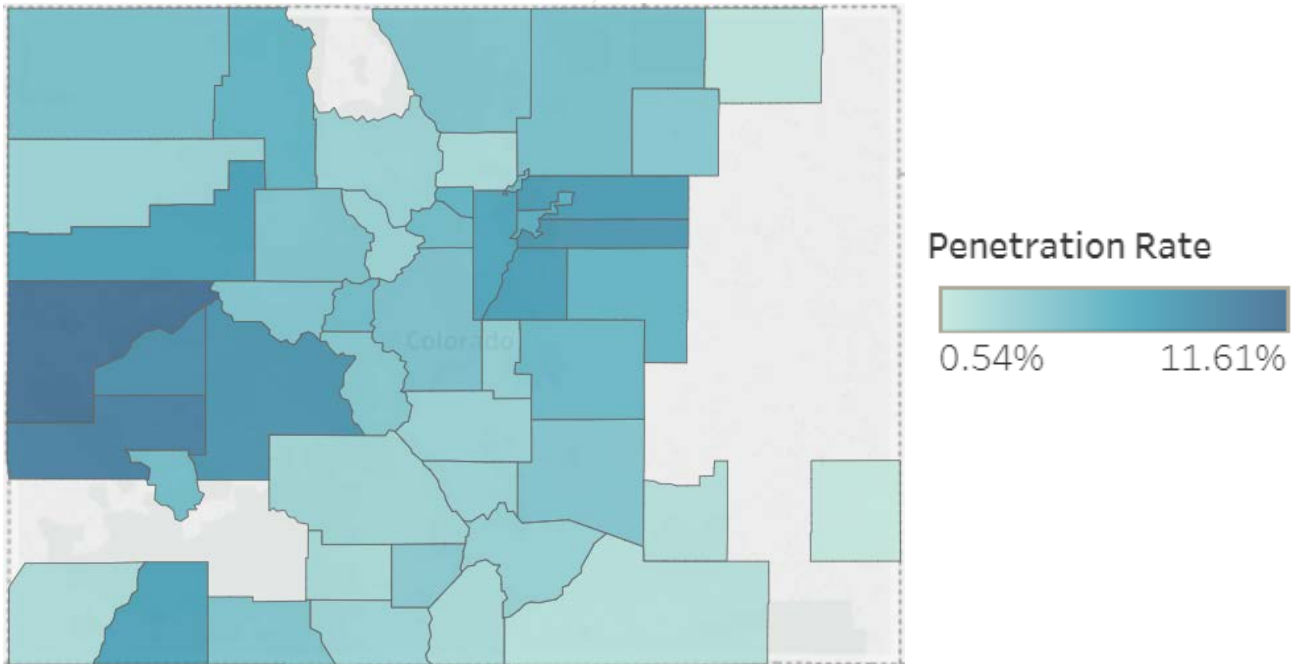
Member to Provider Ratio			
County Classification	FY2017-18 Providers	FY2017-18 Members	Providers per 1,000 Members
Frontier	307	41,742	7.35
Rural	599	162,003	3.70
Urban	2,097	1,217,439	1.72
Statewide	2,245	1,408,747	1.59

BH – Access to Care

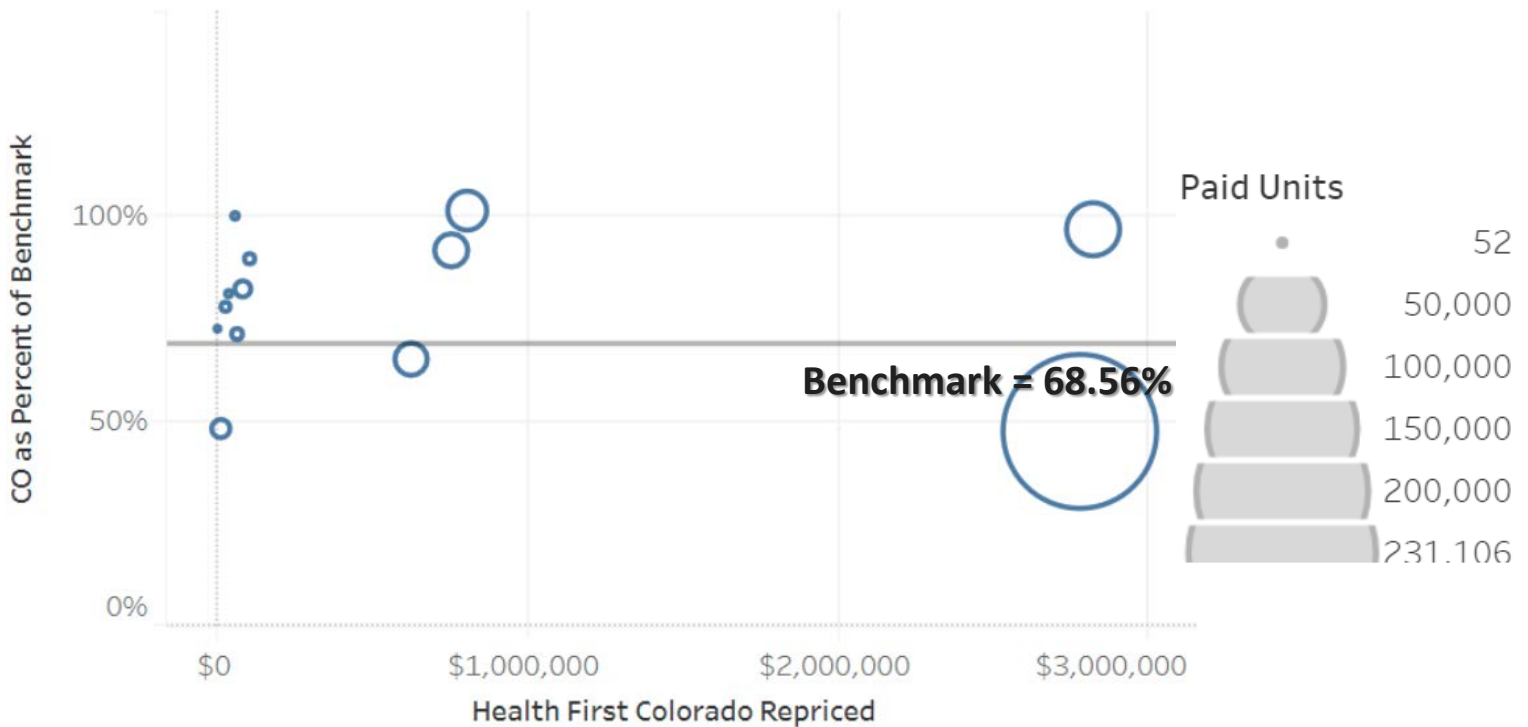
5. Utilizer Density Map (FY2017-18)



6. Penetration Rate Map (FY2017-18)



Residential Child Care Facility (RCCF) – Rate Review



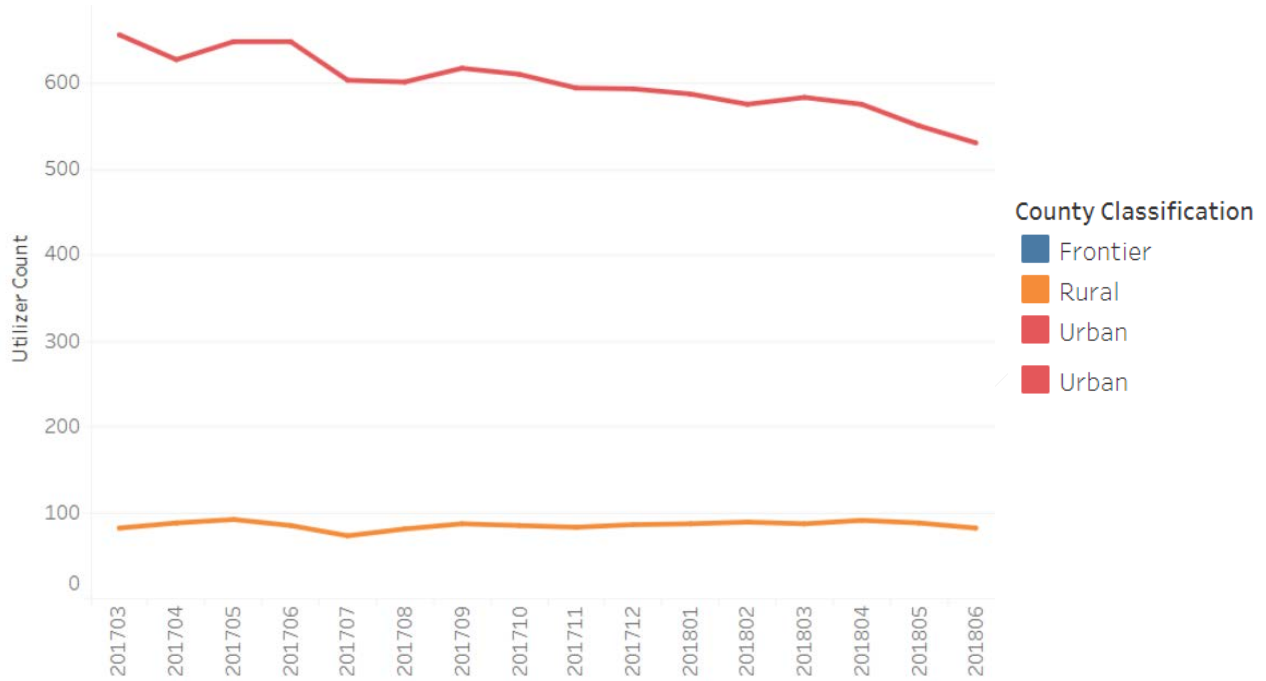
2. Top 10 Procedure Code Summary

Top 10 Codes and Payment Rates							
Procedure Code	Description	Colorado Rate	Benchmark	Benchmark Rate	Units*	Paid Dollars*	Percent of Benchmark
90837	PSYTX W PT 60 MINUTES	\$103.23	Other States	\$107.41	27,370	\$2,654,404	96.11%
90853	GROUP PSYCHOTHERAPY	\$12.12	Other States	\$25.79	229,594	\$1,780,570	47.00%
90832	PSYTX W PT 30 MINUTES	\$54.80	Other States	\$54.54	13,988	\$722,518	100.47%
90834	PSYTX W PT 45 MINUTES	\$70.54	Other States	\$77.52	10,722	\$709,289	91.00%
90847	FAMILY PSYTX W/PT 50 MIN	\$61.44	Other States	\$95.18	10,203	\$586,422	64.55%
90791	PSYCH DIAGNOSTIC EVALUATION	\$108.62	Other States	\$122.25	950	\$96,465	88.85%
90863	PHARMACOLOGIC MGMT W/PSYTX	\$33.20	Other States	\$40.68	2,538	\$77,229	81.62%
90846	FAMILY PSYTX W/O PT 50 MIN	\$58.57	Other States	\$82.89	1,126	\$62,966	70.66%
90792	PSYCH DIAG EVAL W/MED SRVCS	\$132.03	Other States	\$132.90	431	\$54,258	99.35%
90832	PSYTX W PT 30 MINUTES	\$54.80	Other States	\$52.79	753	\$39,171	103.81%

