

MPRRAC Meeting

Facilitator: Eloiss Hulsbrink

Presenters: Jeremy Tipton
Julie Tang (Optumas)
Susanna Snyder
Elizabeth Freudenthal

March 29, 2019

9:00 a.m. - 1:00 p.m.

Subject Matter Experts: Matt Colussi
Alex Weichselbaum
Chris Lane
January Montaña



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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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Agenda

- Introductions 9:00 a.m.
- Review January & February Meeting Minutes 9:05 a.m.
- Year Four Preliminary Analysis & Access to Care Preliminary Results/MPRRAC Discussion/Stakeholder Comment
 - Special Connections 9:10 a.m.
 - Dialysis & ESRD 9:45 a.m.
- **Break** **10:15 a.m.**
 - FFS Behavioral Health 10:25 a.m.
 - Residential Child Care Facilities 10:55 a.m.
 - Psychiatric Residential Treatment Facilities 11:20 a.m.
- **Lunch Break** **11:50 a.m.**
 - ASCs 12:05 p.m.
- DME Access to Care Analysis 12:35 p.m.
- Next Steps 12:50 p.m.
- Adjourn 1:00 p.m.



Meeting Minutes Review

January 25, 2019 & February 15, 2019



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Year Four Preliminary Rate Comparison Analysis & Access to Care Preliminary Results



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Special Connections

Presented By: Susanna Snyder



Special Connections

- Benefit Overview

- Outpatient and residential substance use disorder (SUD) treatment for pregnant and parenting women
- Up to one year postpartum when enrolled prenatally

- History

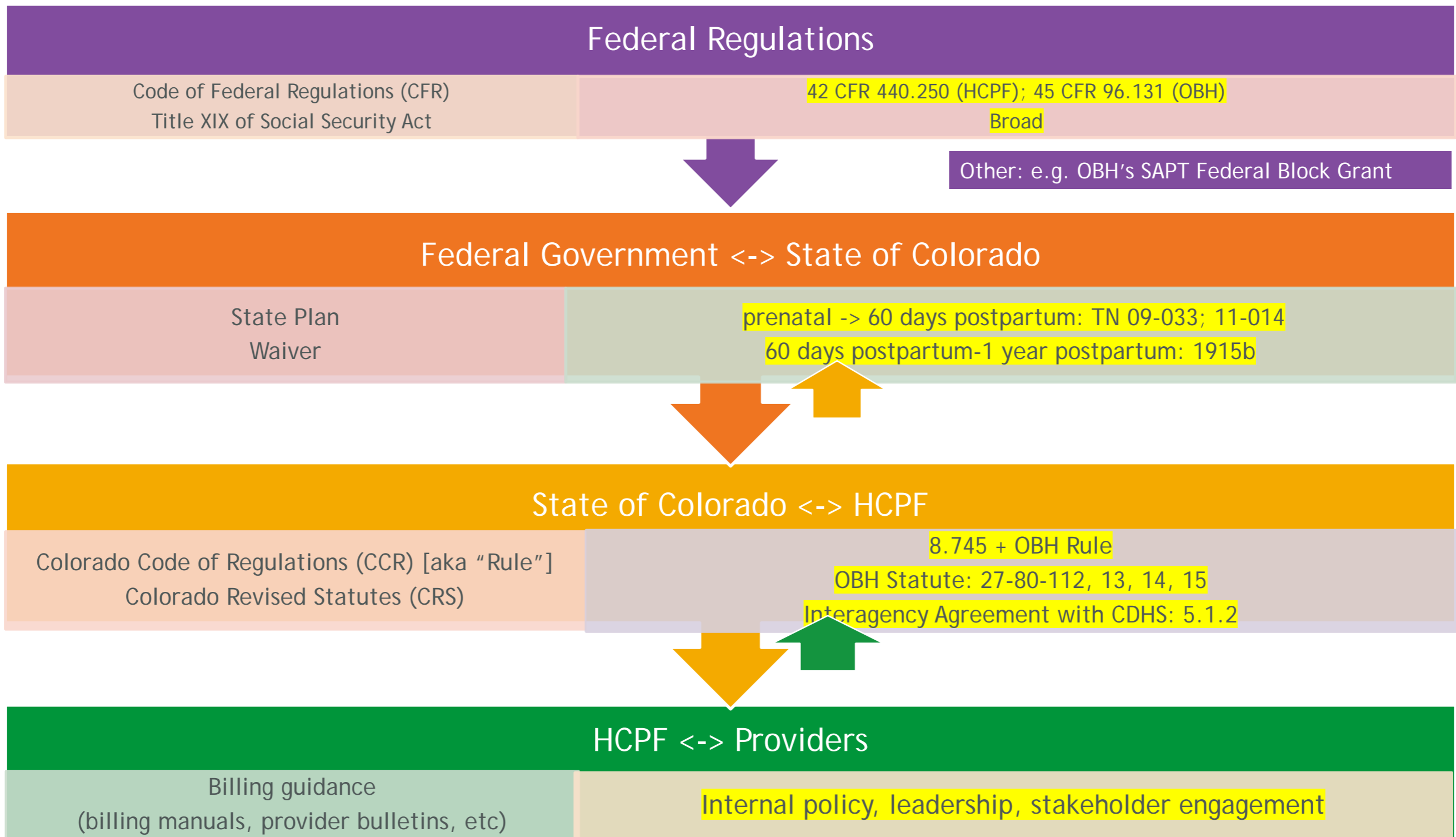
- Legislation for pregnant women -> 60 days postpartum (1991)
 - Prior to statewide substance use disorder benefit
 - Clinic option (16 bed max) and only paid Office of Behavioral Health
- Legislation to extend to one year postpartum
- Targeted rate increase in (2016)
- Rule change to pay providers directly (2017)
- Exploring how program articulates to statewide residential benefit (2020)



