

# MPRRAC Meeting

**April 29, 2016**  
9am to Noon

Guest Presenters – Kate Davidson  
Richard Delaney  
Elizabeth Reekers-Medina



**COLORADO**

Department of Health Care  
Policy & Financing

# *Agenda*

Meeting & Minutes Review	9:00–9:10 AM
Non-Emergent Medical Transportation	9:10-9:50 AM
Emergency Medical Transportation	9:50–10:30 AM
<b>Break</b>	<b>10:30–10:40 AM</b>
Physician-Administered Drugs	10:40–11:25 AM
Next Steps	11:25–11:55 AM
Closing Remarks	11:55 AM–12:00 PM



# ***Non-Emergent Medical Transportation (NEMT)***

Guest Presenters – Kate Davidson  
Elizabeth Reekers-Medina



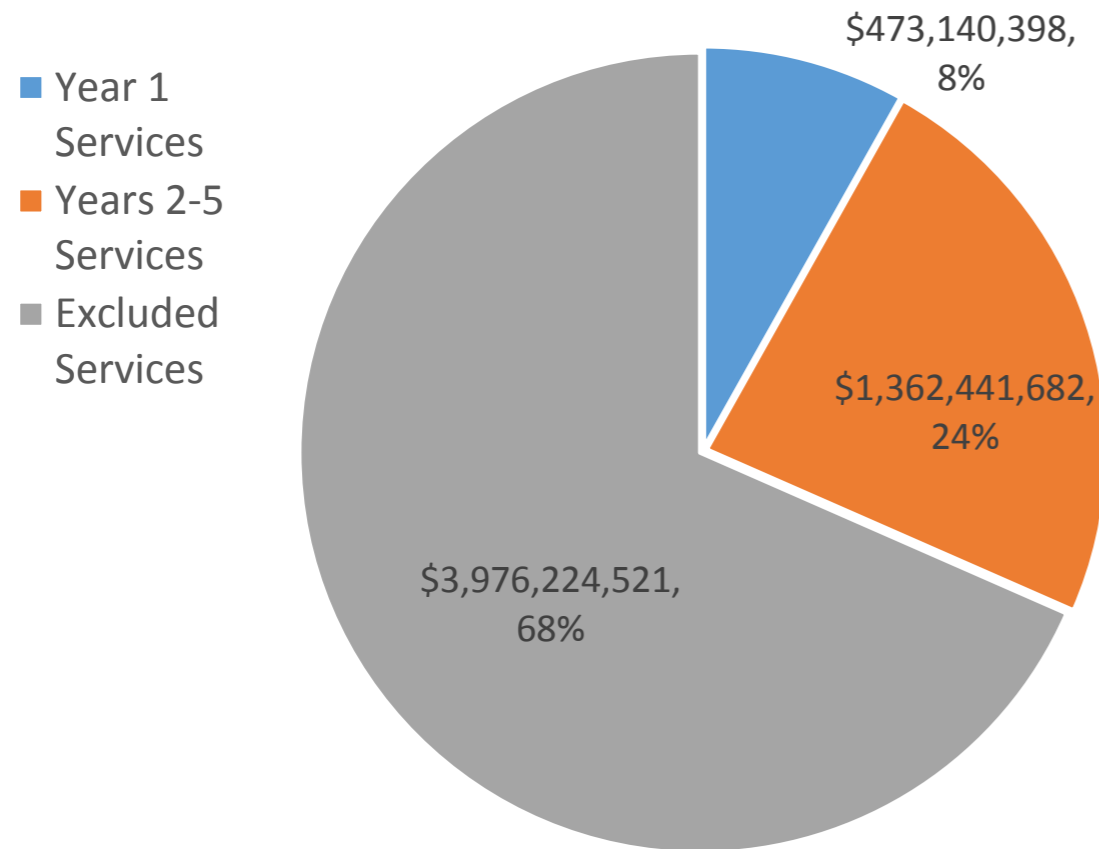
**COLORADO**

Department of Health Care  
Policy & Financing

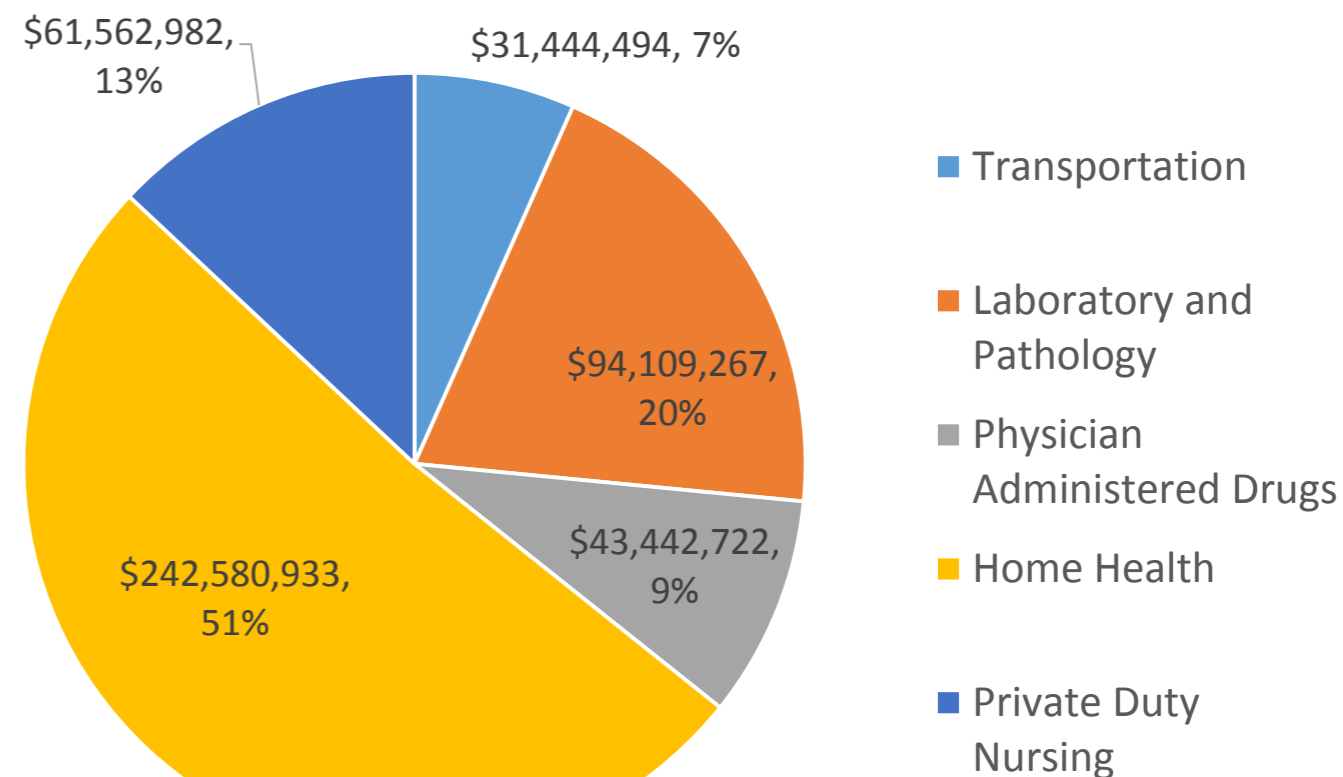
# Expenditure Snapshot

MPRRAC rates as a portion of total Medicaid spend.

### Fiscal Year 2014-15 Expenditures



### Year 1 Services - Expenditure



# ***NEMT Service***

- Transportation to and from Medicaid benefits and services.
- Available to all Medicaid clients who receive full State Plan benefits.
- Providers that render NEMT services must be enrolled in Medicaid and either licensed ambulance or air ambulance providers or licensed according to the Public Utilities Commission (PUC).
  - Family members can also provide these services and do not have licensure requirements.
- Prior authorization is only required for out of state and air travel.

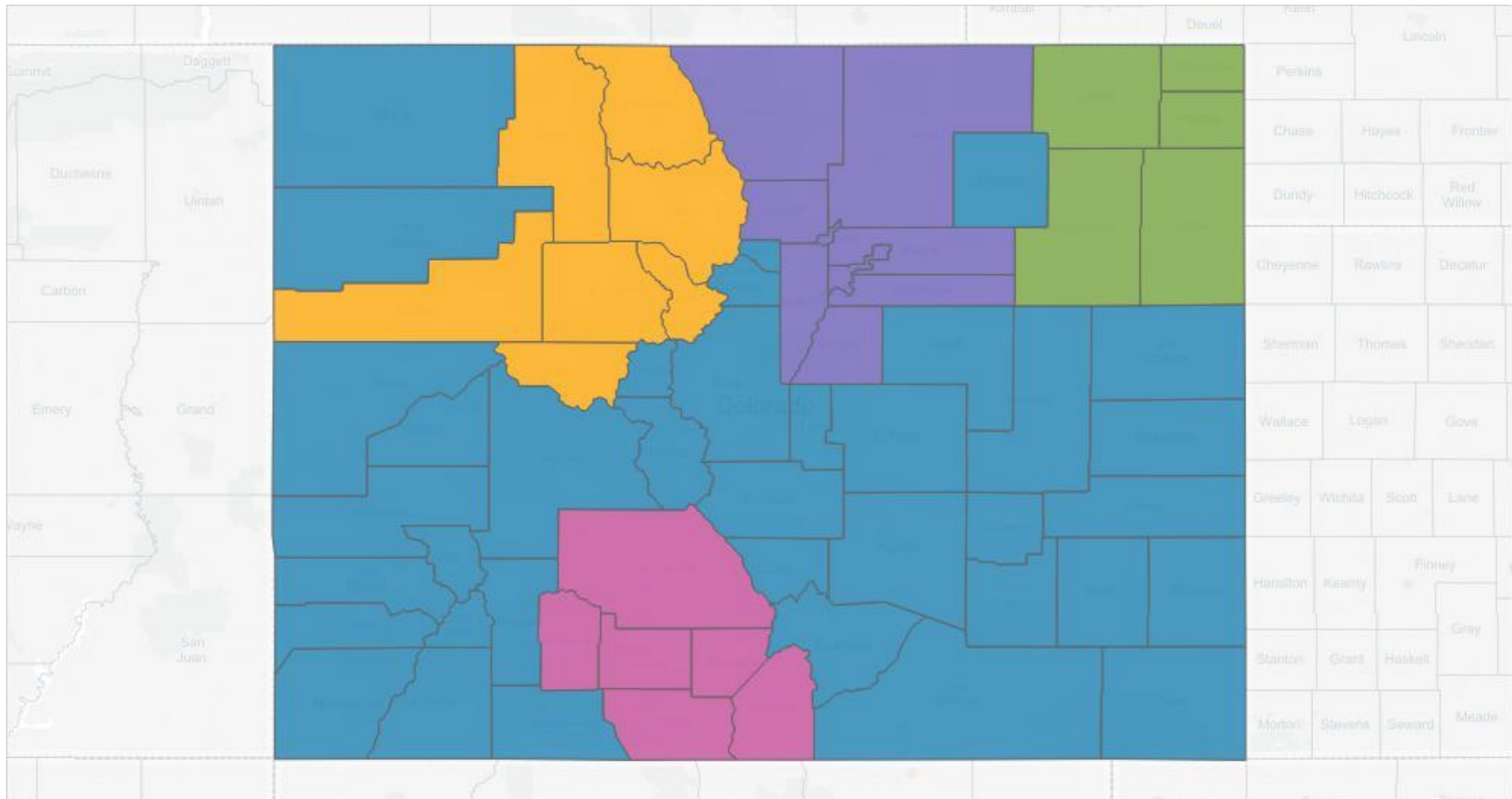


# ***NEMT Service Providers***

- Structure of NEMT service delivery depends on location:
  - County Departments of Human Services administer NEMT services in 36 counties.
  - Total Transit administers NEMT services in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer, and Weld Counties.
  - Three multi-county collaboratives, consisting of 19 counties, partner with non-County Dept. of Human Services (e.g., Regional Council of Governments or community-based agencies) to administer NEMT services.



# ***NEMT Service Provider Map***



- Delivery System Counties**
- County
  - Northeast Colorado Transit Authority
  - Northwest Colorado Council of Governments
  - San Luis Valley Multi-County Collaborative
  - Total Transit



# ***NEMT Legislation***

- On November 1, 2015 the Department responded to a Legislative Request for Information (LRFI). The response outlined performance and policy concerns associated with EMT and NEMT services.
- Additional challenges identified in the LRFI response include:
  - Availability of transportation options, especially in rural areas
  - Lengthy travel times to health care providers
  - Hours of operation
  - Capacity to address same day requests
  - PUC licensing issues, and
  - County administrative funding.
- The full LRFI response can be found via:  
<https://www.colorado.gov/pacific/sites/default/files/Health%20Care%20Policy%20and%20Financing%20FY%202015-16%20RFI%205.pdf>.





# ***NEMT Legislation***

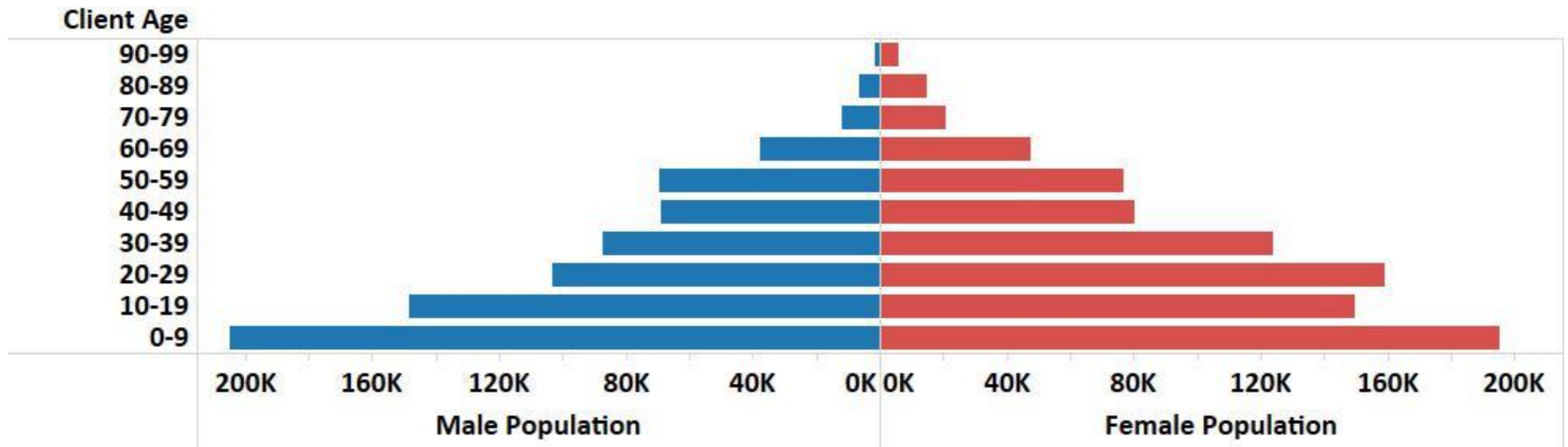
- There is current legislation, HB 16-1097, which aims to increase access to transportation by allowing NEMT and non-medical transportation providers to be licensed by the Public Utilities Commission as a “limited regulation carrier”. The proposed legislation can be found via:

[http://www.leg.state.co.us/clics/clics2016a/csl.nsf/billcontainers/6955C9460EE22EB087257F240064FC02/\\$FILE/1097\\_01.pdf](http://www.leg.state.co.us/clics/clics2016a/csl.nsf/billcontainers/6955C9460EE22EB087257F240064FC02/$FILE/1097_01.pdf).



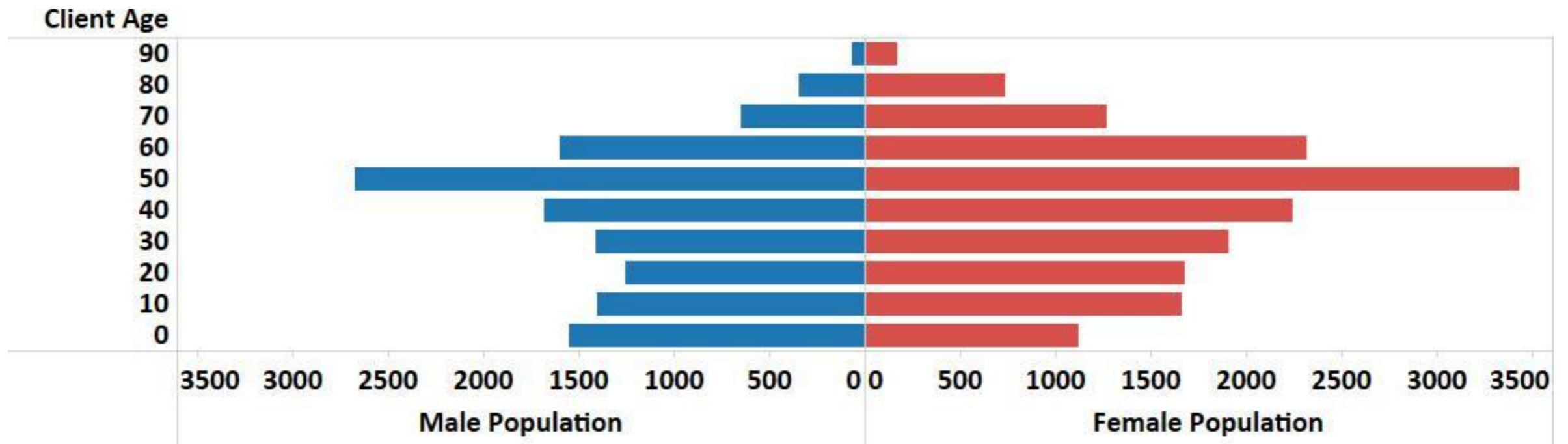
# Demographics

Total Medicaid population age-gender population pyramid.