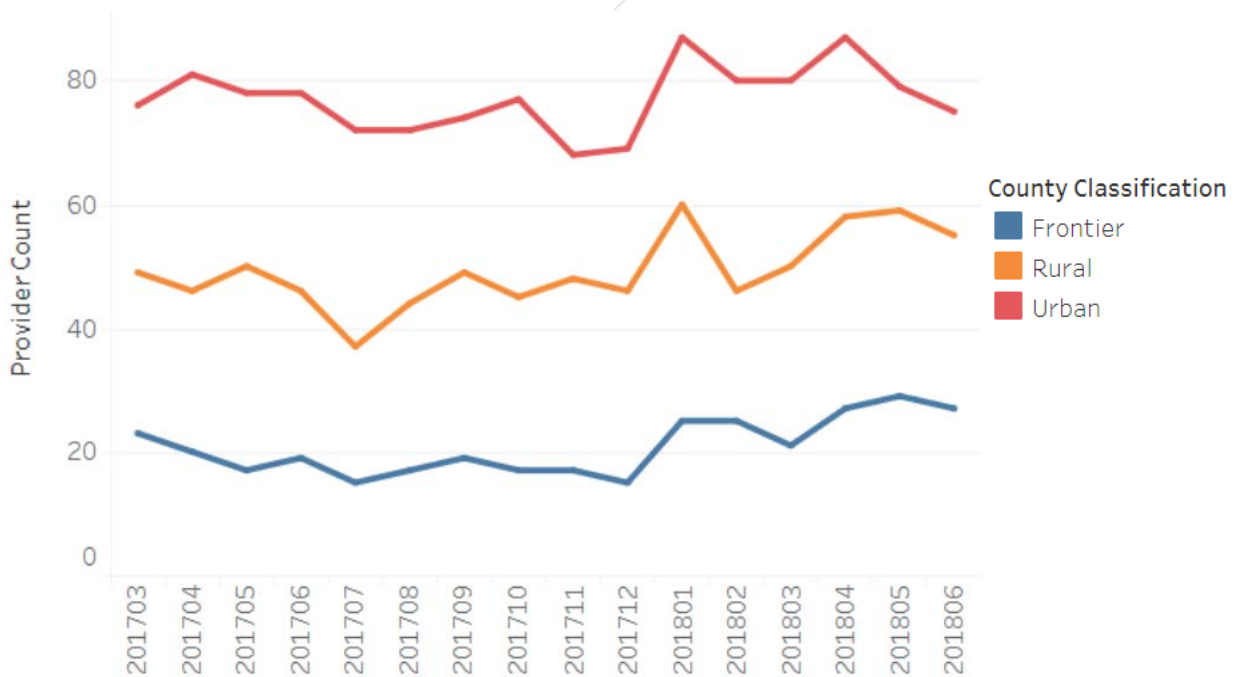
* Adjusted for claims incurred but not reported (IBNR)

RCCF – Access to Care

1. Distinct Utilizers over Time

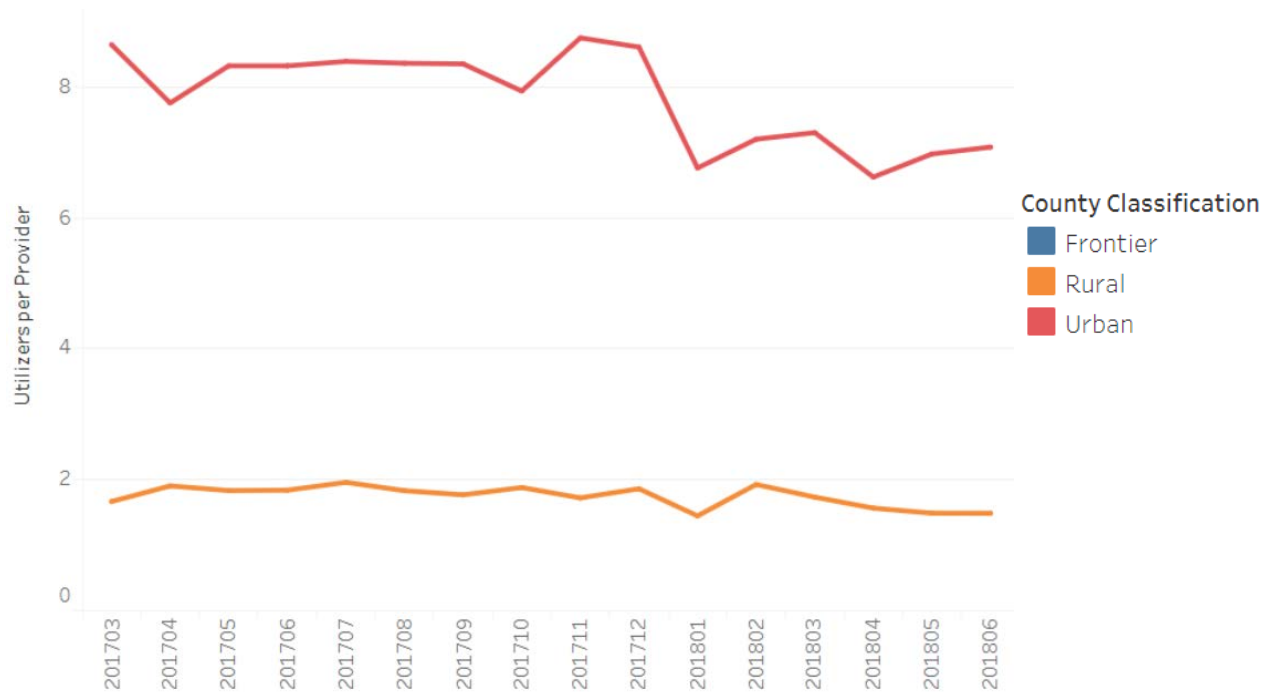


2. Active Providers over Time



RCCF – Access to Care

3. Utilizers per Provider over Time (Panel Size)

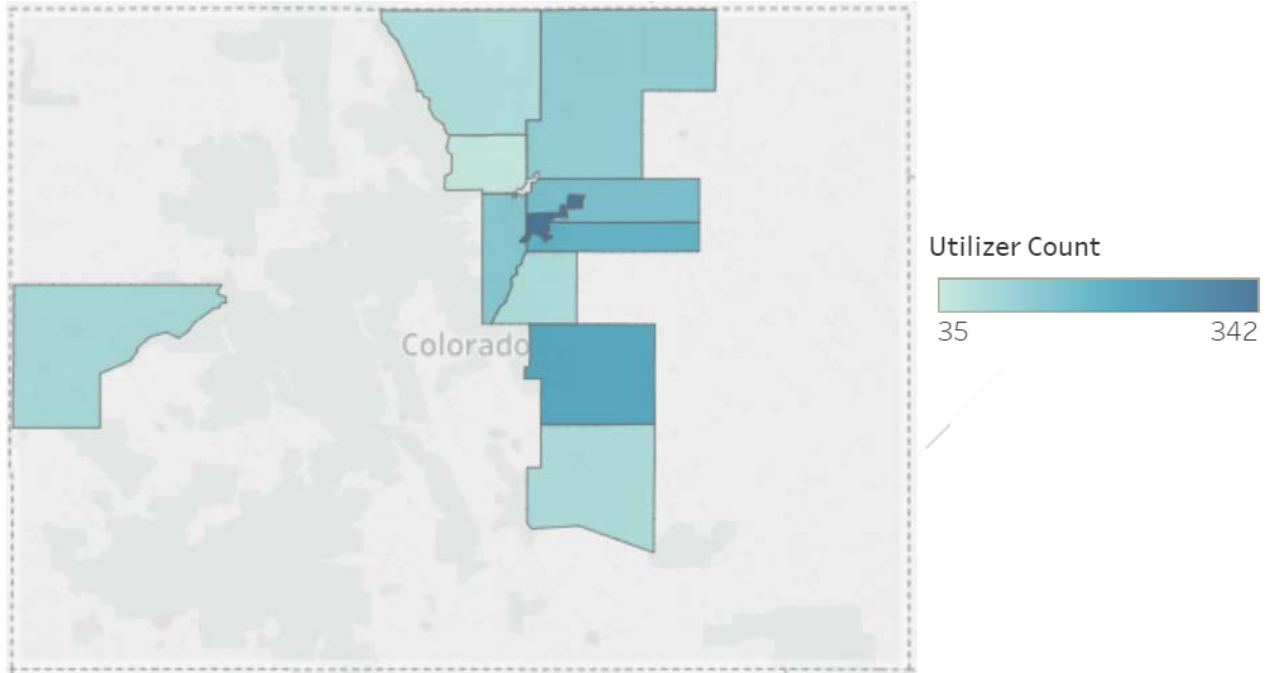


4. Member to Provider Ratio (FY2017-18)

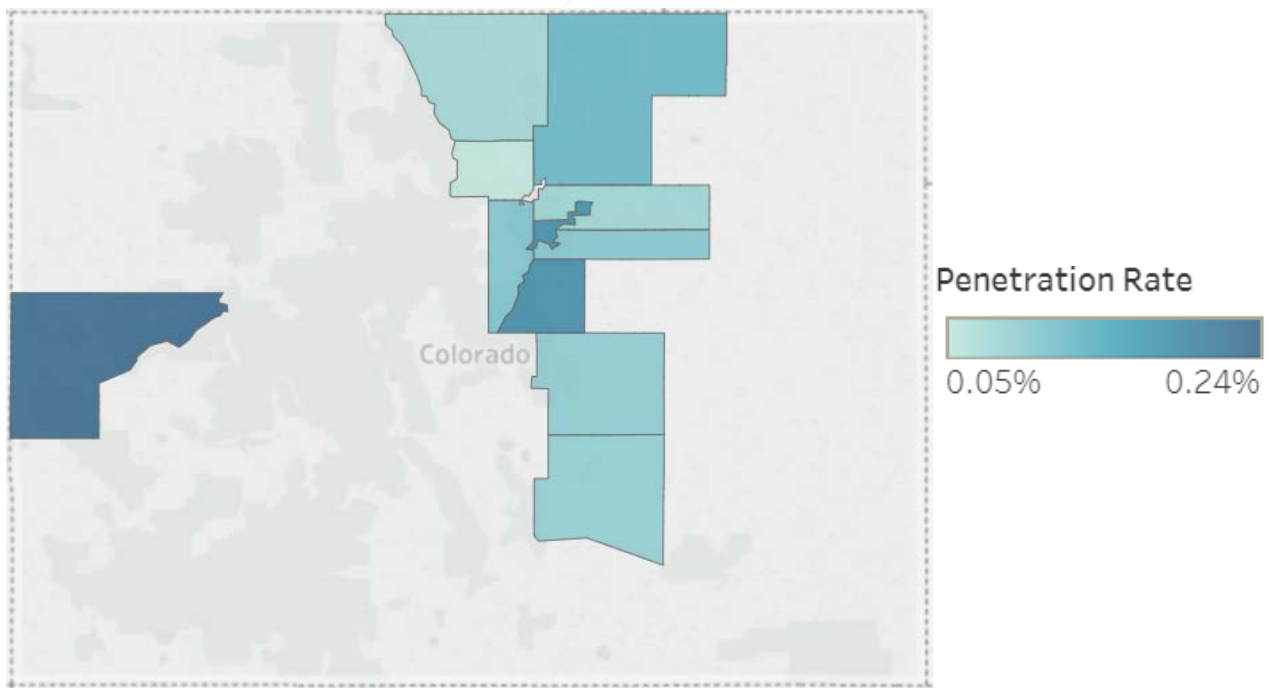
Member to Provider Ratio			
County Classification	FY2017-18 Providers	FY2017-18 Members	Providers per 1,000 Members
Frontier	67	41,742	1.61
Rural	102	162,003	0.63
Urban	144	1,217,439	0.12
Statewide	144	1,408,747	0.10

RCCF – Access to Care

5. Utilizer Density Map (FY2017-18)

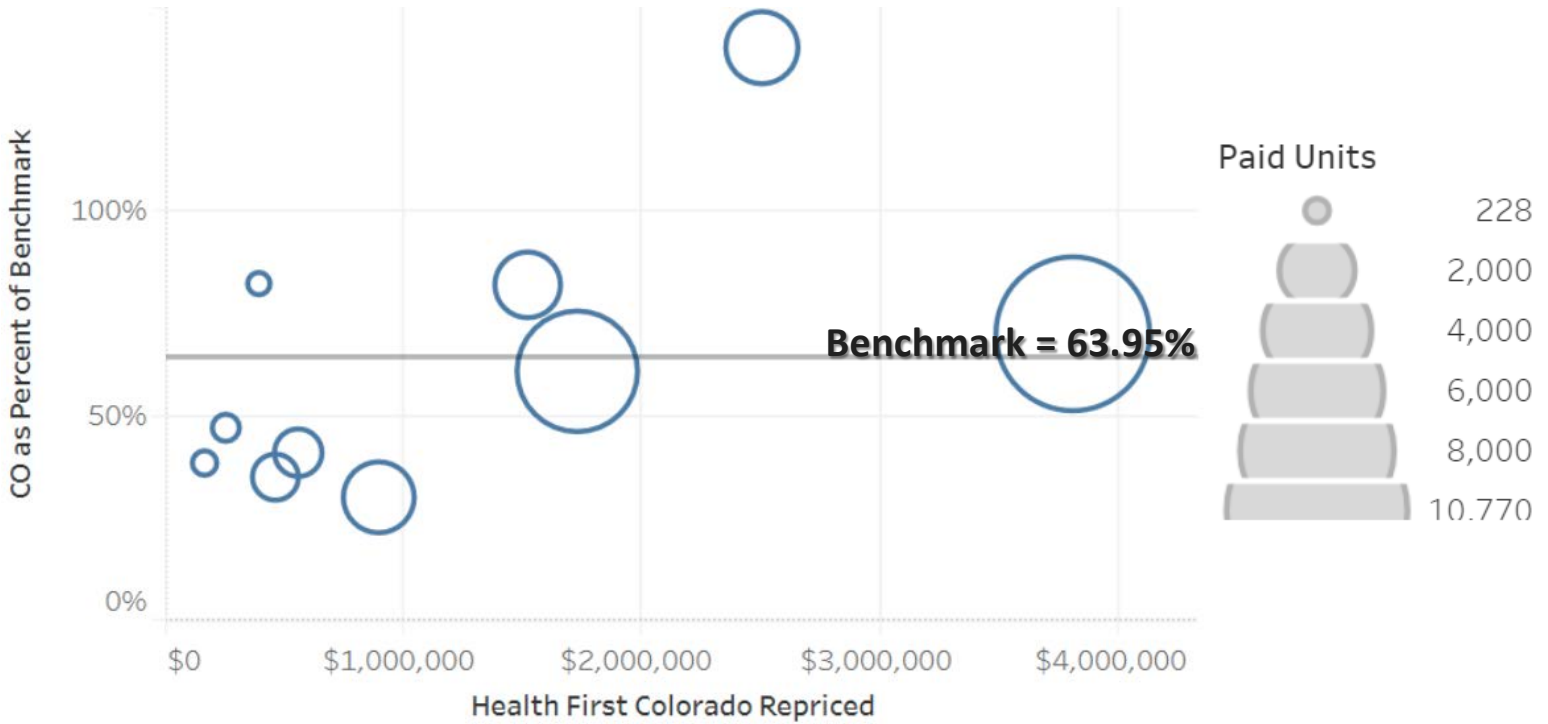


6. Penetration Rate Map (FY2017-18)



Ambulatory Surgical Center (ASC) – Rate Review

1. Rate Comparison Scatterplot



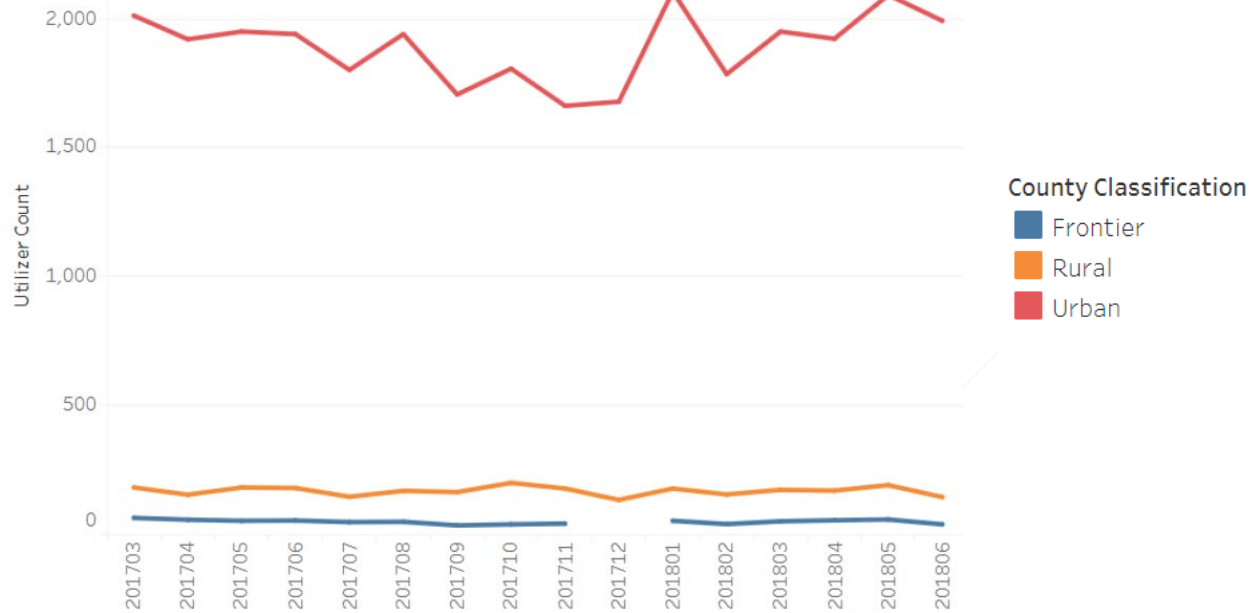
2. Top 10 Procedure Code Summary

Top 10 Codes and Payment Rates								
Procedure Code	Description	Colorado Rate	Benchmark	Wage Index Region	Benchmark Rate	Units*	Paid Dollars*	Percent of Benchmark
41899	DENTAL SURGERY PROCEDURE	\$1,077.13	Other States	All CO	\$650.61	1,965	\$2,088,941	165.95%
66984	CATARACT SURG W/IOL 1 STAGE	\$782.70	Medicare	Denver, Aurora, Lakewood	\$989.30	747	\$571,504	79.44%
43239	EGD BIOPSY SINGLE/MULTIPLE	\$358.73	Medicare	Denver, Aurora, Lakewood	\$397.11	1,298	\$496,908	84.06%
43239	EGD BIOPSY SINGLE/MULTIPLE	\$358.73	Medicare	Colorado Springs, CO	\$383.28	1,391	\$495,295	92.14%
66984	CATARACT SURG W/IOL 1 STAGE	\$782.70	Medicare	Colorado Springs, CO	\$954.85	435	\$329,852	81.95%
45380	COLONOSCOPY AND BIOPSY	\$358.73	Medicare	Denver, Aurora, Lakewood	\$510.91	827	\$327,038	62.93%
45380	COLONOSCOPY AND BIOPSY	\$358.73	Medicare	Colorado Springs, CO	\$493.12	866	\$317,756	69.51%
45378	DIAGNOSTIC COLONOSCOPY	\$358.73	Medicare	Denver, Aurora, Lakewood	\$388.42	679	\$239,978	93.54%
64483	INJ FORAMEN EPIDURAL L/S	\$267.86	Medicare	Denver, Aurora, Lakewood	\$398.83	715	\$220,920	60.14%
45385	COLONOSCOPY W/LESION REMOVAL	\$358.73	Medicare	Denver, Aurora, Lakewood	\$510.91	593	\$211,246	69.93%