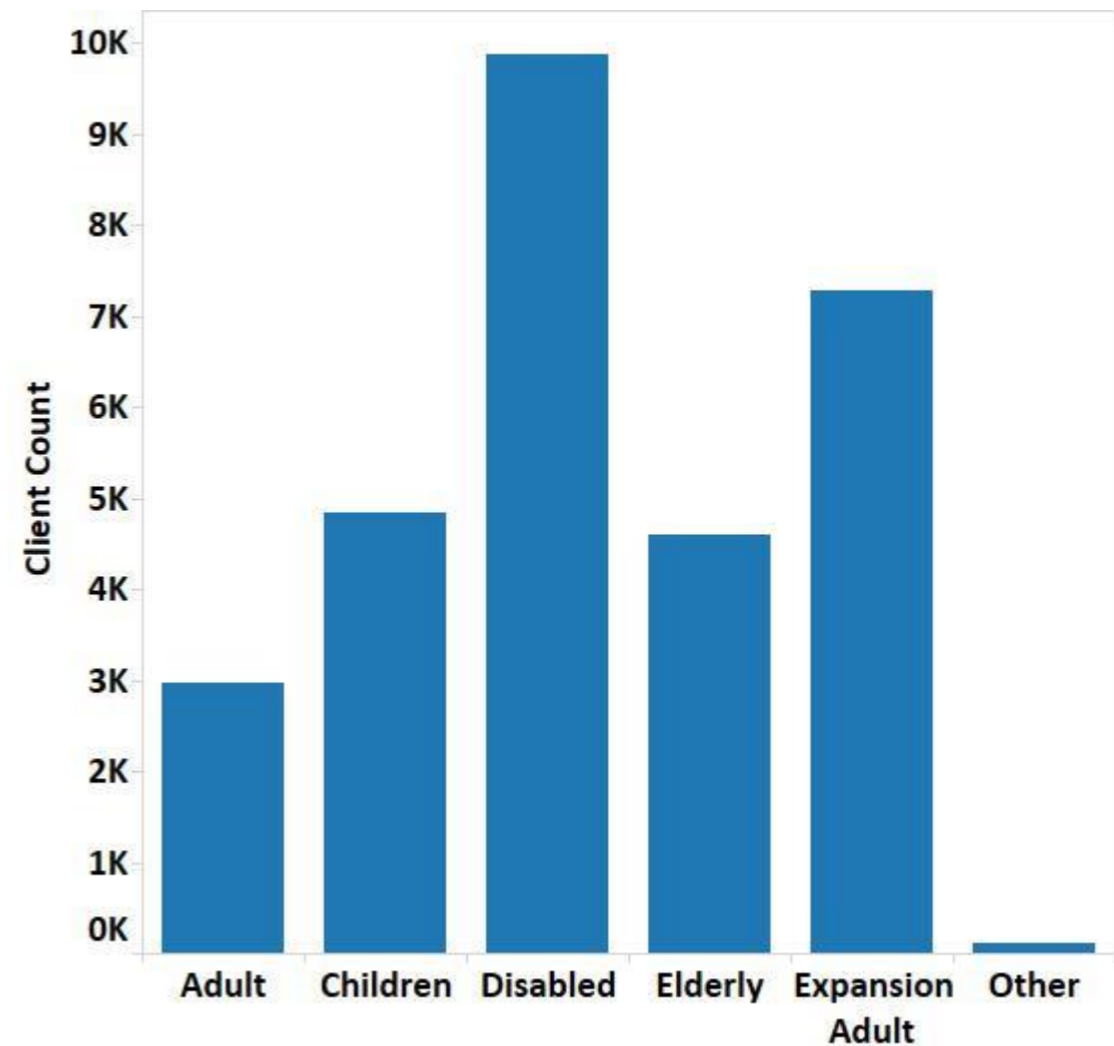
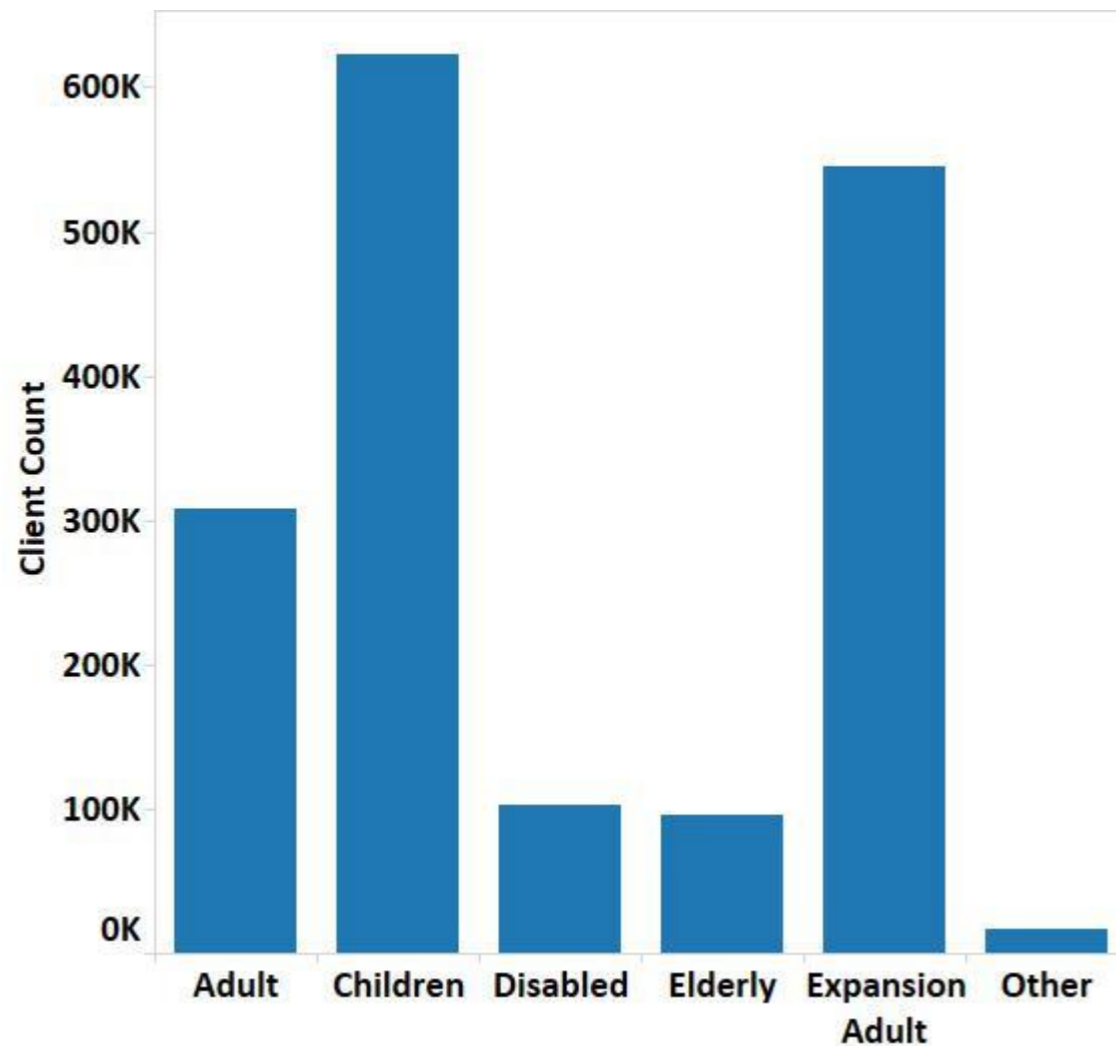
# Demographics

NEMT service utilizer age-gender population pyramid.



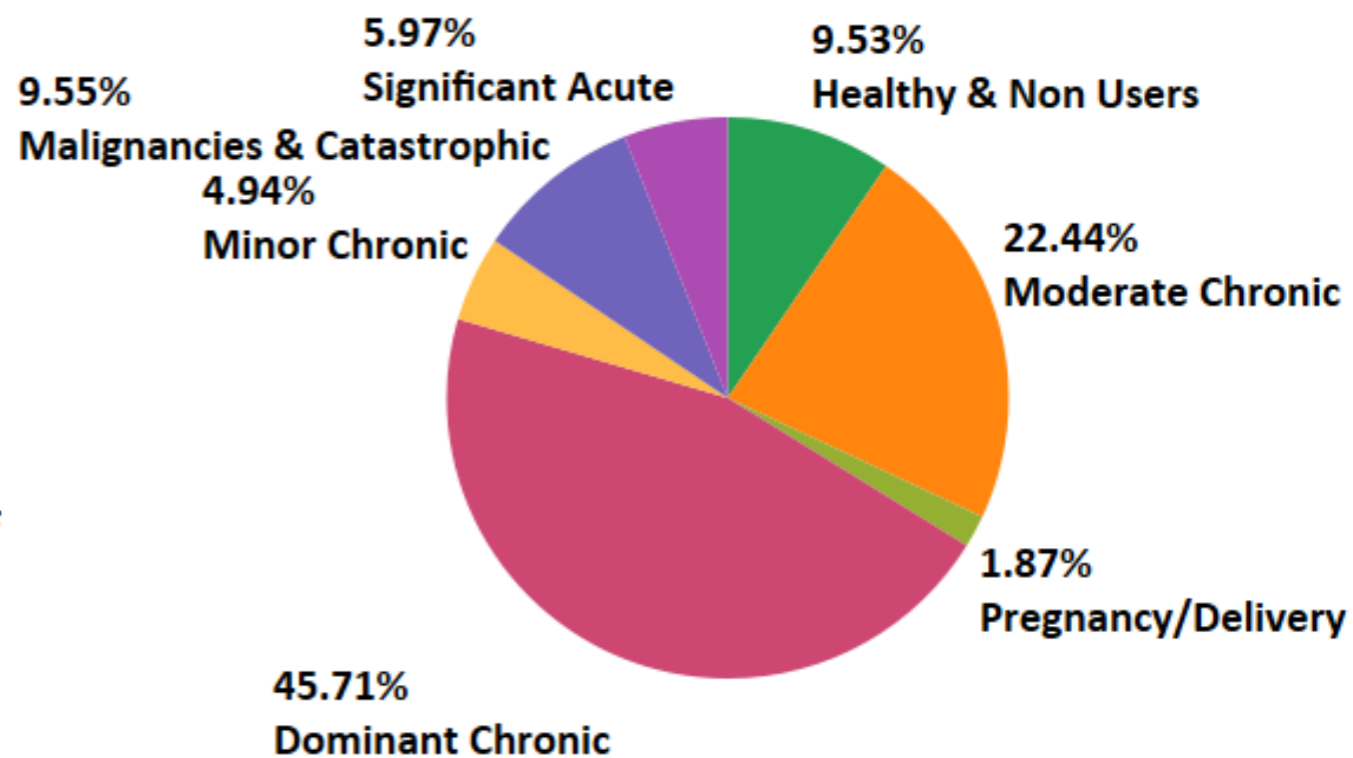
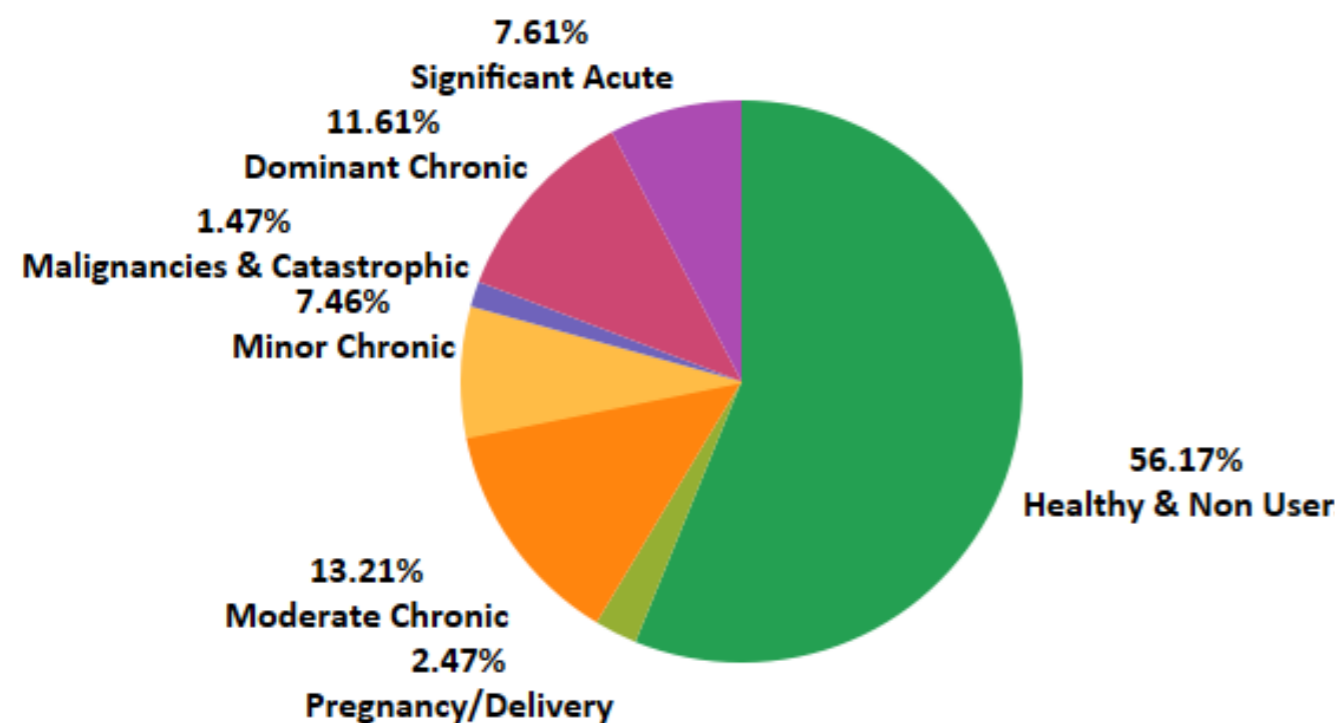
# Demographics

Total Medicaid population (left) and NEMT service utilizers (right) by population type.



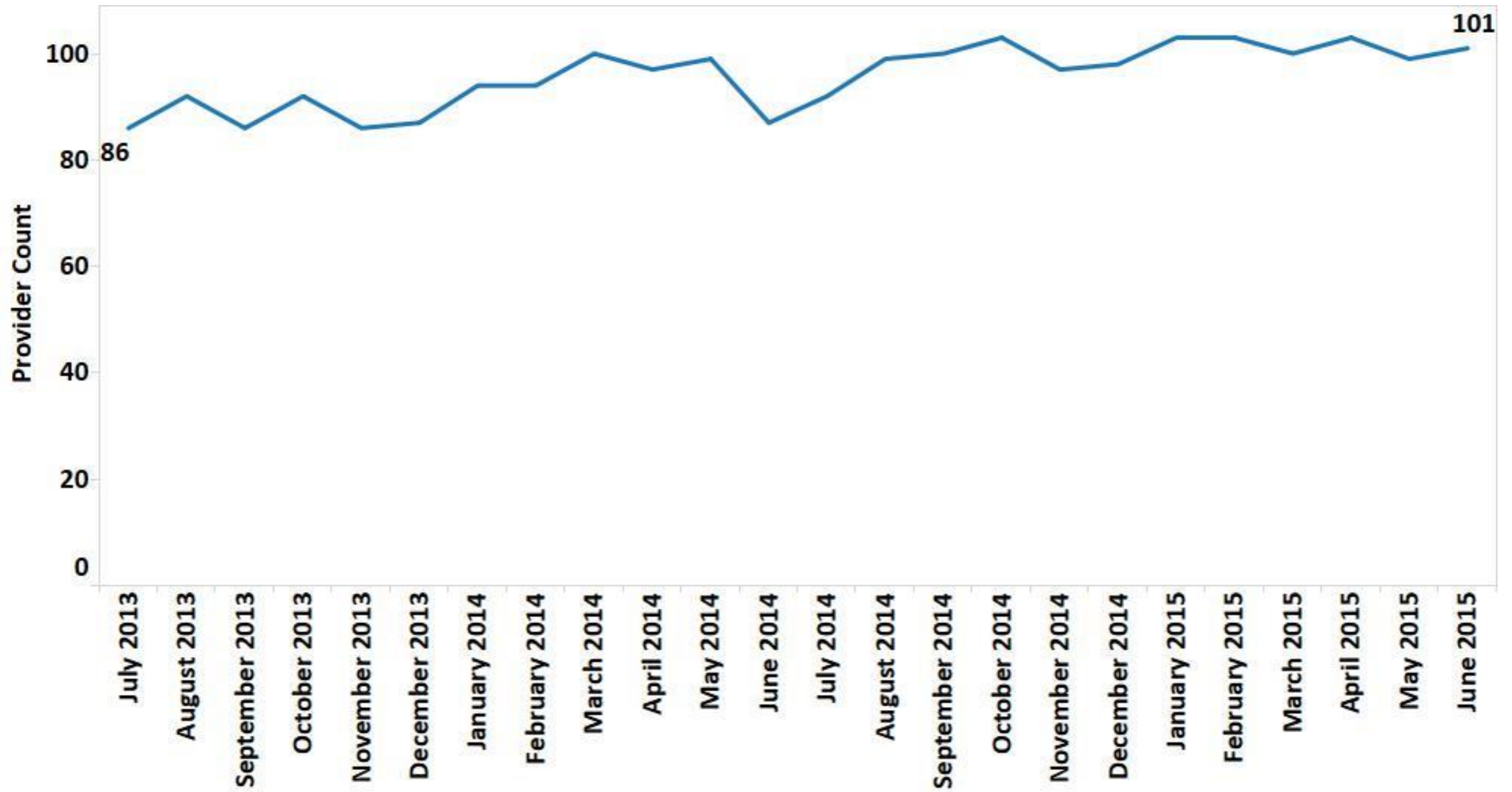
# Demographics

Total Medicaid population (left) and NEMT service utilizers (right) by CRG.