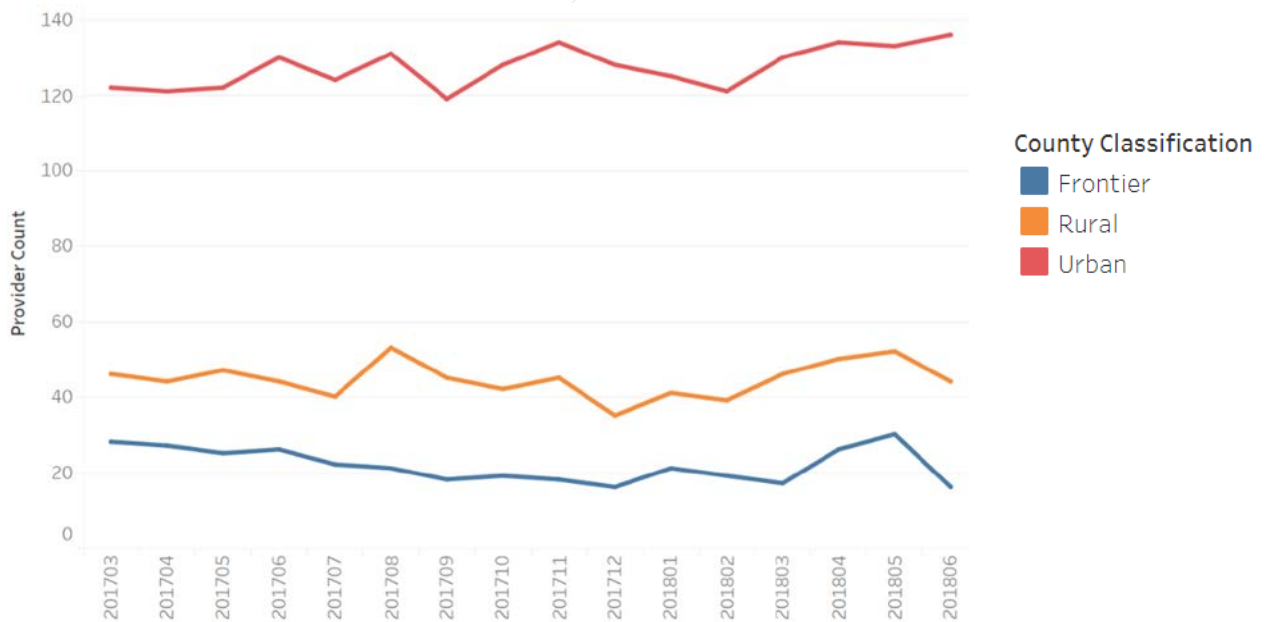
* Adjusted for claims incurred but not reported (IBNR)

ASC – Access to Care

1. Distinct Utilizers over Time

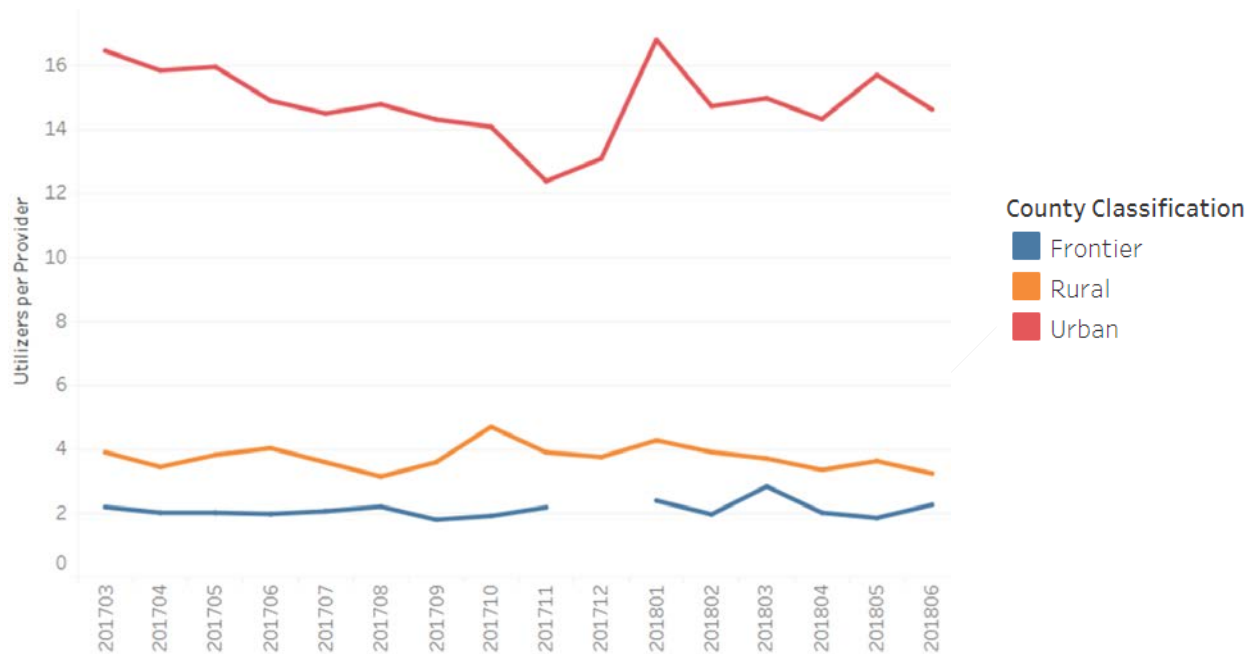


2. Active Providers over Time



ASC – Access to Care

3. Utilizers per Provider Over Time (Panel Size)

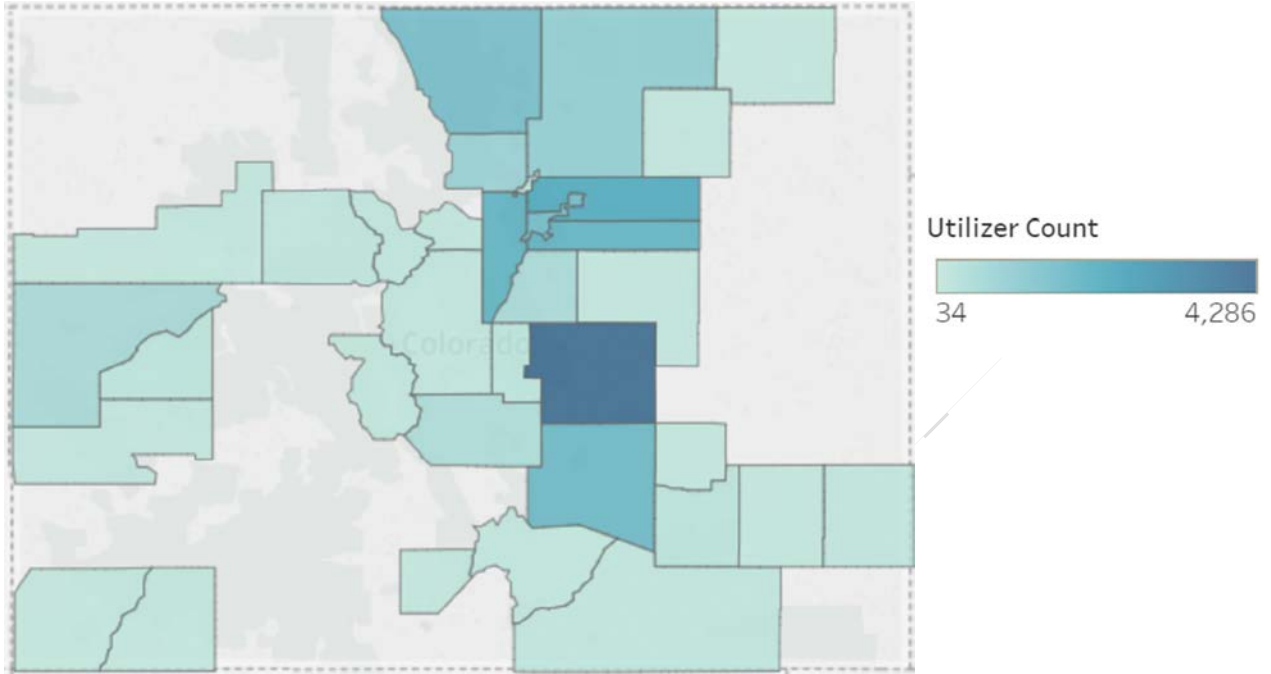


4. Member to Provider Ratio (FY2017-18)

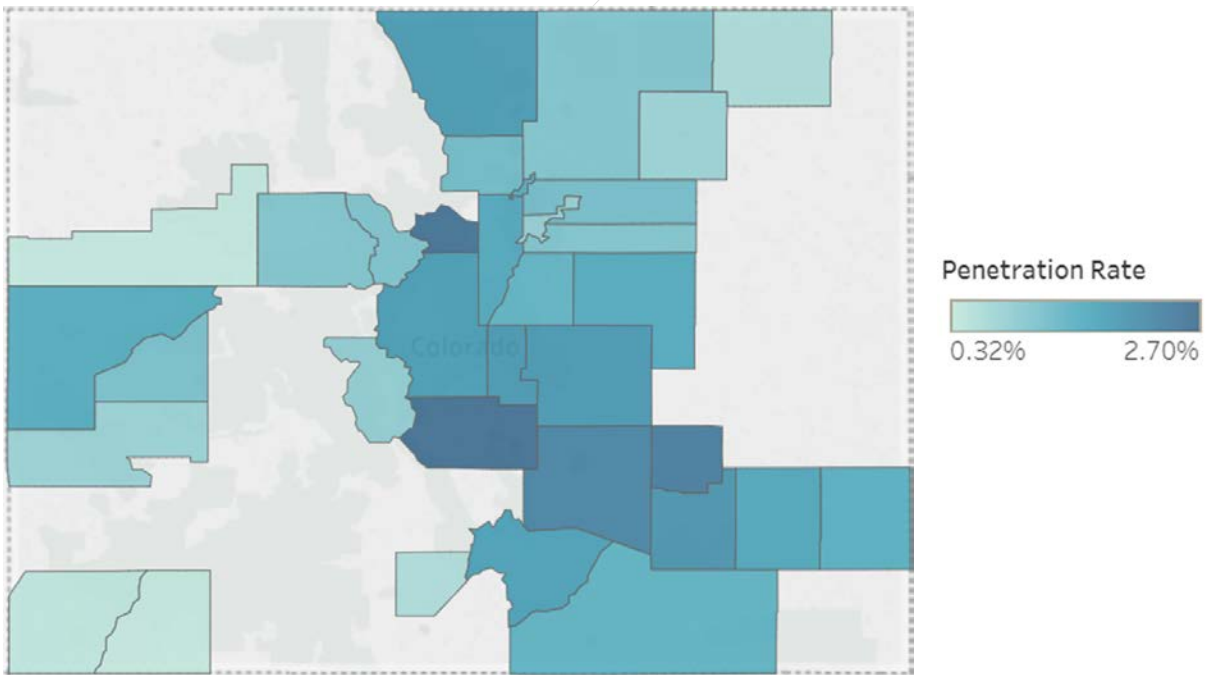
Member to Provider Ratio			
County Classification	FY2017-18 Providers	FY2017-18 Members	Providers per 1,000 Members
Frontier	69	41,742	1.65
Rural	112	162,003	0.69
Urban	227	1,217,439	0.19
Statewide	235	1,408,747	0.17