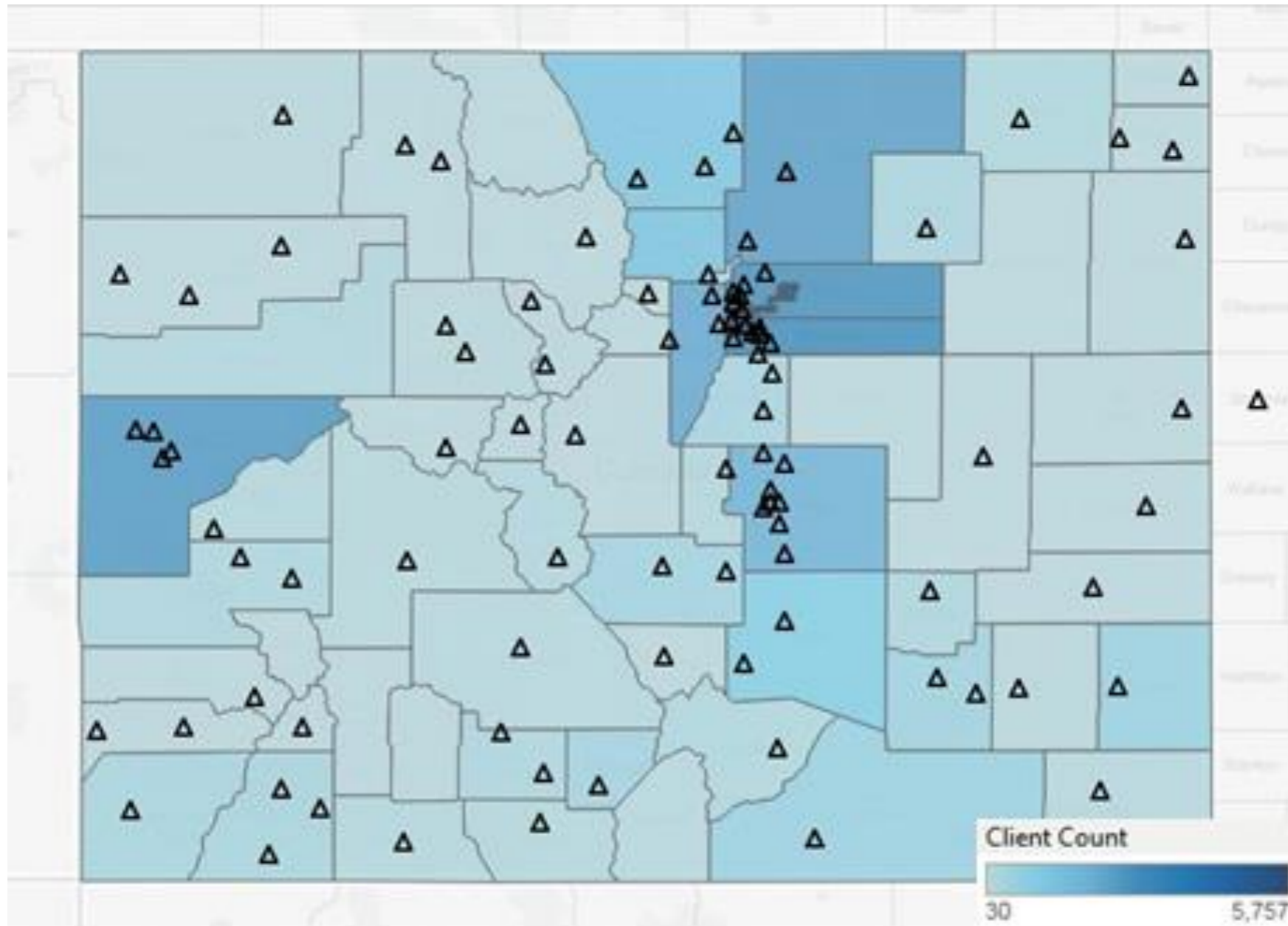
# Utilization

NEMT service provider growth.



# Utilization

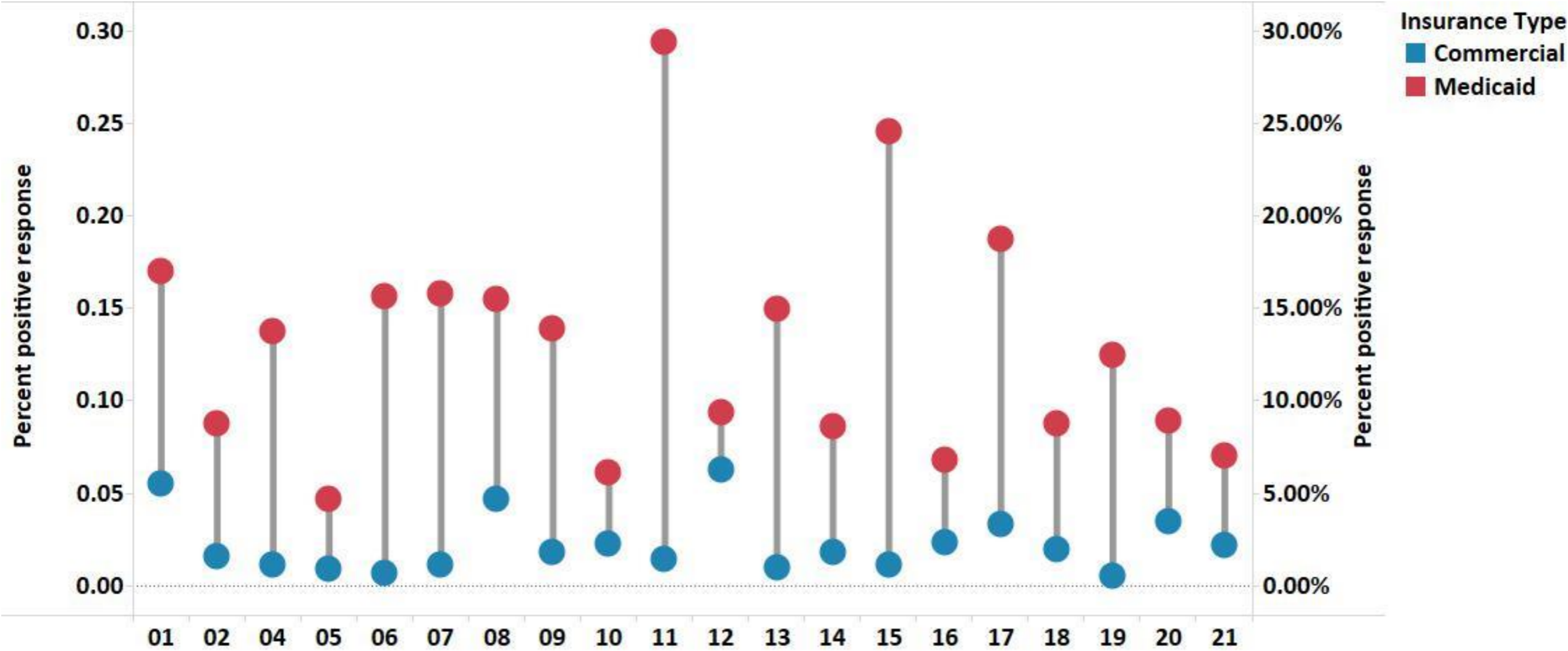
NEMT service utilizer density map and provider billing location.



Note: Triangles represent provider billing location zip code.

# Access

Colorado Health Access Survey (administered by the Colorado Health Institute) contained the question: “In the past 12 months, were you unable to find transportation to the doctor’s office or was the doctor’s office too far away?”



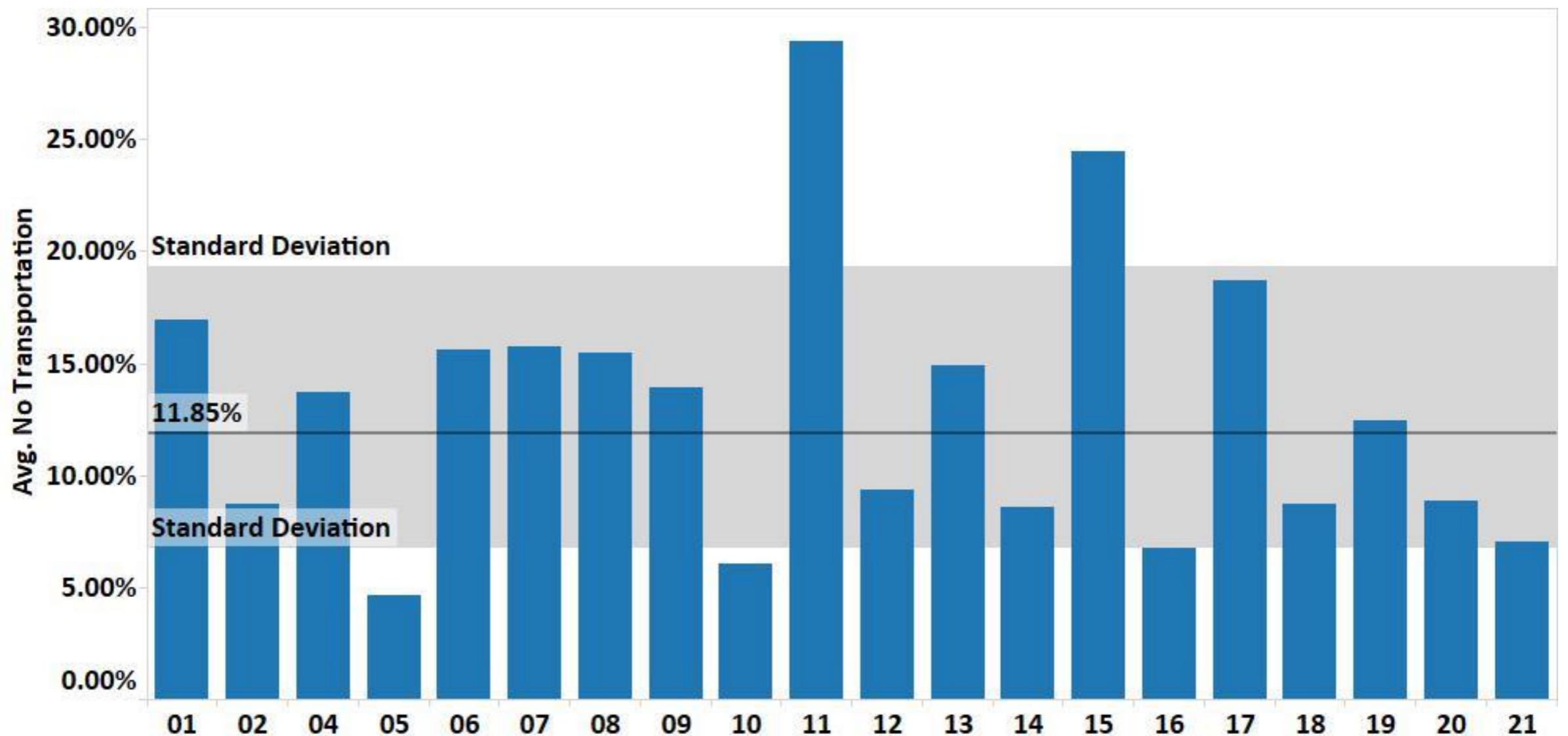
Note: Numbers along X axis correspond to HSR Key provided





# Access

Colorado Health Access Survey (administered by the Colorado Health Institute) contained the question: “In the past 12 months, were you unable to find transportation to the doctor’s office or was the doctor’s office too far away?”



Note: Numbers along X axis correspond to Health Statistics Region (HSR) Key provided



# *Quality*

- The Department relies on counties and county collaboratives to monitor NEMT service provider quality.
- The Department began collecting data from Total Transit, which may be used as a data source for quality in upcoming years.