ASC – Access to Care

5. Utilizer Density Map (FY2017-18)

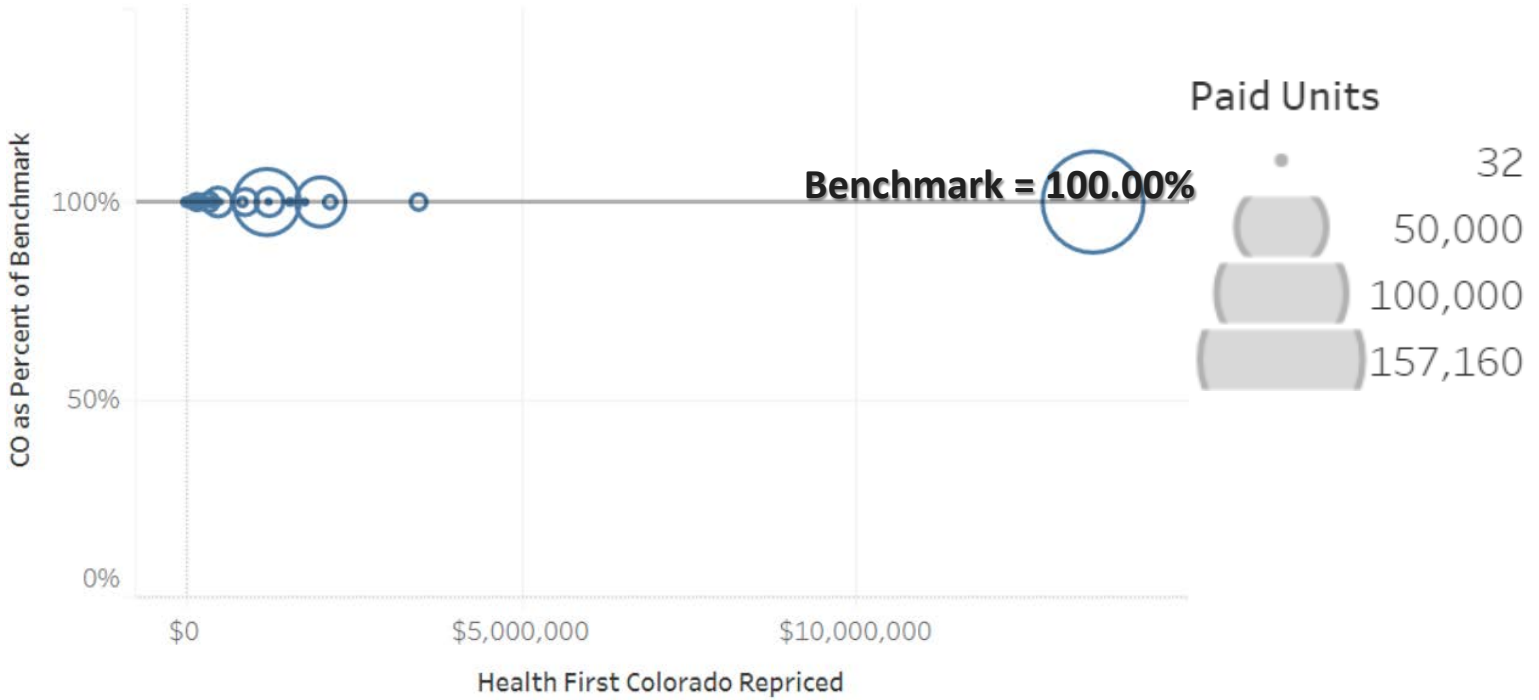


6. Penetration Rate Map (FY2017-18)



7. DME (Medicare UPL) – Rate Review

1. Rate Comparison Scatterplot



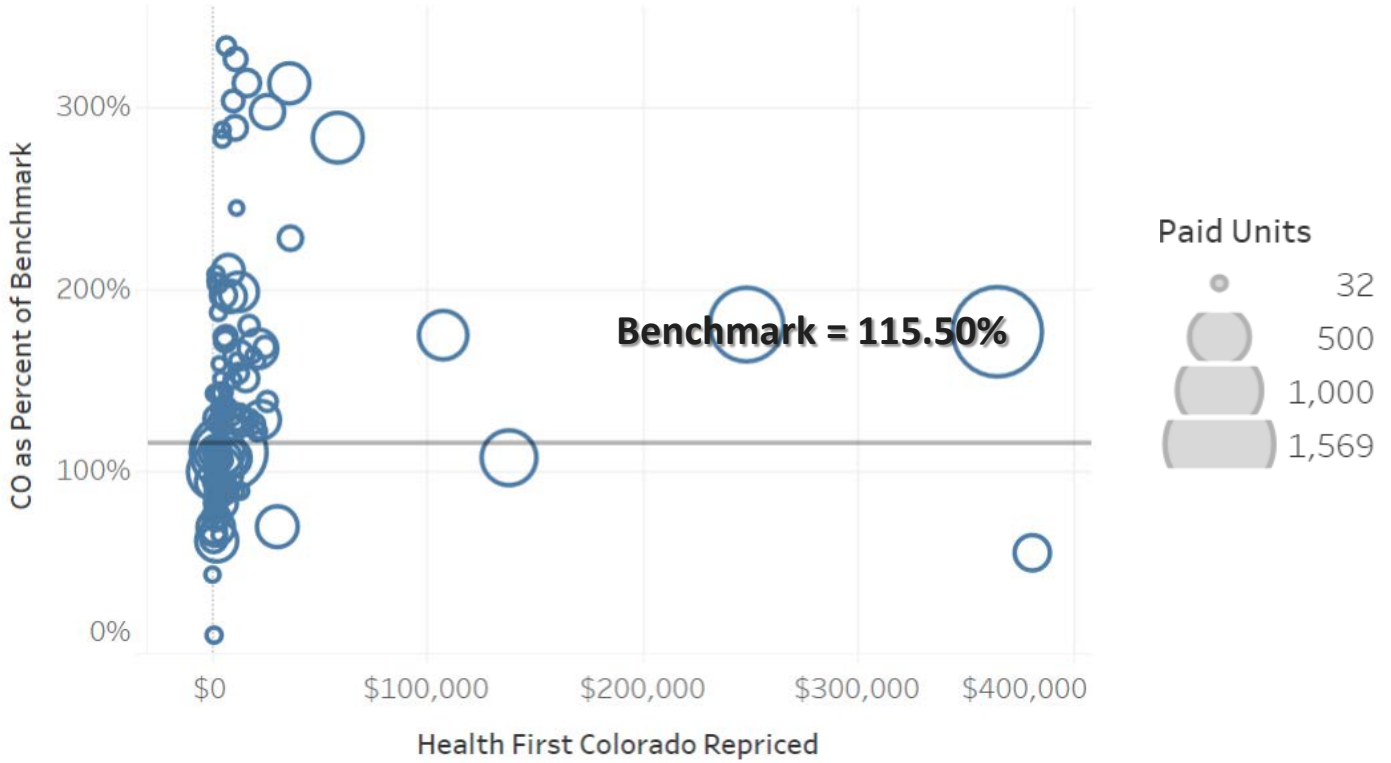
2. Top 10 Procedure Code Summary

Top 10 Codes and Payment Rates								
Procedure Code	Description	Mod 1	Medicare Rural Indicator	Medicare Rate Group	Colorado and Medicare Rate	Units*	Paid Dollars*	Percent of Medicare
E1390	OXYGEN CONCENTRATOR	RR	Non Rural	CBA Denver Rate	\$73.88	57,944	\$7,175,849	100.00%
E1390	OXYGEN CONCENTRATOR	RR	Non Rural	Medicare POS Rate - Non Rural	\$73.80	35,504	\$4,451,106	100.00%
E1390	OXYGEN CONCENTRATOR	RR	Rural	Medicare POS Rate - Rural	\$134.71	33,897	\$4,226,885	100.00%
E0466	HOME VENT NON-INVASIVE INTER	RR	Non Rural	Medicare POS Rate - Non Rural	\$934.17	3,318	\$3,837,870	100.00%
E1390	OXYGEN CONCENTRATOR	RR	Non Rural	CBA Colorado Springs Rate	\$75.31	26,903	\$3,363,661	100.00%
E0465	HOME VENT INVASIVE INTERFACE	RR	Non Rural	Medicare POS Rate - Non Rural	\$934.17	2,316	\$2,501,883	100.00%
E0748	ELEC OSTEOGEN STIM SPINAL	NU	Non Rural	Medicare POS Rate - Non Rural	\$4,479.68	344	\$1,421,360	100.00%
E0784	EXT AMB INFUSN PUMP INSULIN	RA	Non Rural	CO DME UPL Rate - Non Rural	\$4,370.50	203	\$922,133	100.00%
E2510	SGD W MULTI METHODS MSG/ACCS	NU	Non Rural	Medicare POS Rate - Non Rural	\$7,792.82	155	\$843,136	100.00%
E0441	STATIONARY O2 CONTENTS, GAS		Non Rural	Medicare POS Rate - Non Rural	\$51.30	4,982	\$807,509	100.00%

* Adjusted for claims incurred but not reported (IBNR)