# *Emergency Medical Transportation (EMT)*

Guest Presenters – Kate Davidson  
Elizabeth Reekers-Medina



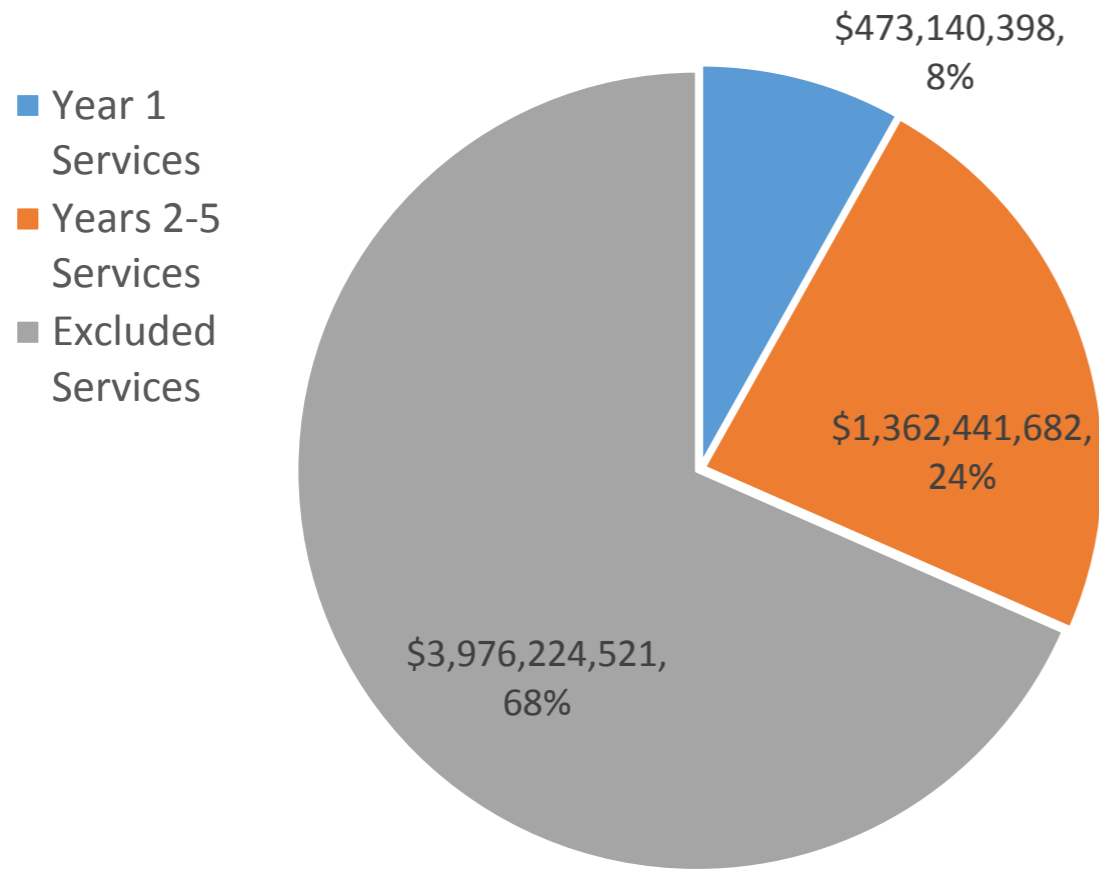
**COLORADO**

Department of Health Care  
Policy & Financing

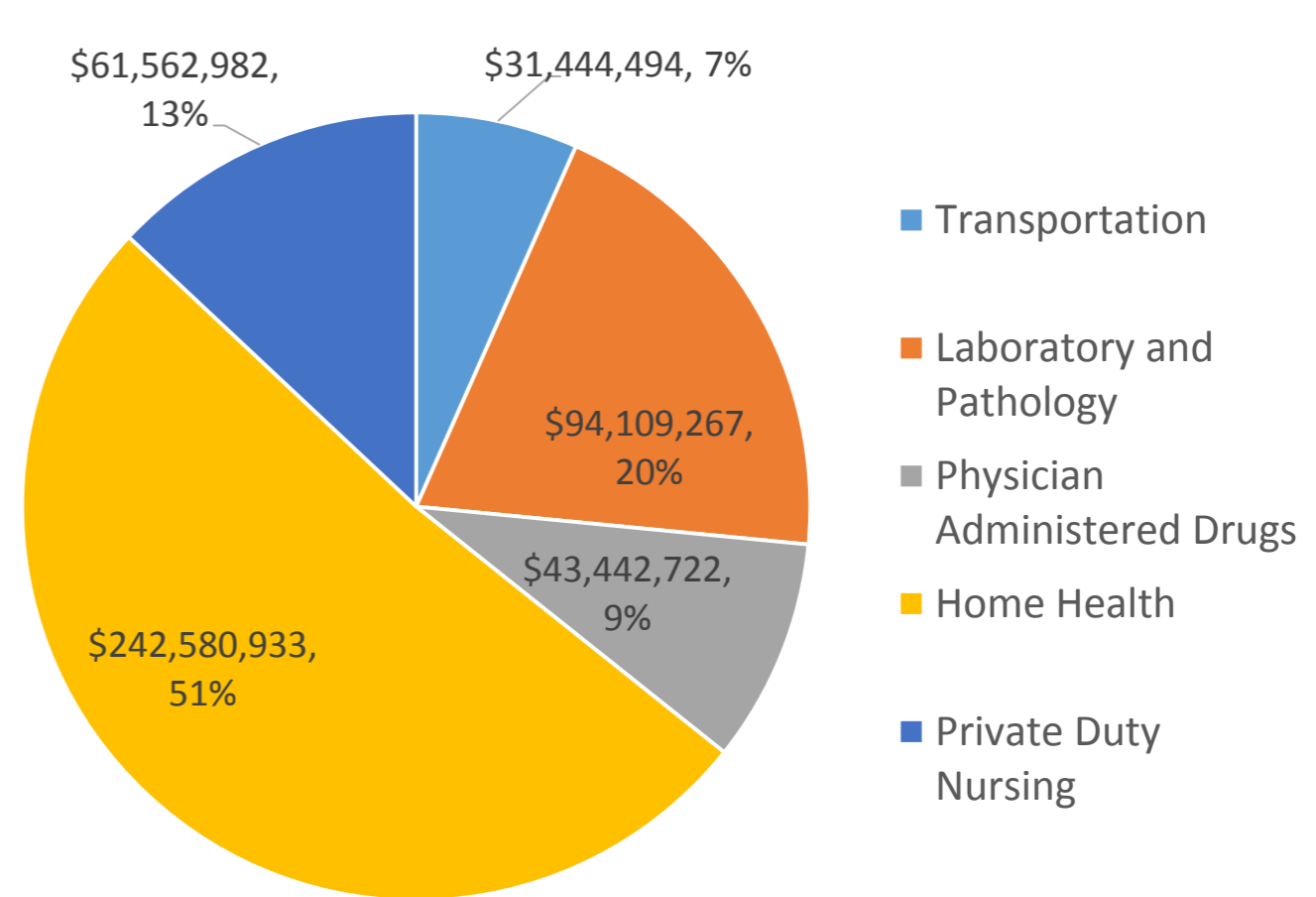
# Expenditure Snapshot

MRRAC rates as a portion of total Medicaid spend.

### Fiscal Year 2014-15 Expenditures



### Year 1 Services - Expenditure



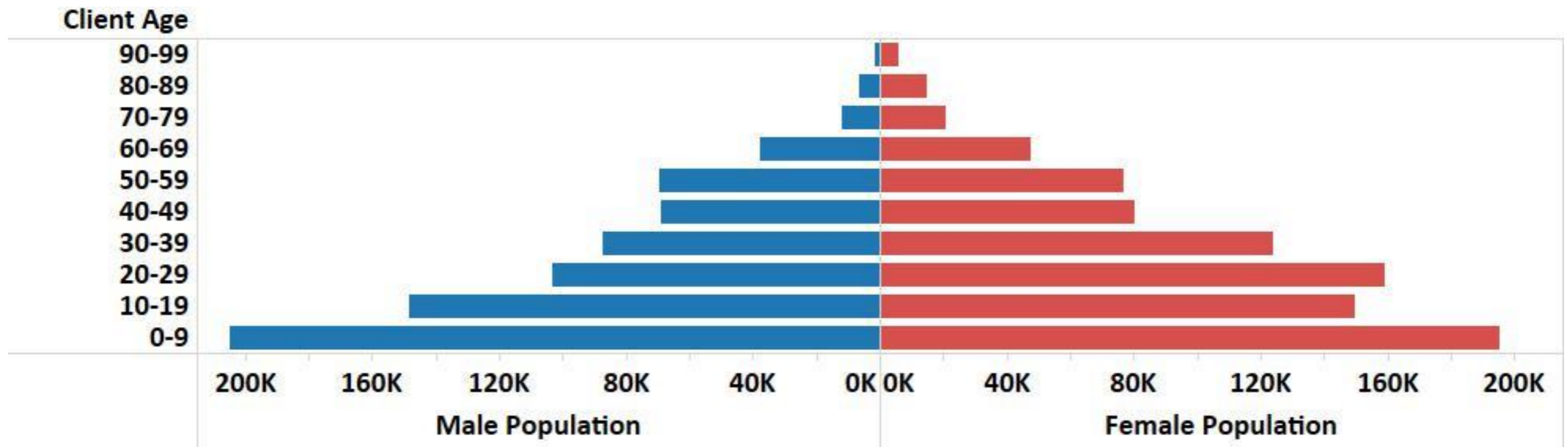
# ***EMT Service***

- Emergency transportation to a hospital.
- Available to all Colorado Medicaid clients.
- Providers that render EMT services must be enrolled in Medicaid and be a county-licensed ground ambulance agency or CDPHE-licensed air ambulance agency with CDPHE-certified personnel.



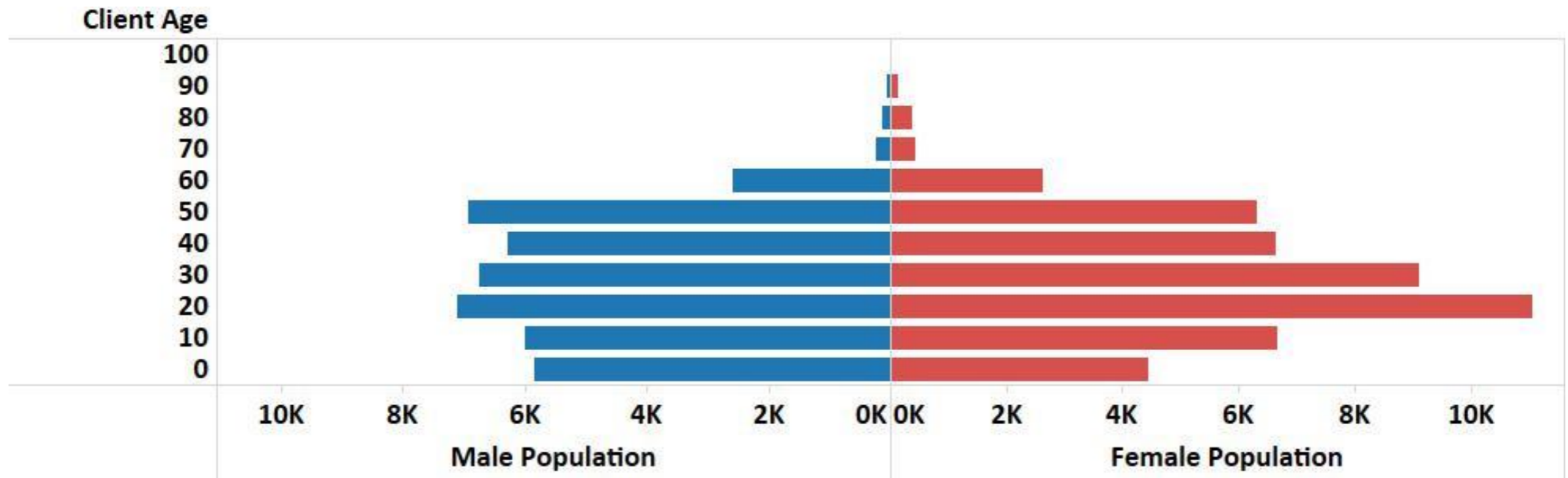
# Demographics

Total Medicaid population age-gender population pyramid.



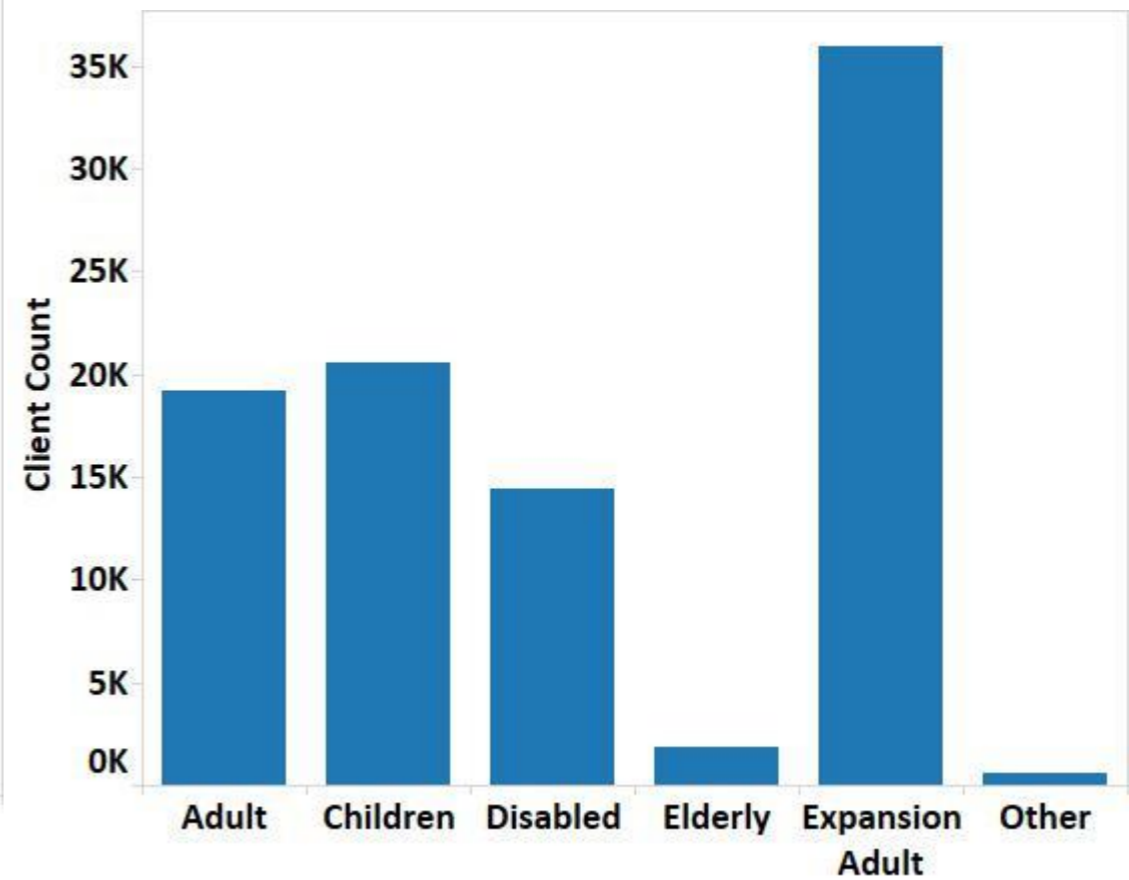
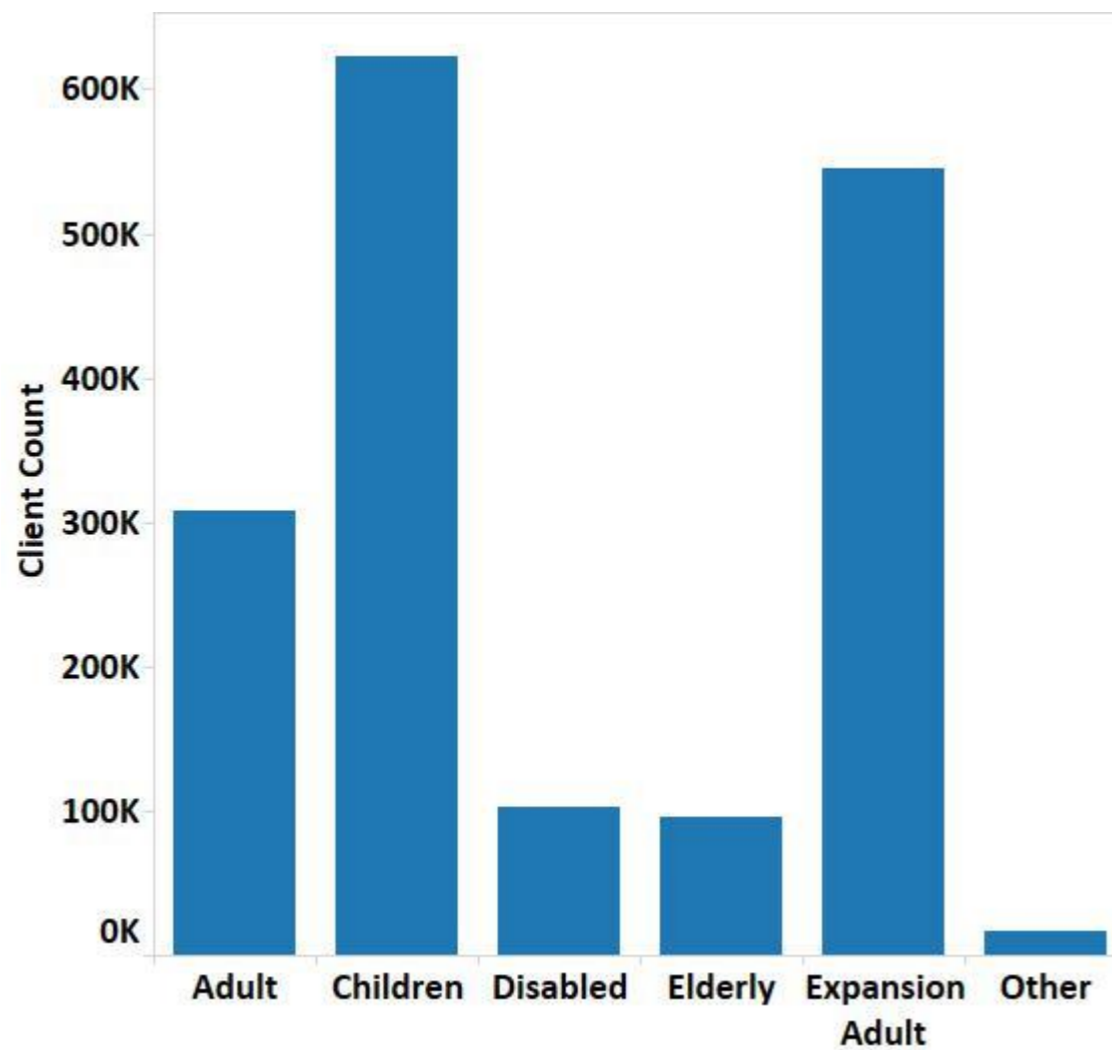
# Demographics

EMT service utilizer age-gender population pyramid.



# Demographics

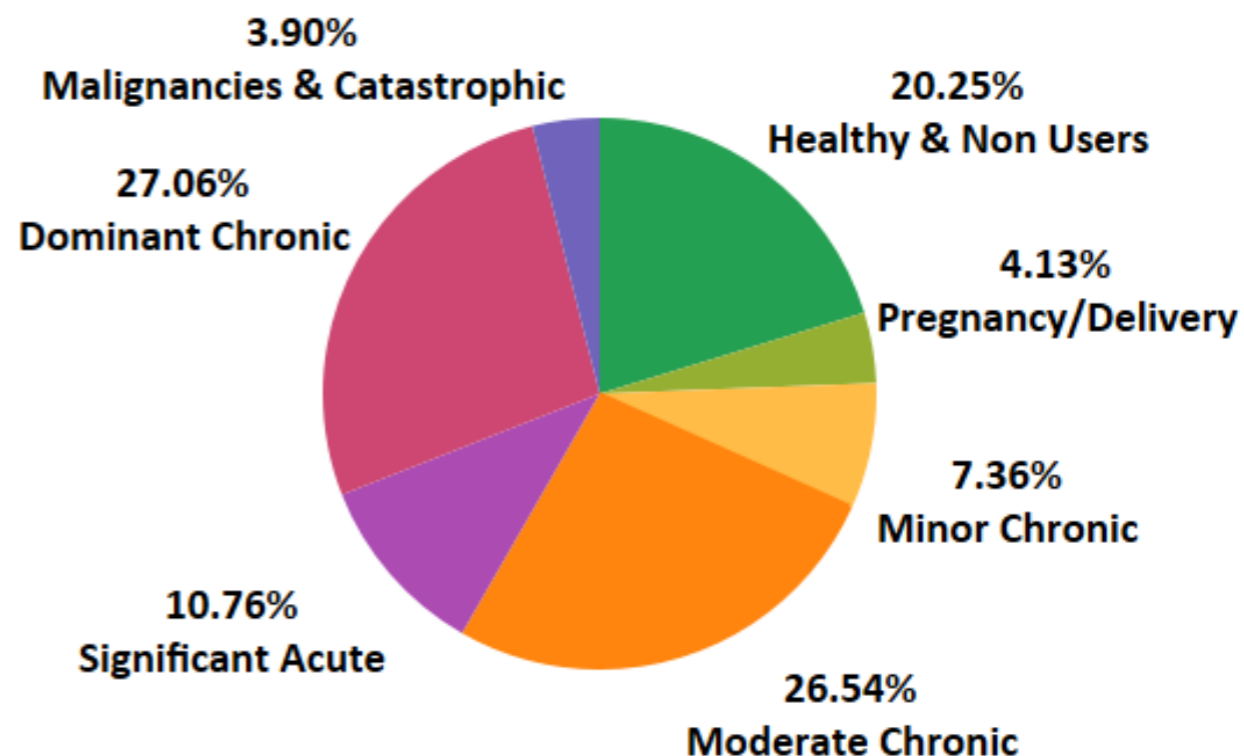
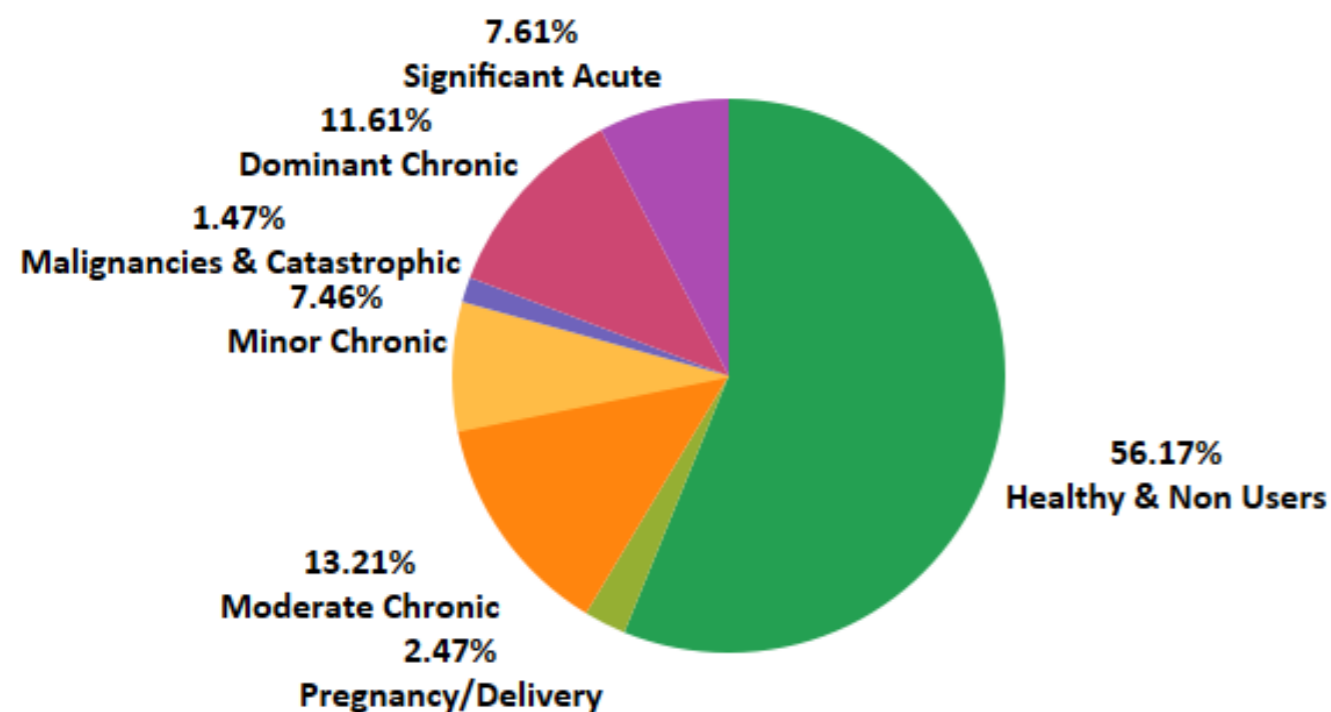
Total Medicaid population (left) and EMT service utilizers (right) by population type.





# Demographics

Total Medicaid population (left) and EMT service utilizers (right) by CRG.



# Utilization

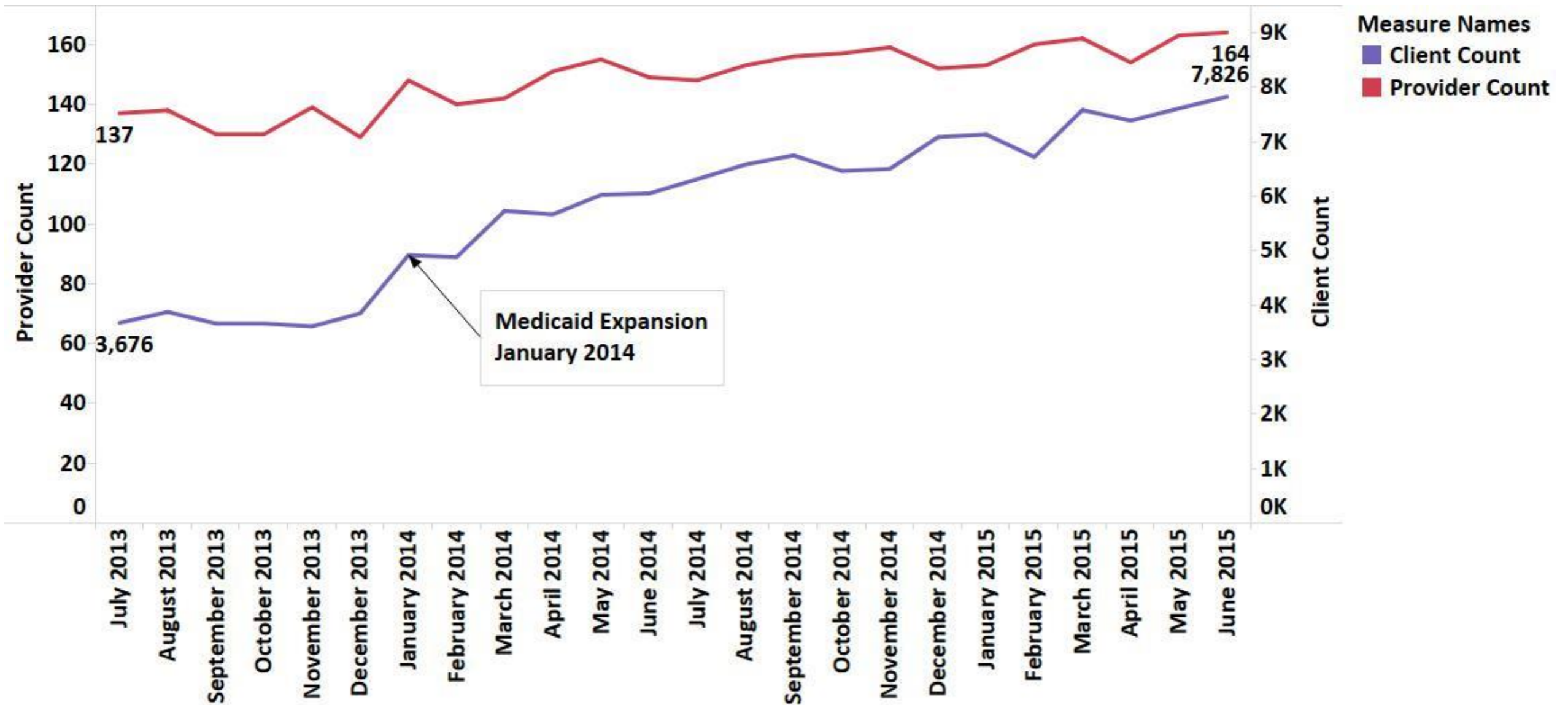
Summary statistics over two state fiscal years for EMT services.

	<b>FY 2013-14</b>	<b>FY 2014-15</b>
<b>Client Count</b>	40,433	59,081
<b>Avg. Paid per Utilizer</b>	\$257	\$259
<b>Provider Count</b>	210	223
<b>Total Paid</b>	\$10,389,747	\$15,306,850



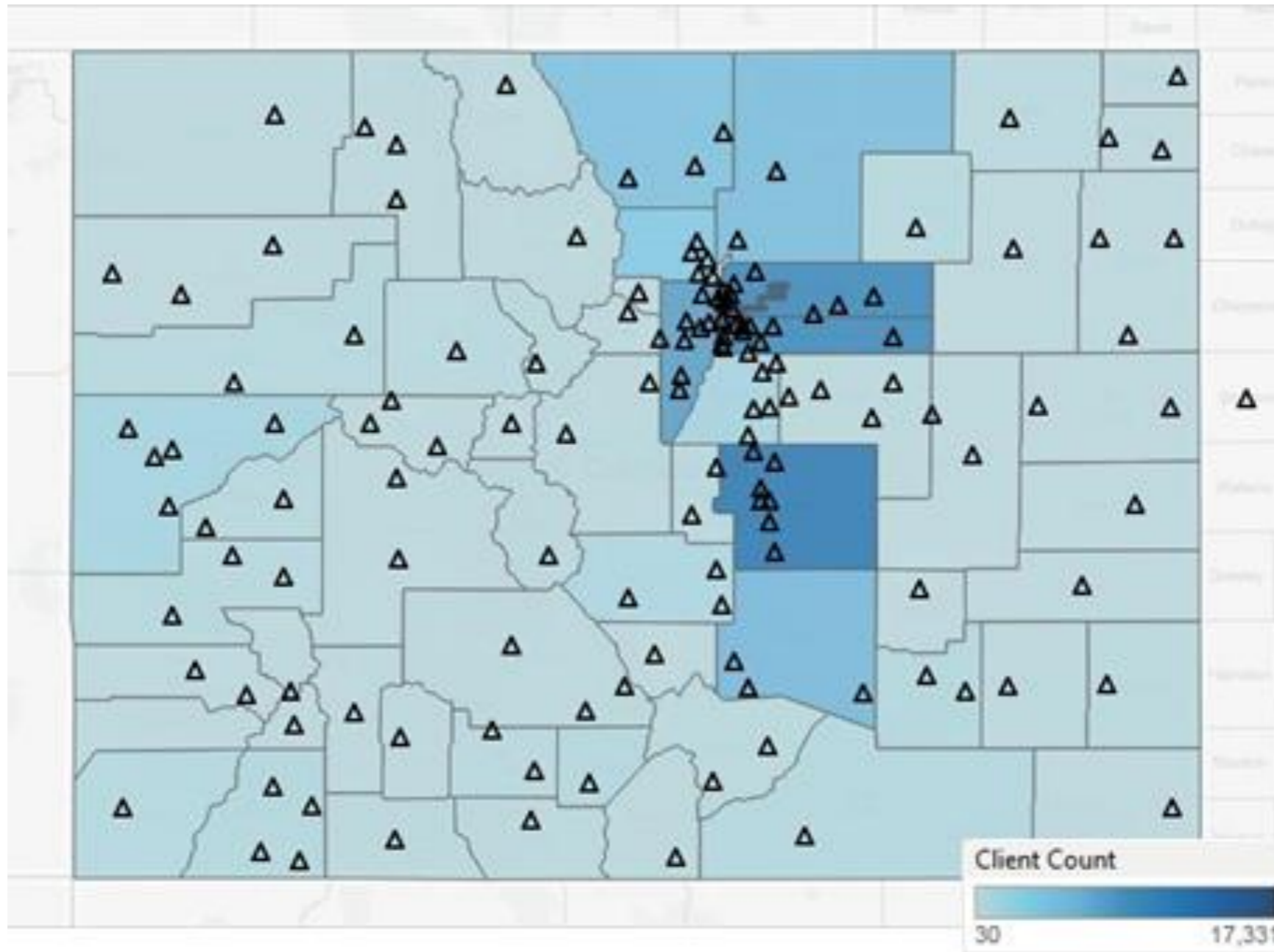
# Utilization

EMT service utilizer and provider growth.



# Utilization

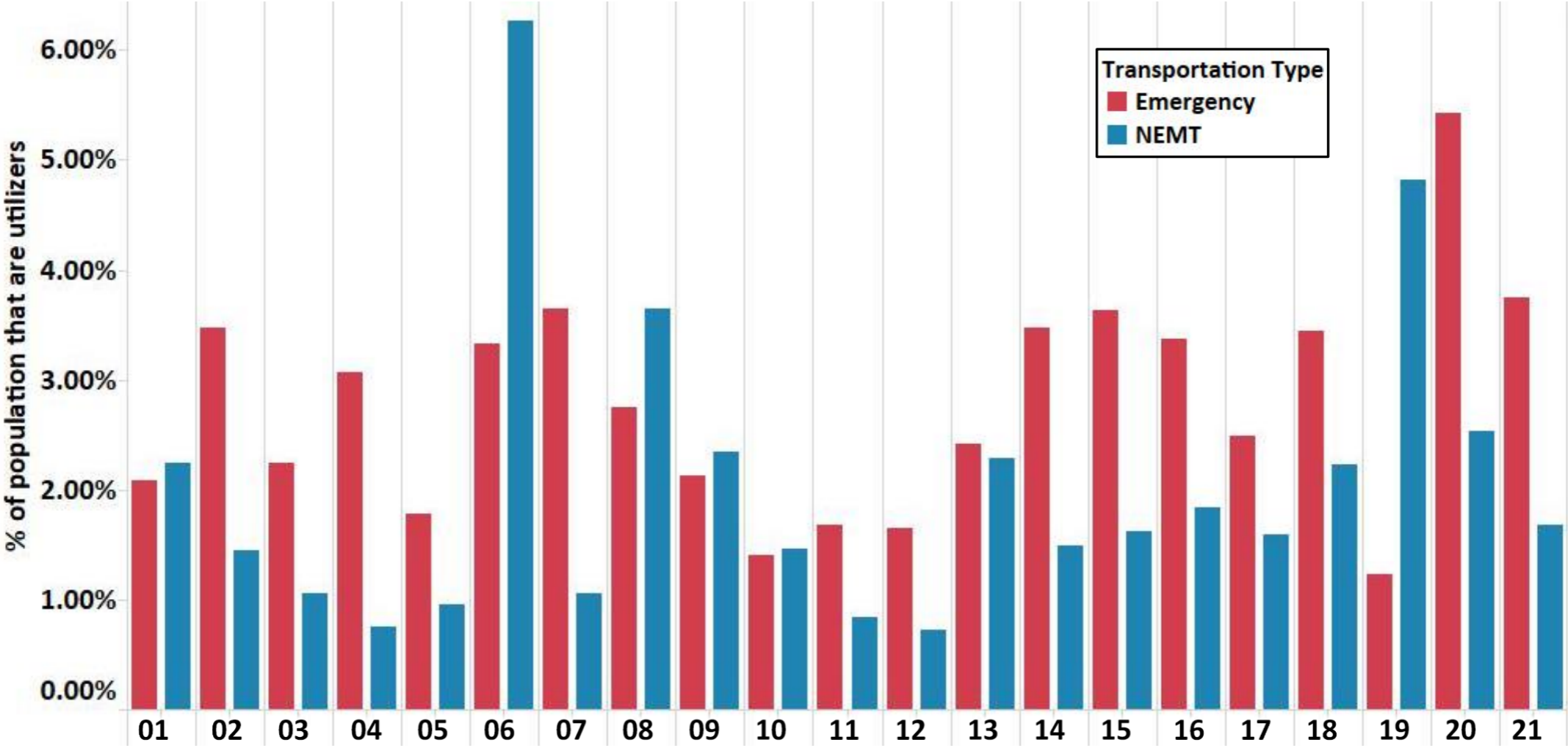
EMT service utilizer density map and provider billing location.



Note: Triangles represent provider location billing zip code.

# Access

EMT and NEMT penetration rate (percent of clients that utilize services) by HSR.