DME (Medicare Non-UPL) – Rate Review

1. Rate Comparison Scatterplot



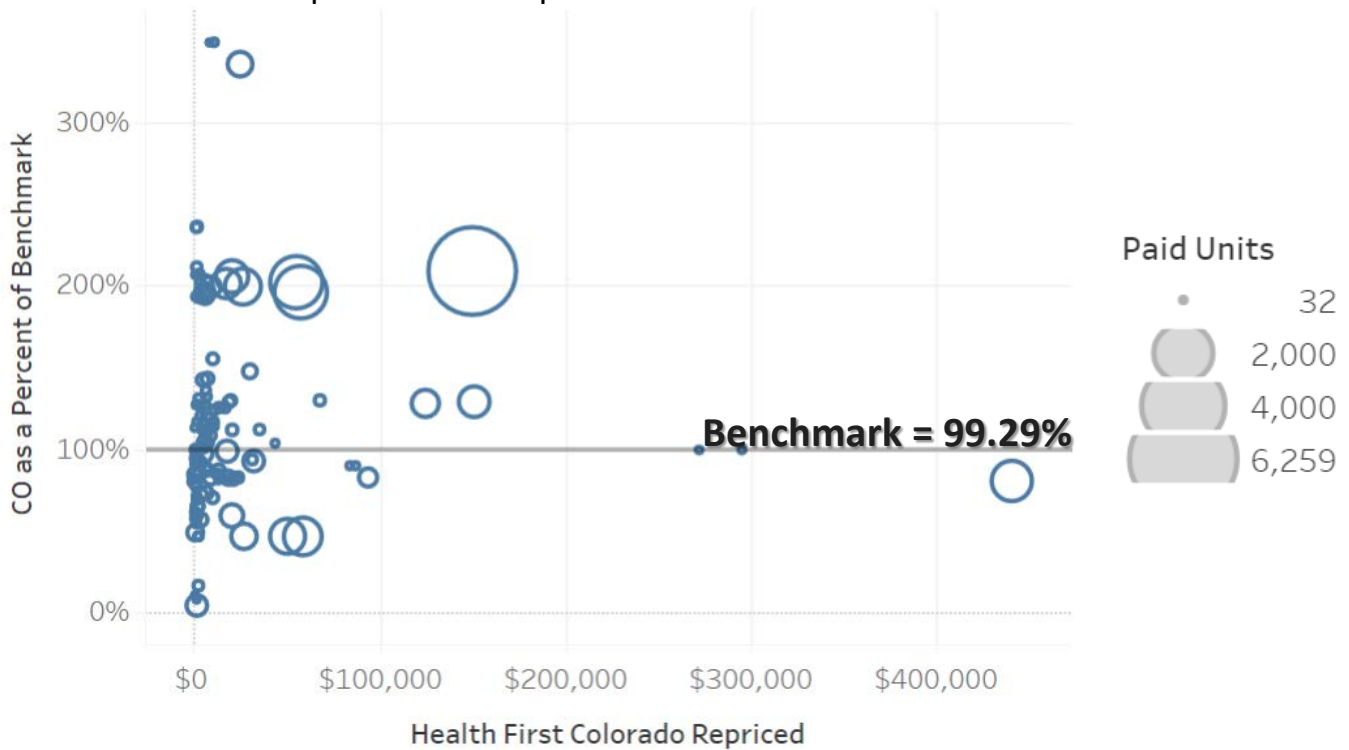
2. Top 10 Procedure Code Summary

Top 10 Codes and Payment Rates										
Procedure Code	Description	Mod 1	Mod 2	Medicare Rural Indicator	Colorado Rate	Medicare Rate Group	Medicare Rate	Units*	Paid Dollars*	Percent of Medicare
K0606	AED GARMENT W ELEC ANALYSIS	RR		Non Rural	\$1,591.43	Medicare POS Rate - Non Rural	\$2,899.50	245	\$381,292	54.88%
E0562	HUMIDIFIER HEATED USED W PAP	NU		Non Rural	\$239.70	CBA Denver Rate	\$136.56	1,569	\$365,062	176.29%
E0562	HUMIDIFIER HEATED USED W PAP	NU		Non Rural	\$239.70	Medicare POS Rate - Non Rural	\$133.55	1,068	\$248,484	180.26%
E0562	HUMIDIFIER HEATED USED W PAP	NU		Rural	\$239.70	Medicare POS Rate - Rural	\$223.90	591	\$138,099	107.07%
E0562	HUMIDIFIER HEATED USED W PAP	NU		Non Rural	\$239.70	CBA Colorado Springs Rate	\$137.95	462	\$107,499	174.43%
E0973	W/CH ACCESS DET ADJ ARMREST	NU		Non Rural	\$128.12	CBA Denver Rate	\$47.97	487	\$58,519	282.94%
K0606	AED GARMENT W ELEC ANALYSIS	RR		Rural	\$1,591.43	Medicare POS Rate - Non Rural	\$2,899.50	31	\$48,123	54.87%
E2611	GEN USE BACK CUSH W DTH <22IN	NU		Non Rural	\$345.09	CBA Colorado Springs Rate	\$151.58	109	\$36,529	227.67%
E0973	W/CH ACCESS DET ADJ ARMREST	NU	RA	Non Rural	\$128.12	CBA Denver Rate	\$47.97	316	\$35,988	312.78%
E0776	IV POLE	NU		Non Rural	\$99.89	Medicare POS Rate - Non Rural	\$143.96	327	\$30,416	69.20%

* Adjusted for claims incurred but not reported (IBNR)

DME (Other States Non-UPL) – Rate Review

1. Rate Comparison Scatterplot



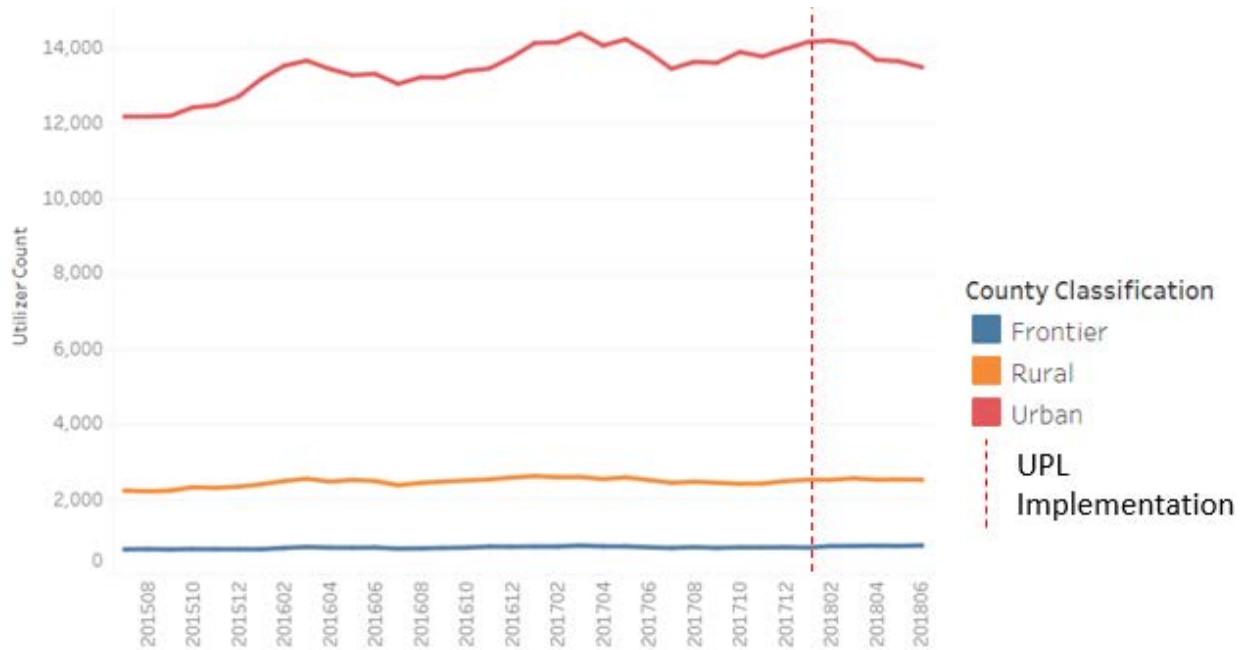
2. Top 10 Procedure Code Summary

Top 10 Codes and Payment Rates								
Procedure Code	Description	Mod 1	Mod 2	Colorado Rate	Other States' Average Rate	Units*	Paid Dollars*	Percent of
E0445	OXIMETER NON-INVASIVE	RR		\$367.17	\$455.44	1,318	\$ 440,563	80.13%
E1007	PWR SEAT COMBO W/SHEAR	NU		\$8,323.83	\$8,394.56	37	\$ 295,225	99.14%
E1007	PWR SEAT COMBO W/SHEAR	NU	RA	\$8,323.83	\$8,394.56	36	\$ 272,167	99.09%
E1028	W/C MANUAL SWINGAWAY	NU	RA	\$228.19	\$182.46	764	\$ 151,083	128.61%
K0739	REPAIR/SVC DME NON-OXYGEN EQ			\$26.57	\$13.77	6,259	\$ 150,045	208.59%
E1028	W/C MANUAL SWINGAWAY	NU		\$228.19	\$182.46	612	\$ 124,793	127.59%
E0986	MAN W/C PUSH-RIM POWR SYSTEM	NU		\$5,374.10	\$4,568.07	PHI	PHI	118.52%
E1002	PWR SEAT TILT	NU	RA	\$4,298.60	\$3,913.48	PHI	PHI	111.19%
E0218	WATER CIRC COLD PAD W PUMP	NU		\$354.75	\$431.30	272	\$ 93,927	82.24%
E0986	MAN W/C PUSH-RIM POWR SYSTEM	NU	RA	\$5,374.10	\$4,568.07	PHI	PHI	121.61%

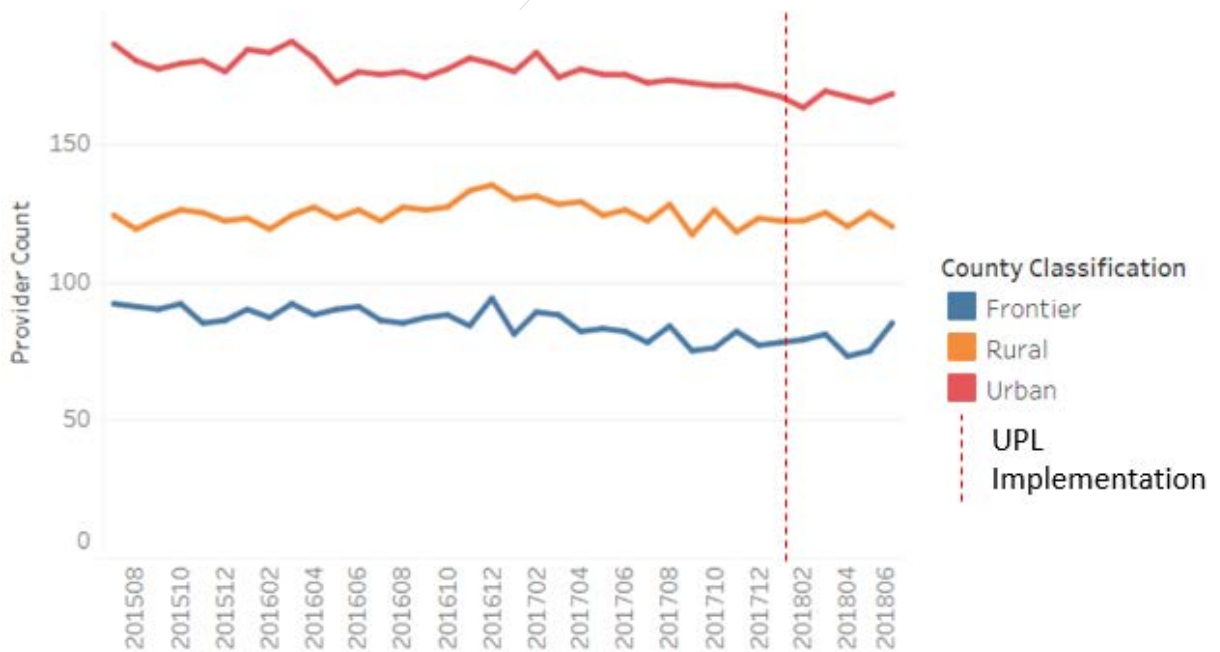
* Adjusted for claims incurred but not reported (IBNR)