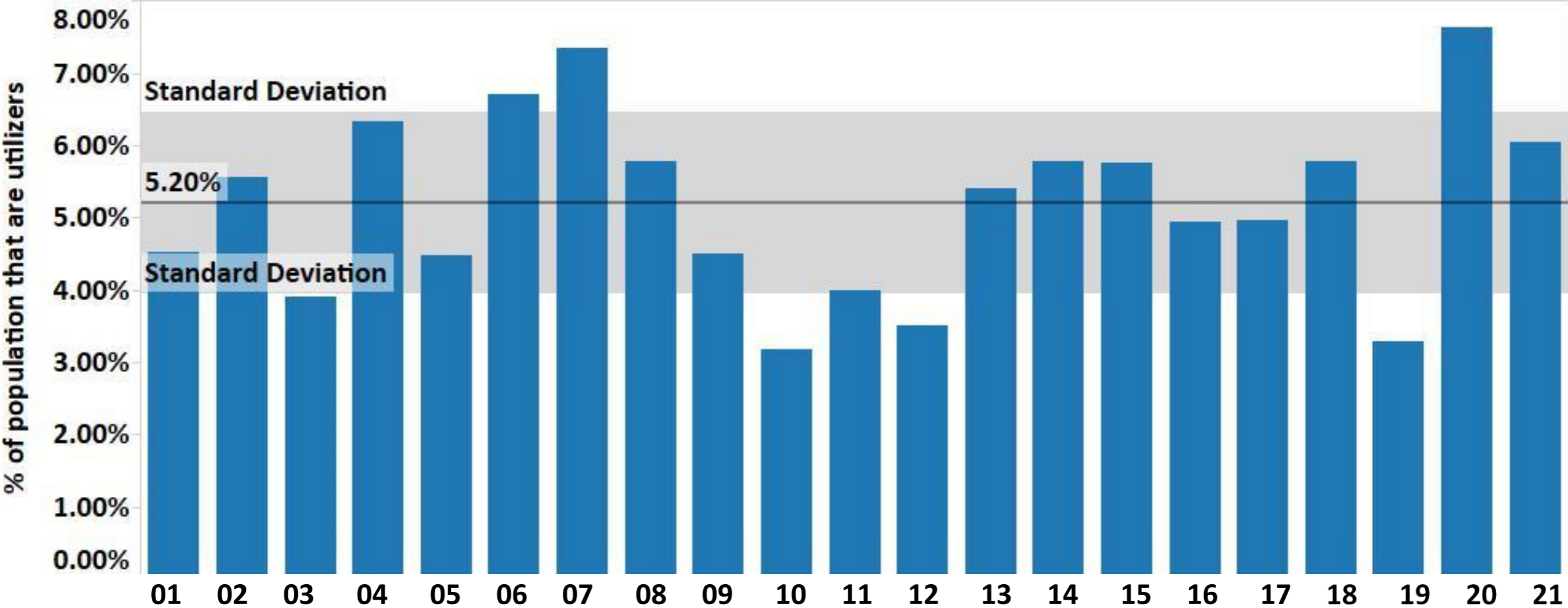


Note: Numbers along X axis correspond to HSR Key provided



# Access

EMT service penetration rate by HSR.

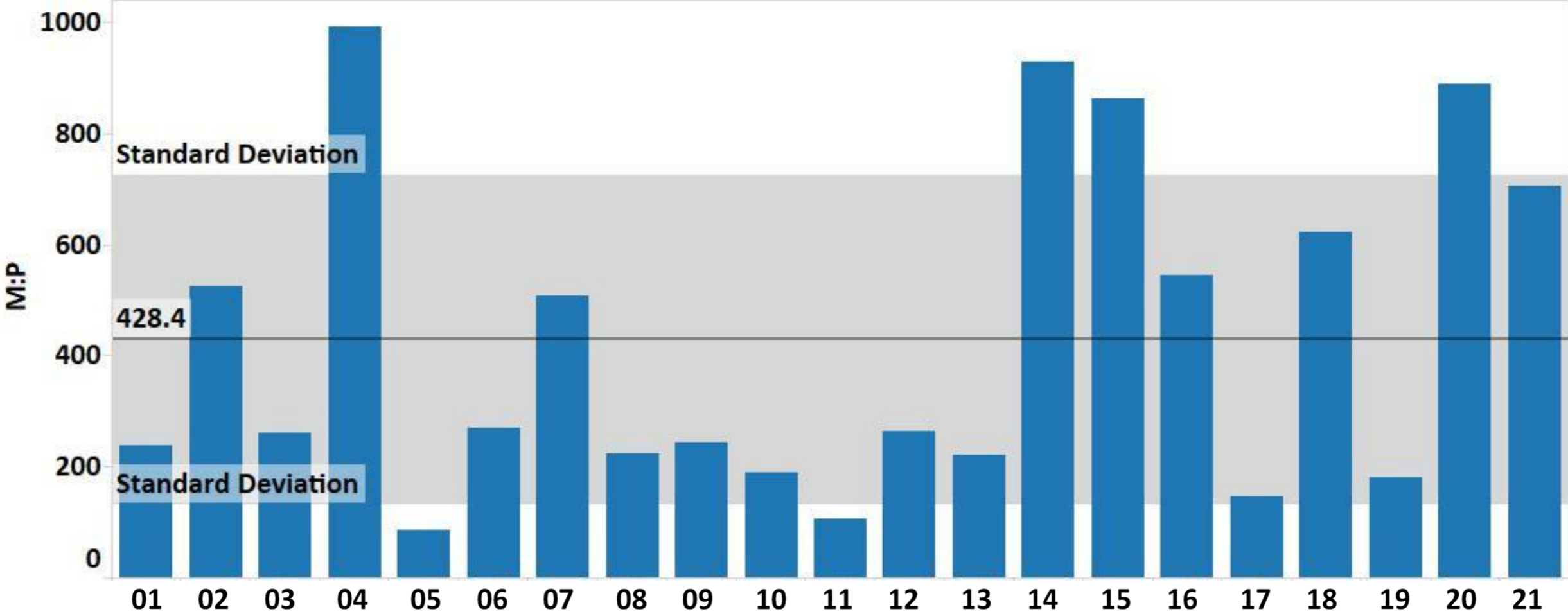


Note: Numbers along X axis correspond to HSR Key provided



# Access

EMT service member to provider ratio by HSR.



Note: Numbers along X axis correspond to HSR Key provided



# Quality

- CDPHE certifies EMS personnel and licenses air ambulance agencies. At the end of FY 2014-15 there were:
  - 17,134 EMS personnel, and
  - 22 air ambulance agencies.
- CDPHE publishes an annual report regarding quality of overall EMS services. The FY 2014-15 report can be found via:  
[https://www.colorado.gov/pacific/sites/default/files/EMTS\\_Legislative-Report-2015.pdf](https://www.colorado.gov/pacific/sites/default/files/EMTS_Legislative-Report-2015.pdf).
- Counties certify ground ambulance agencies. CDPHE and the Department estimate there are approximately 200 such agencies.





# *Physician-Administered Drugs*

Guest Presenters – Kate Davidson  
Richard Delaney



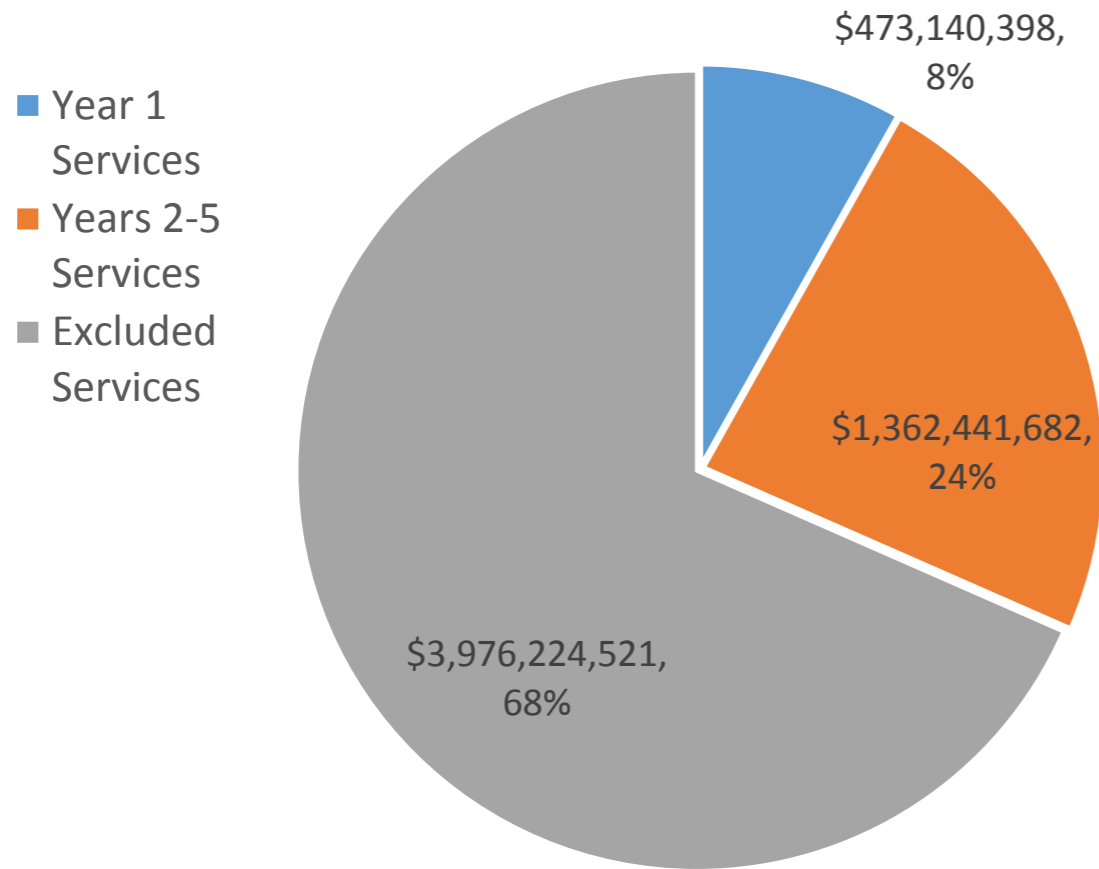
**COLORADO**

Department of Health Care  
Policy & Financing

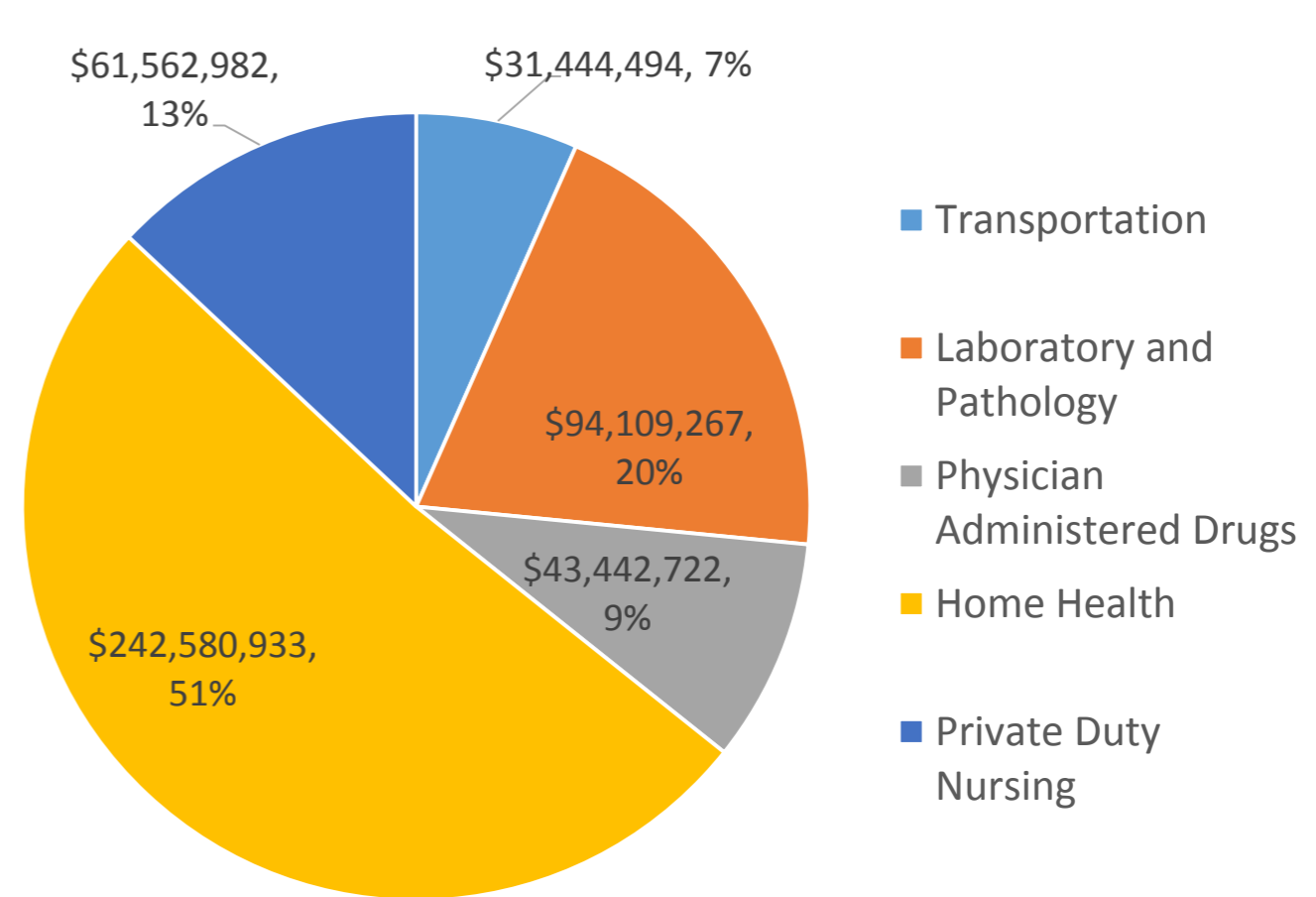
# Expenditure Snapshot

MRRAC rates as a portion of total Medicaid spend.

### Fiscal Year 2014-15 Expenditures



### Year 1 Services - Expenditure



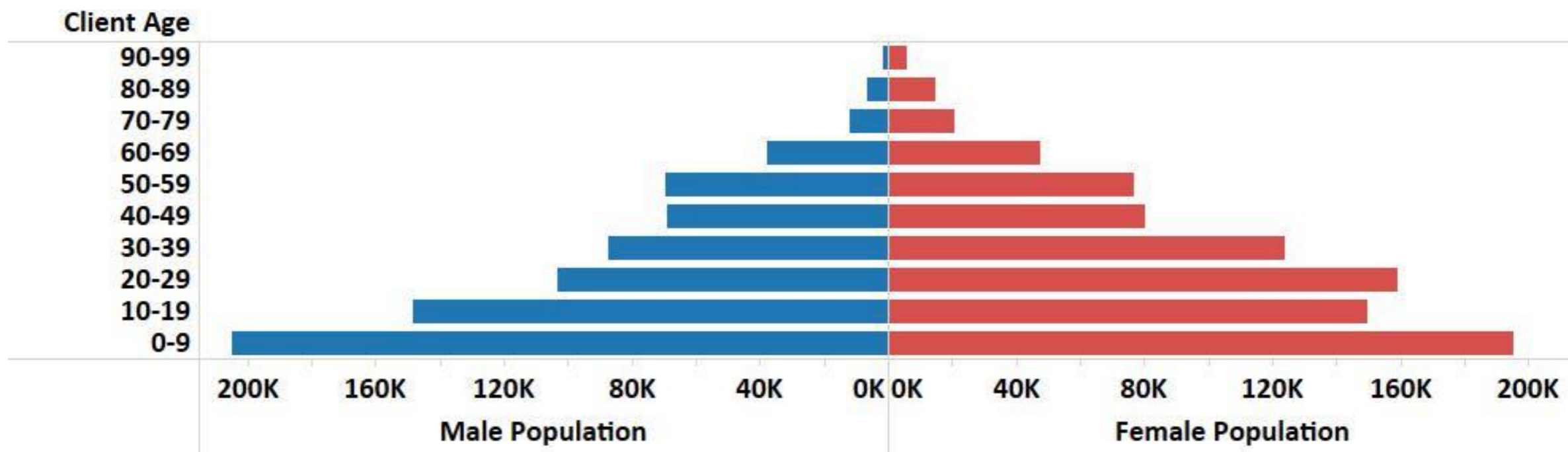
# *Service Description*

- Medications and devices which require delivery in an office under medical supervision.
- Available to all Colorado Medicaid clients.
- Providers that render physician-administered drugs must be enrolled in Medicaid.
- Medicaid is required to cover most drugs manufactured by members of the Medicaid Drug Rebate Program. Members have a national rebate agreement with the Department of Health and Human Services. More information can be found via <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/prescription-drugs/medicaid-drug-rebate-program.html>.



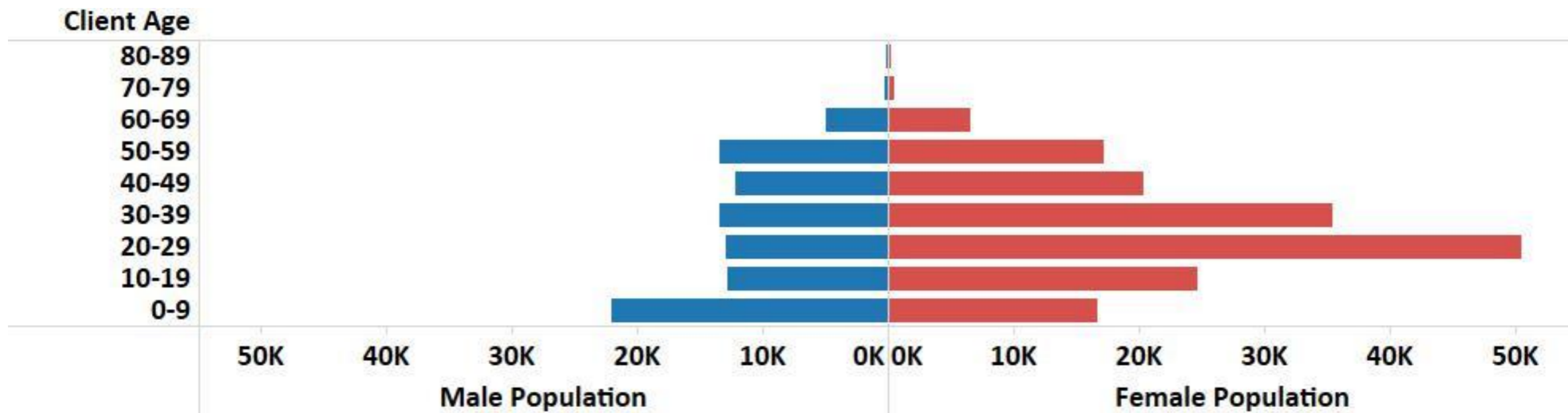
# Demographics

Total Medicaid population age-gender population pyramid.



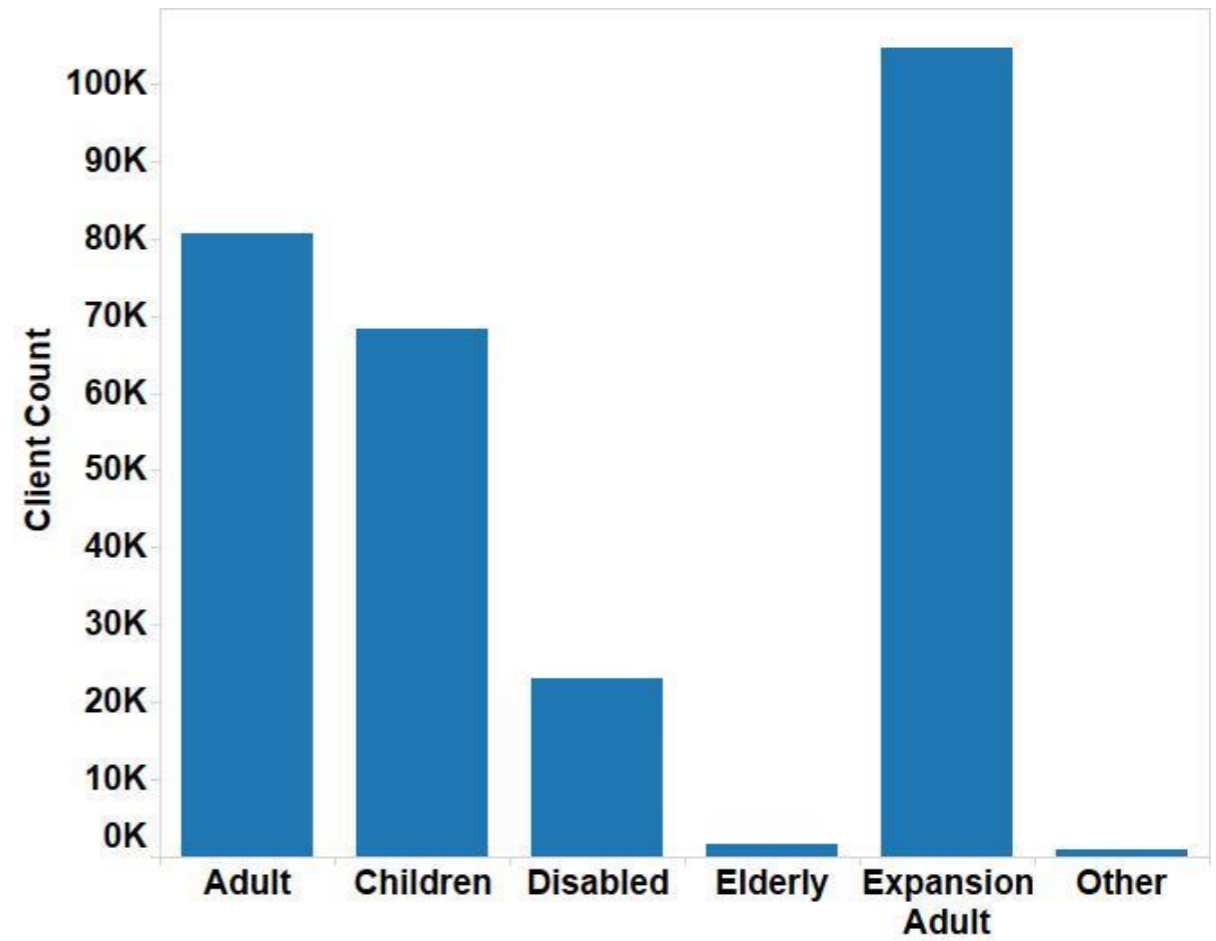
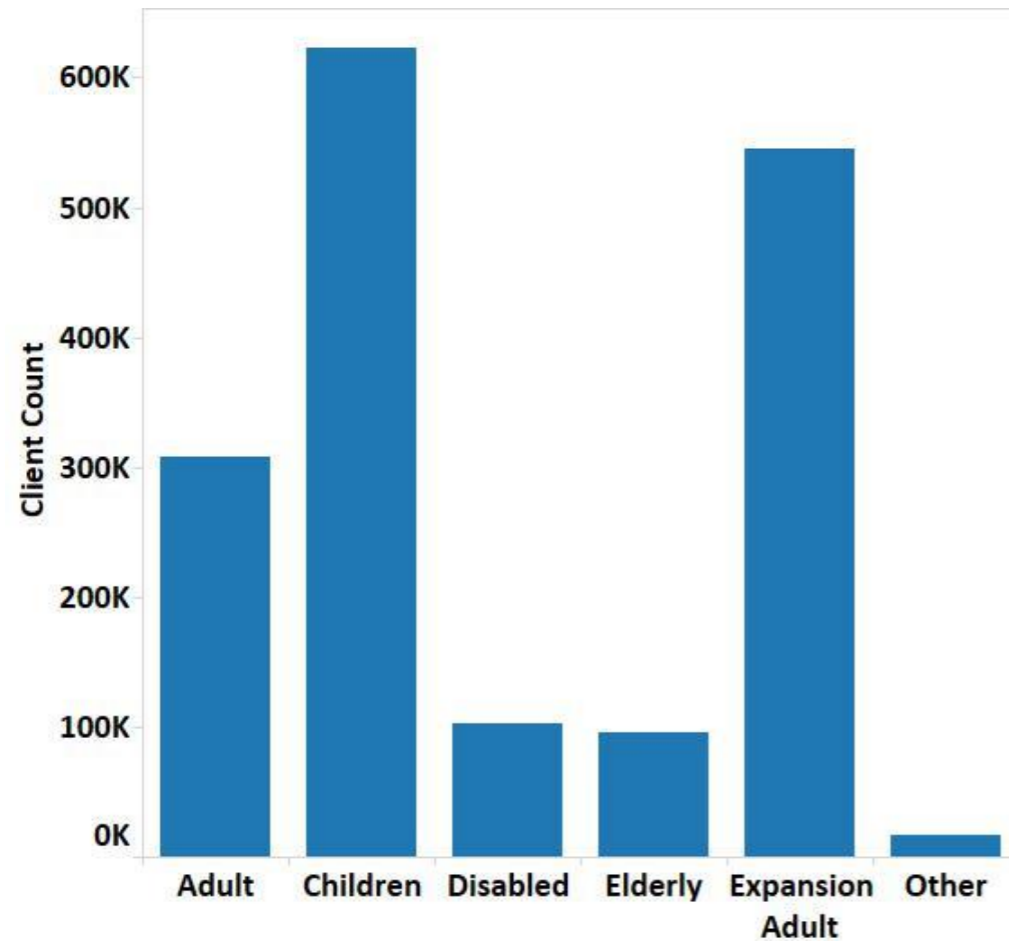
# Demographics

Physician-administered drugs utilizer age-gender population pyramid.



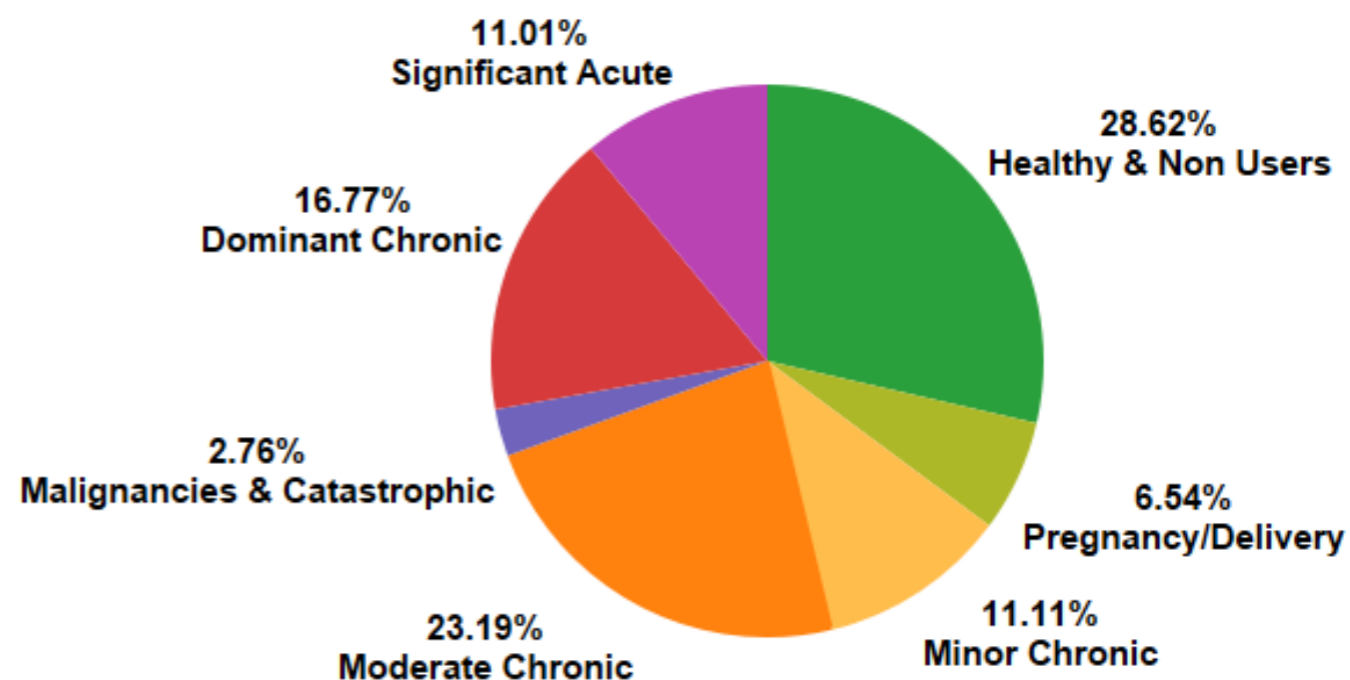
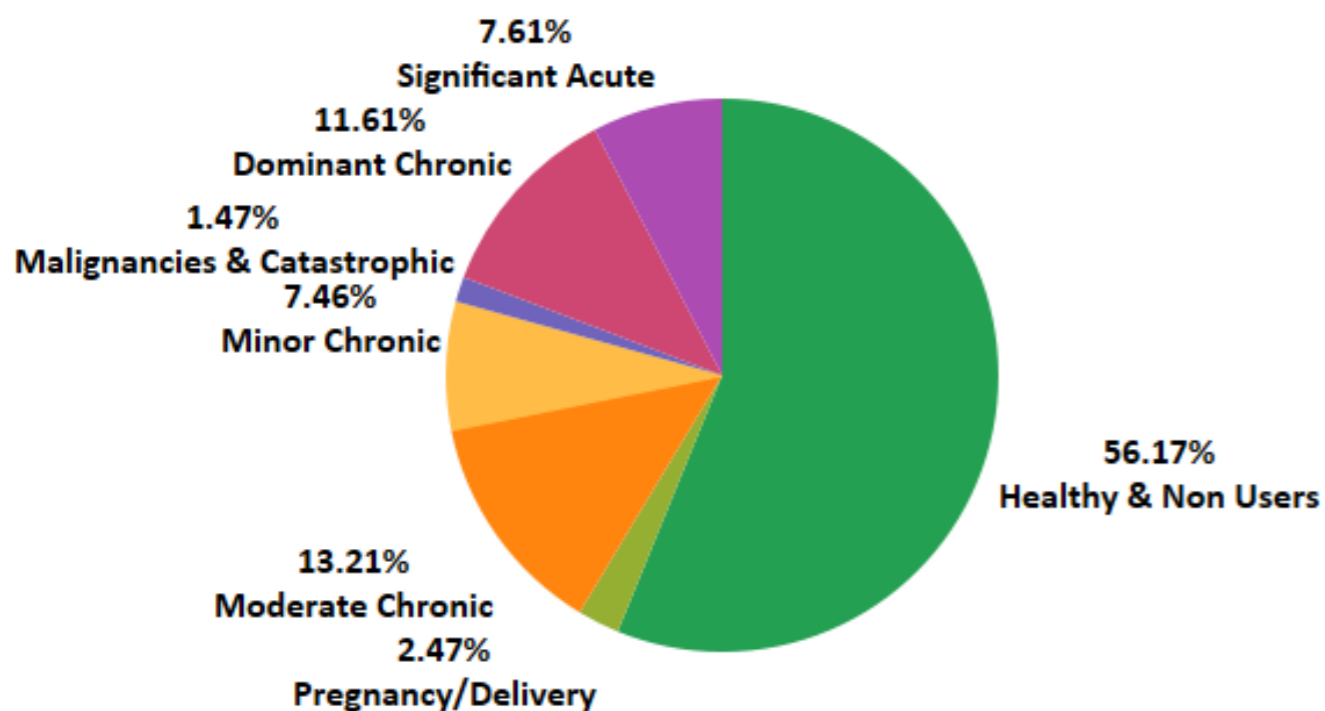
# Demographics

Total Medicaid population (left) and physician-administered drug utilizers (right) by population type.



# Demographics

Total Medicaid population (left) and physician-administered drug utilizers (right) by CRG.



# Utilization

Summary statistics over two state fiscal years for physician-administered drugs.

<b>PHYSICIAN OFFICE SETTING</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>
<b>Client Count</b>	50,125	71,680
<b>Avg. Paid per Utilizer</b>	\$550	\$602
<b>Provider Count</b>	1,179	1,271
<b>Total Paid</b>	\$27,587,103	\$43,183,867

<b>ALL SETTINGS</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>
<b>Client Count</b>	130,468	181,824
<b>Provider Count</b>	1,529	1,743

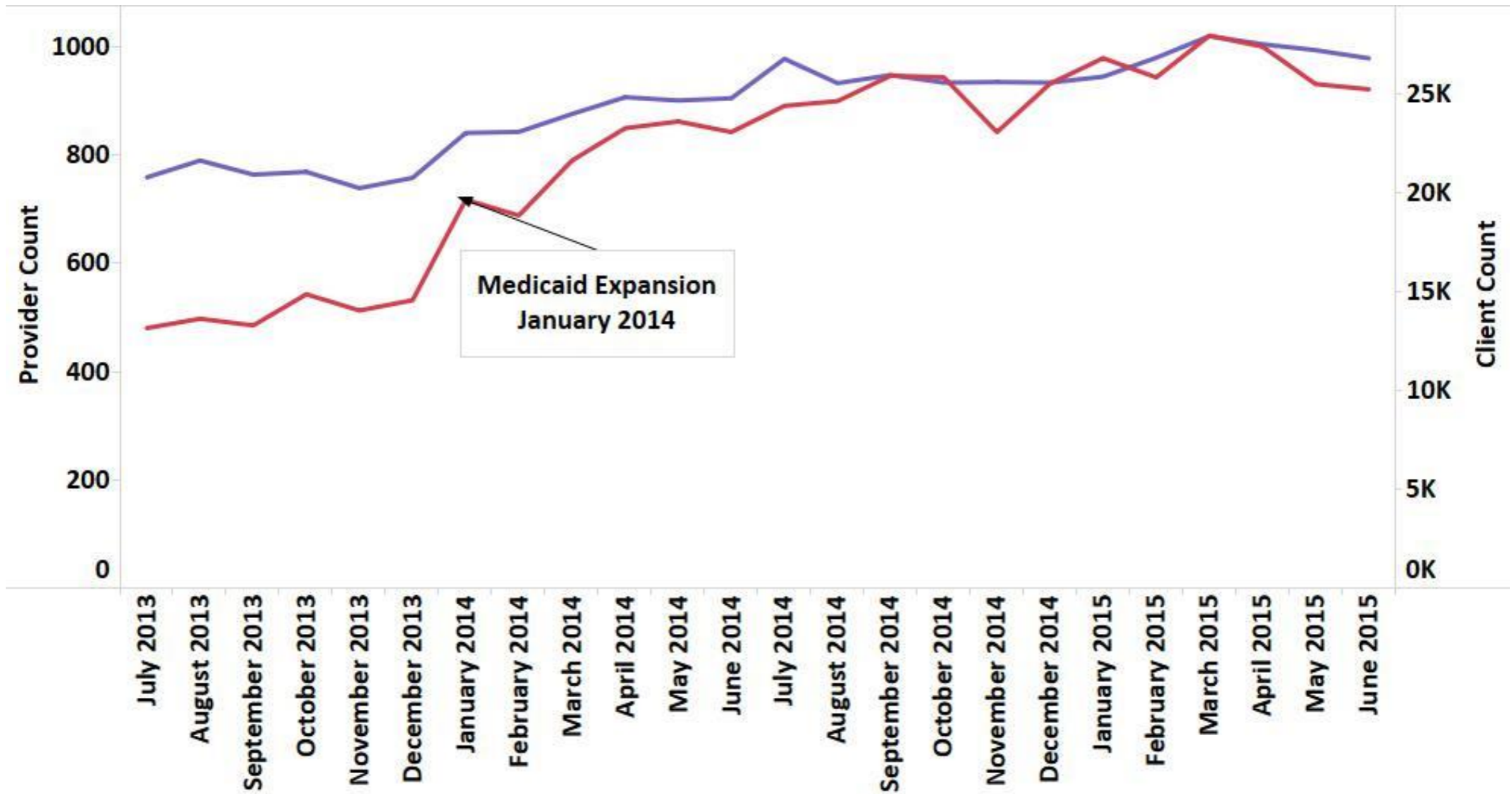
Note: “All Settings” include claims data for physician-administered drugs in four settings: physician office, outpatient hospital, Federally Qualified Health Center, and Rural Health Center. Expenditure data for the latter three locations is outside the scope of the Rate Review Process, but client and provider counts allow for a broader view of overall physician-administered drug utilization.