DME – Access to Care

1. Distinct Utilizers over Time

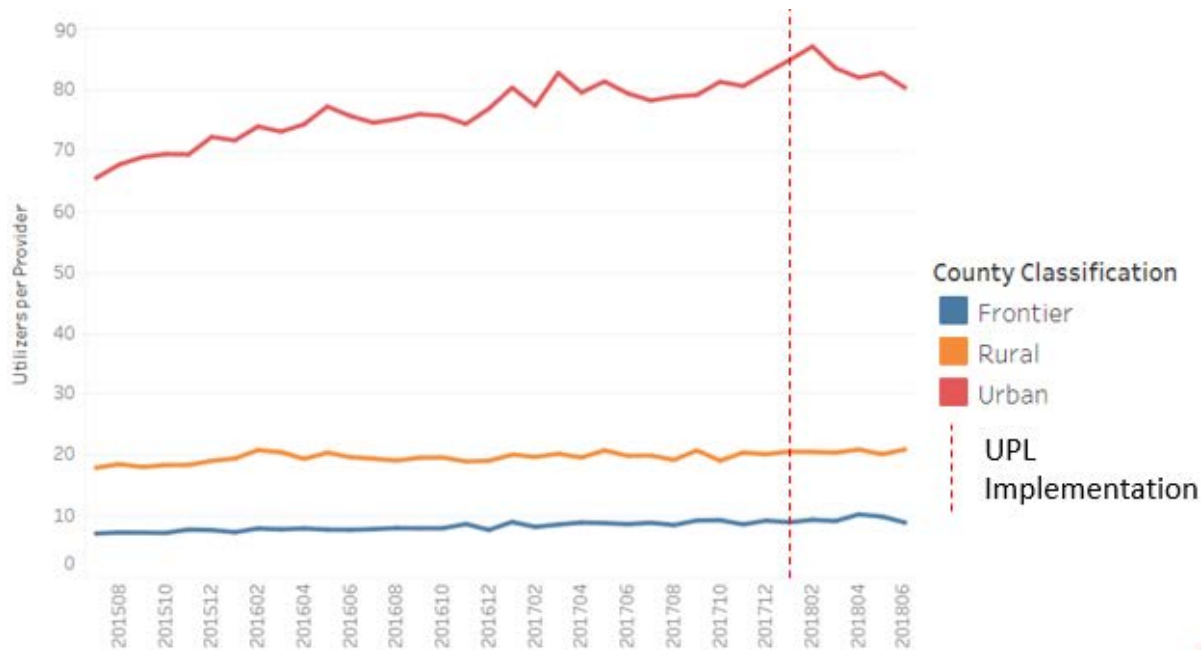


2. Active Providers over Time

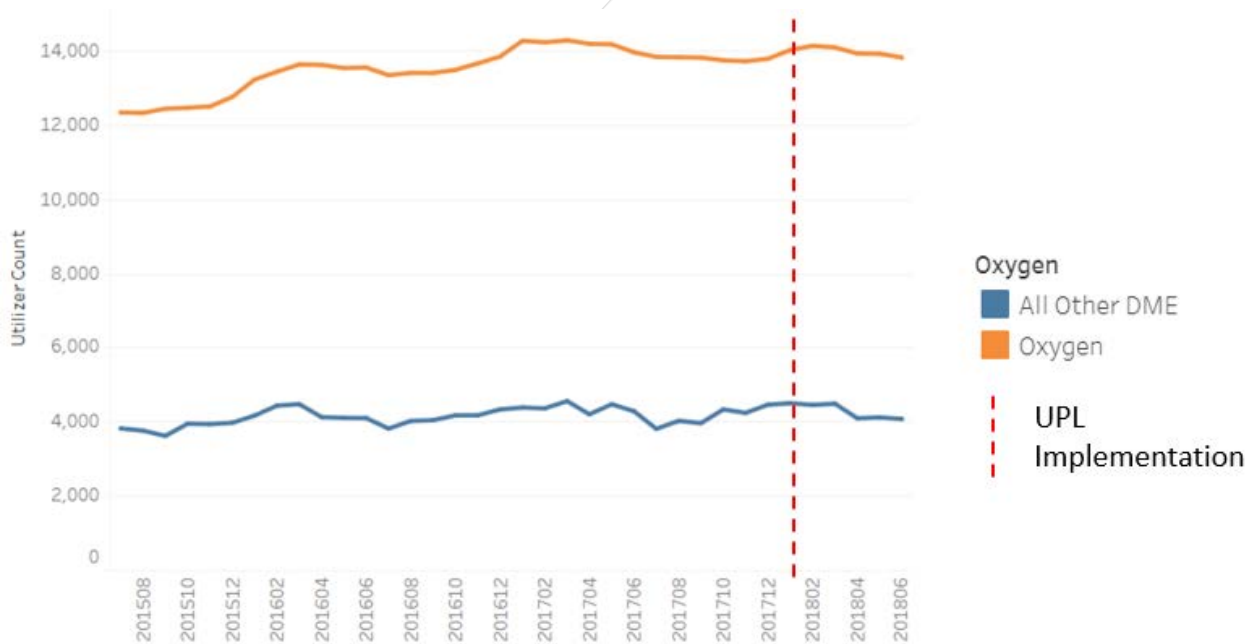


DME – Access to Care

3. Utilizers per Provider over Time (Panel Size)

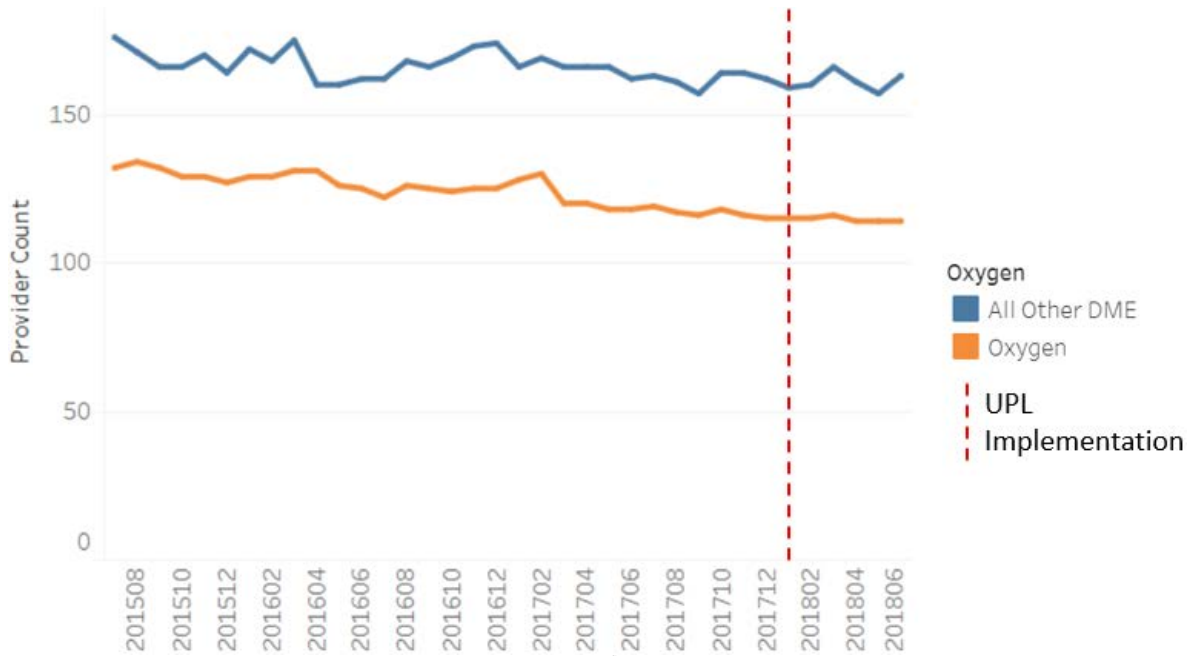


4. Distinct Utilizers over Time, Oxygen

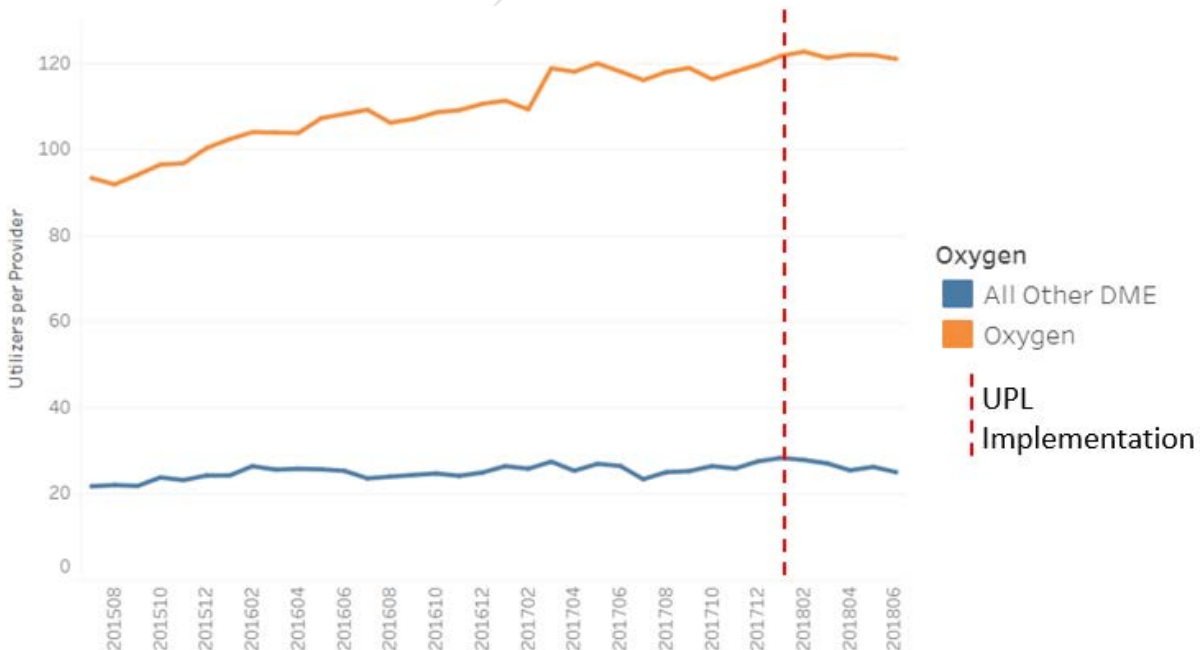


DME – Access to Care

5. Active Providers over Time, Oxygen

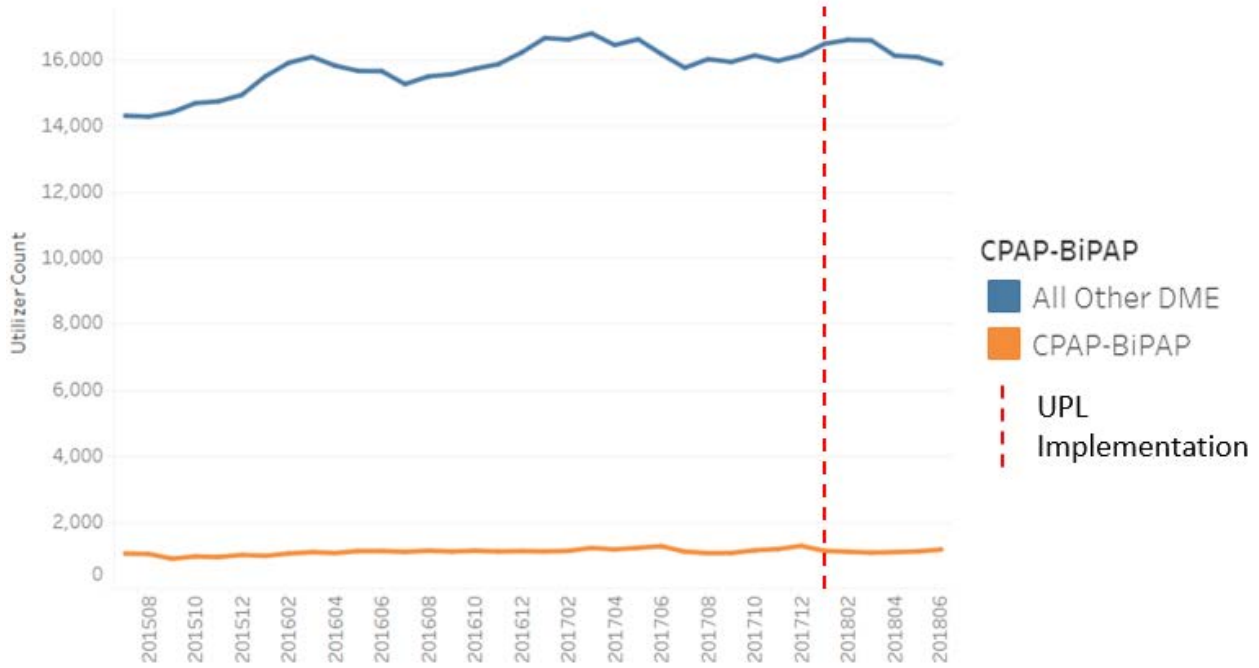


6. Utilizers per Provider over Time (Panel Size), Oxygen

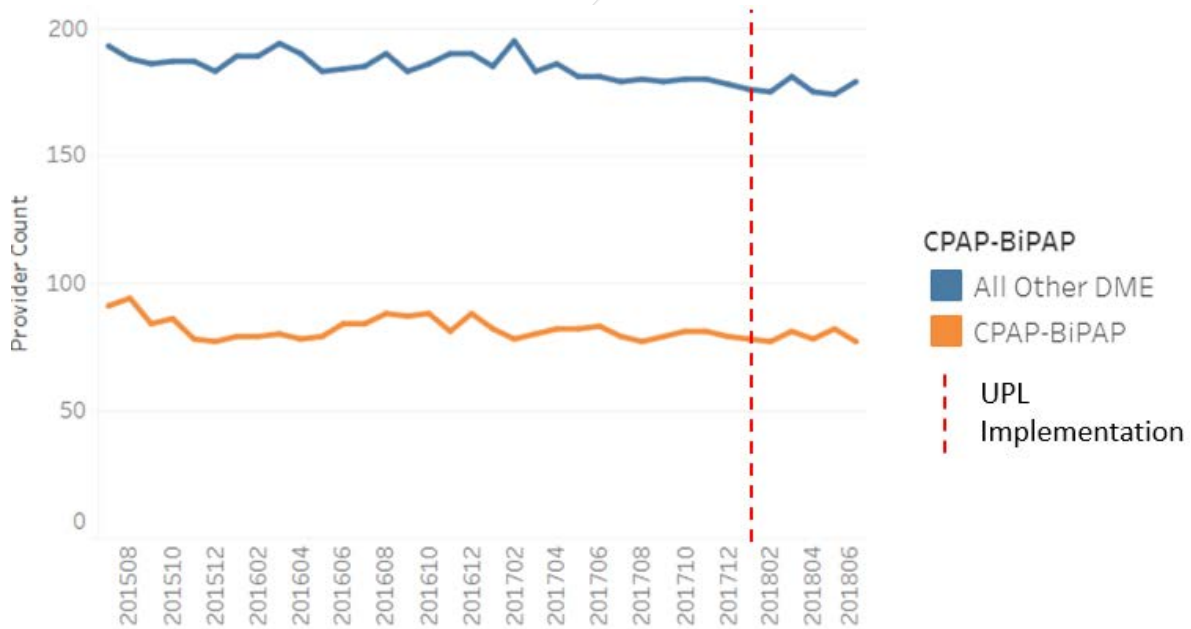


DME – Access to Care