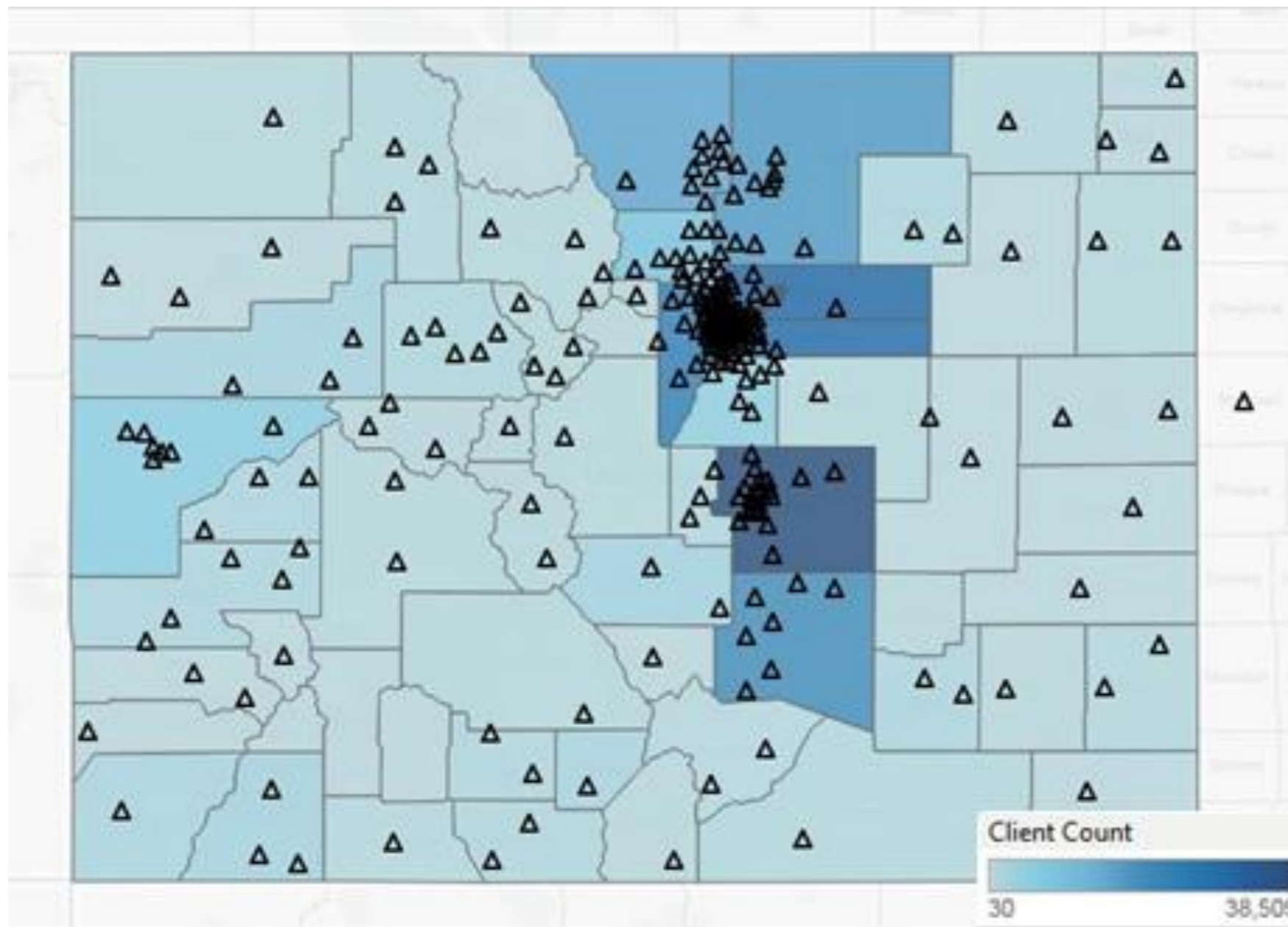
# Utilization

Physician-administered drug utilizer and provider growth.



# Utilization

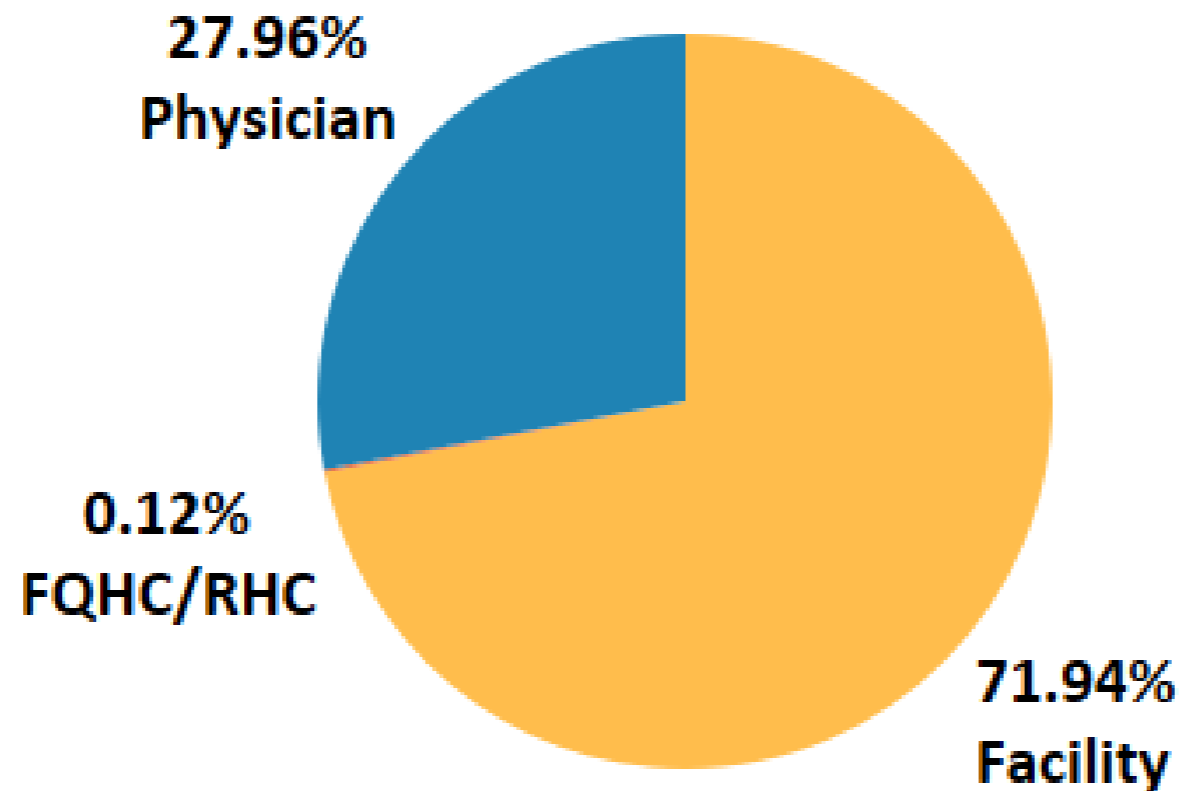
Physician-administered drug utilizer density map and provider billing location.



Note: Triangles represent provider billing location zip code.

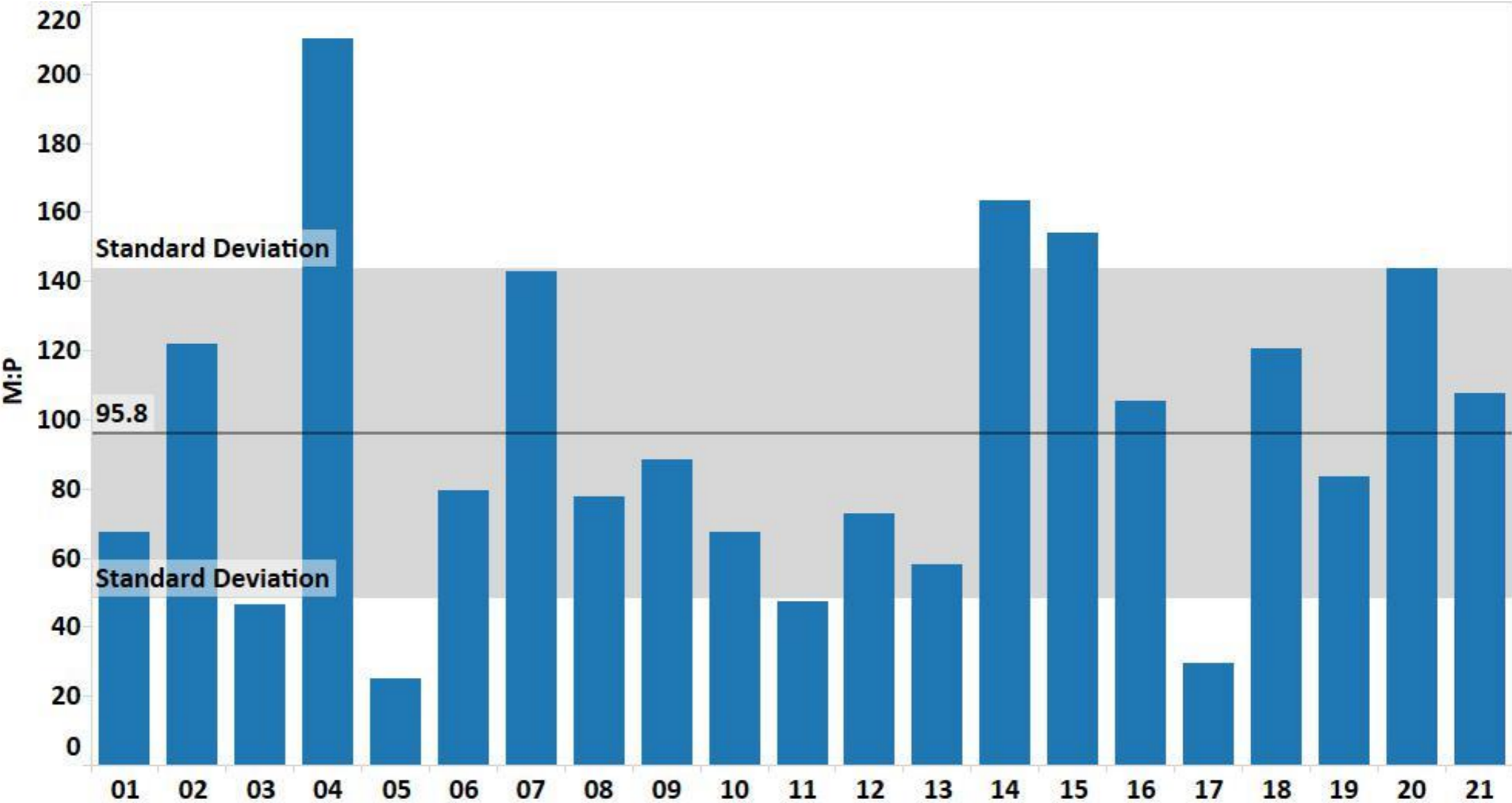
# Utilization

Physician-administered drug provider type by utilization. Utilization was measured by the number of drug administrations.



# Access

Physician-administered drug member to provider ratio by HSR.

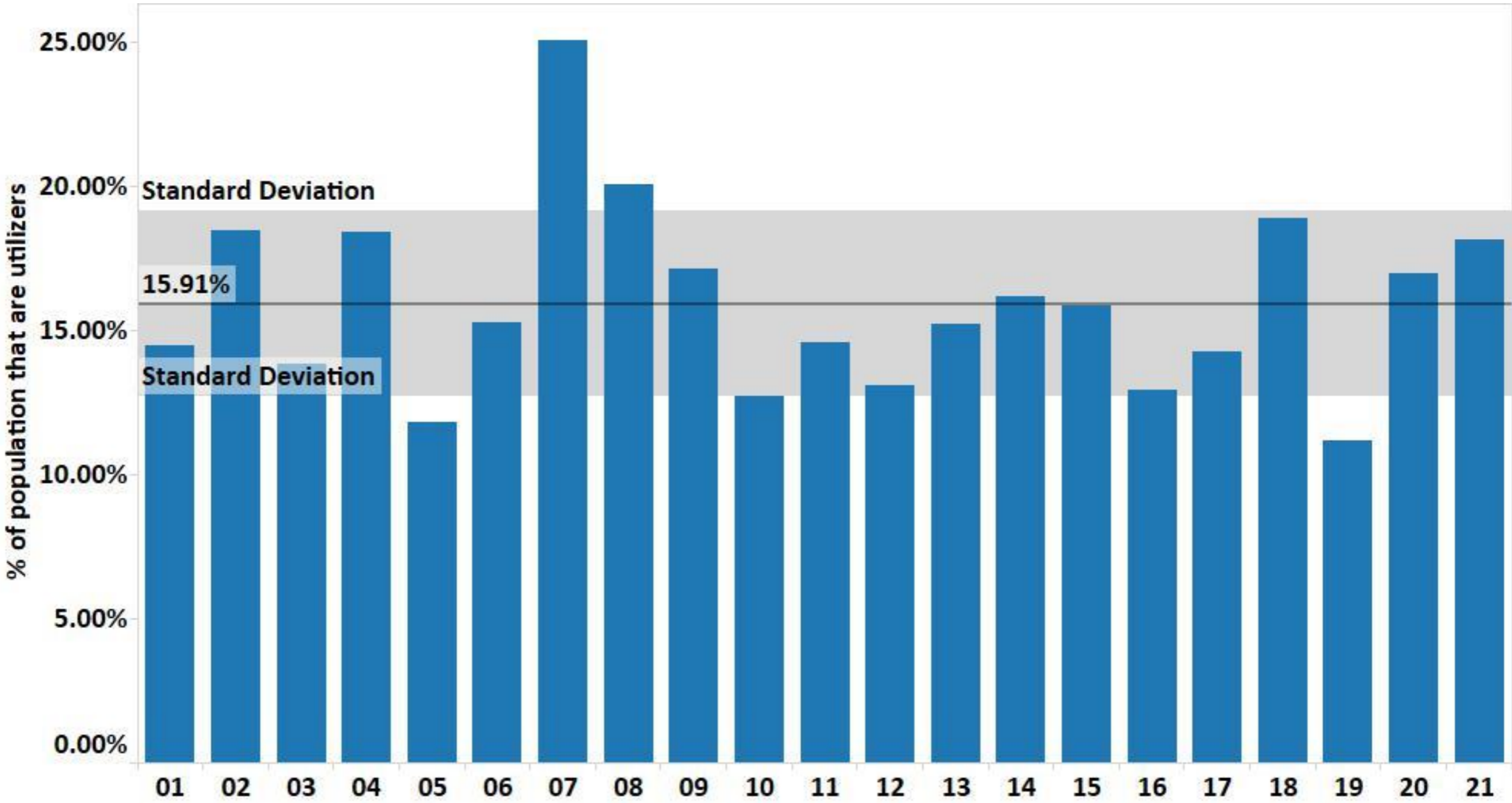


Note: Numbers along X axis correspond to HSR Key provided



# Access

Physician-administered drug penetration rate by HSR.



Note: Numbers along X axis correspond to HSR Key provided



# *Quality*

- The Department does not currently collect quality measurement data for physician-administered drugs.
- The Department instead has quality measurements related to physician practices, hospitals, and other locations.



# *Next Steps Discussion*



**COLORADO**

Department of Health Care  
Policy & Financing

# *Comments or Questions*

- Contact Lila Cummings with additional questions between meetings: [Lila.Cummings@state.co.us](mailto:Lila.Cummings@state.co.us).