7. Distinct Utilizers over Time, CPAP-BiPAP

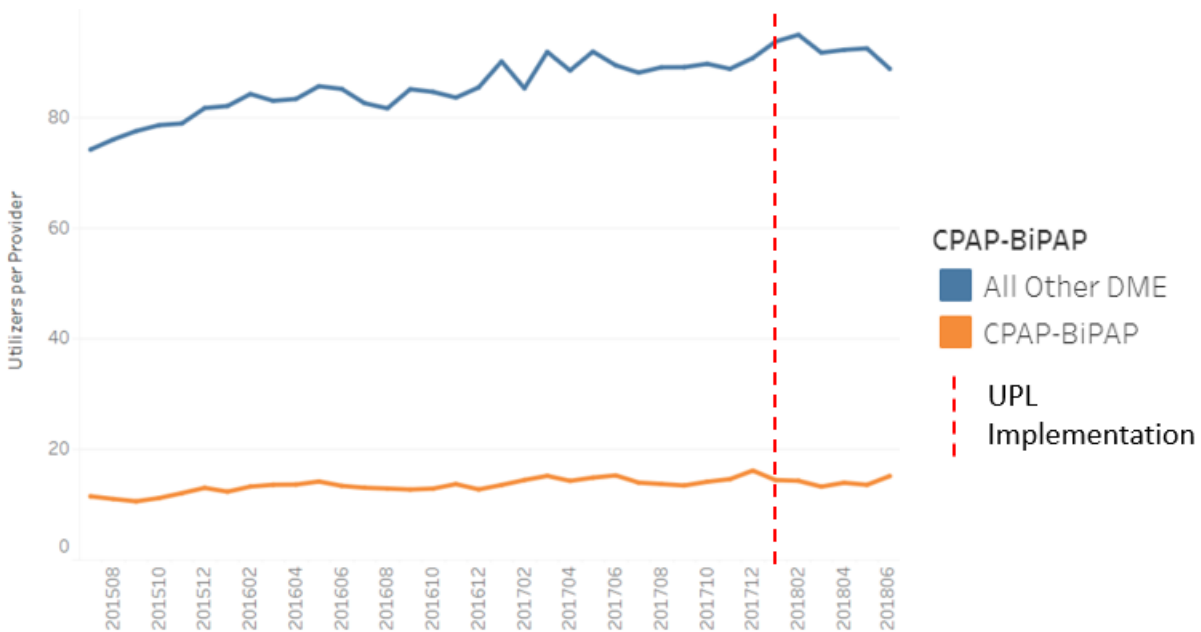


8. Active Providers over Time, CPAP-BiPAP



DME – Access to Care

9. Utilizers per Provider over Time (Panel Size), CPAP-BiPAP

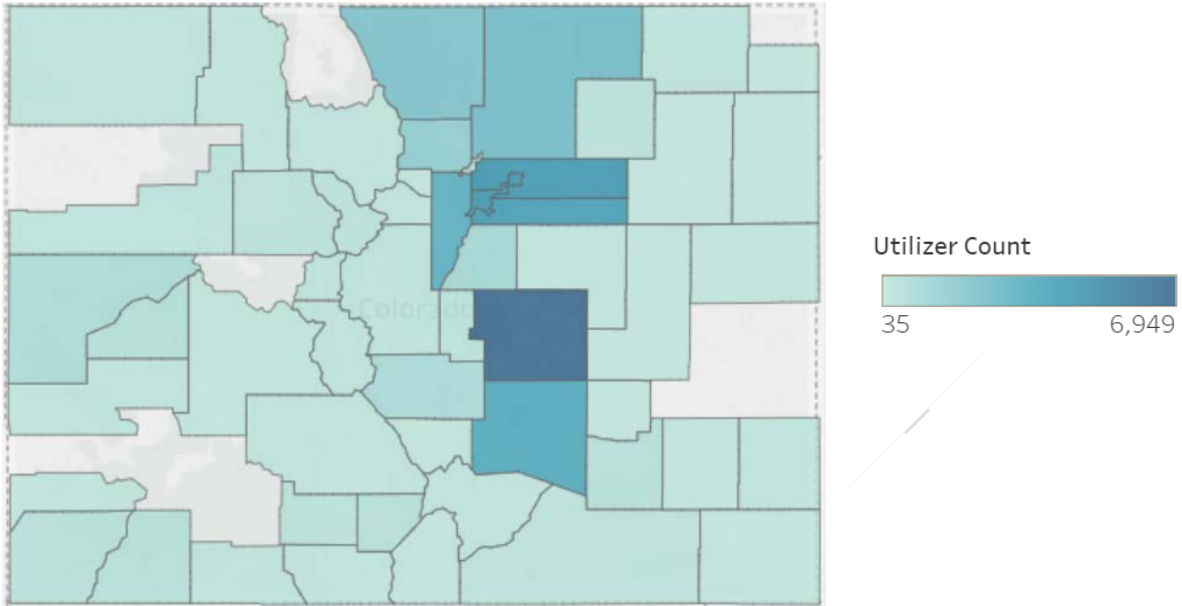


10. Member to Provider Ratio (FY2017-18)

Member to Provider Ratio			
County Classification	FY2017-18 Providers	FY2017-18 Members	Providers per 1,000 Members
Frontier	12	41,742	0.29
Rural	158	162,003	0.98
Urban	210	1,217,439	0.17
Statewide	217	1,408,747	0.15

DME – Access to Care

11.Utilizer Density Map (FY2017-18)



12.Penetration Rate Map (FY2017-18)