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Regulatory Authorities, e.g. Special Connections



Program Administration

HEALTH FIRST COLORADO	OBH
Provider Payment - Treatment	Provider Payment: Room and Board +
Federal Authority (1915 and State Plan)	Provider Licensing
Claims resolution	Technical Assistance
Articulation to Accountable Care Organization (ACO) Delivery System	New Site Recruitment
	Contracting
	Quarterly Meeting
	Site Audits



Utilization History

	Women Served	Cost per Client Overall	Cost per Client Residential	Average Cost/Client Outpatient Services	% of that to residential
FY14-15	212	\$4,507.15	\$8,745.77	\$185.56	94.28%
FY15-16	159	\$4,798.83	\$8,097.26	\$160.33	96.57%

- Admissions between January 2017 and November 2018:
 - OBH: 277 women enrolled in the Special Connections Program



Special Connections Providers: 56 Beds

Program	Address
Region 1	
Centennial Mental Health Center	211 W. Main Street, Sterling, CO 80751
★ North Range Behavioral Health: Wings Program	2350 3 rd Street Road, Greeley, CO 80631
Region 2	
ARTS: Women's Outpatient Treatment Services	1648 Gaylord Street, Denver, CO 80218
ARTS: The Haven	3630 W. Princeton Circle, Denver, CO 80236
Mile High Behavioral Health: The Aspen Center	Private Address
Mile High Behavioral Health: Miracles Program	Private Address
★ Valley Hope: New Directions for Families	Private Address
Region 3	
Crossroads' Turning Points	411 S. Cascade Ave., Colorado Springs, CO 80903
Region 4	
Crossroads' Turning Points	509 E. 13 th Street, Pueblo, CO 81001
Crossroads' Turning Points	2265 Lava Lane, Alamosa, CO 81101
Region 5/6 - No providers at this time	
Region 7 - No providers at this time	

★ Indicates New Provider in FY2017-18 - Anticipate increase in women served



Special Connections Treatment Rates

Primary Substance Addiction	Percent of Members
Cocaine	3.6%
Opiates	6.4%
Marijuana	11.8%
Alcohol	10.9%
Heroin	24.5%
Methamphetamine	35.5%
Barbiturate	7.3%
Clonazepam	0
Nicotine	0
None	0

Average Length of Treatment	
Intensive Residential (IRT)	248 Days
Traditional Outpatient (OP)	146 Days



Special Connections Codes & Service Breakdown

Code	Mod 1	Mod 2	Description	Colorado Rate
H0004	HD		Behavioral health counseling/therapy 15 min	\$14.04
H0004	HD	HQ	Behavioral health counseling/therapy 15 min (Group)	\$7.50
H1000	HD		Prenatal care at-risk assessment	\$105.39
H1002	HD		Care coordination, prenatal	\$8.79
H1003	HD		Prenatal care, enhanced education	\$3.62
H2036	HD		Alcohol and Drug Treatment, Per diem	\$192.10
H0018			Short-Term Residential Alcohol and/or Drug Services	N/A
H0019			Long-Term Residential Alcohol and/or Drug Services	N/A



Special Connections Rate Comparison

Code	Mod 1	Mod 2	Health First Colorado Rate	Number of Comparison Rates Identified	Lowest Other State Rate	Highest Other State Rate	Other State Average	Colorado as a Percent of Other States Average
H0004	HD		\$14.04	30	\$3.19	\$128.96	\$28.31	49.59%
H0004	HD	HQ	\$7.50	30	\$3.19	\$128.96	\$28.31	26.51%
H1000	HD		\$105.39	5	\$8.41	\$40.00	\$16.71	630.72%
H1002	HD		\$8.79	1	\$48.79	\$48.79	\$48.79	18.01%
H1003	HD		\$3.62	2	\$35.00	\$38.92	\$36.96	9.78%
H2036	HD		\$192.10	6	\$117.11	\$224.87	\$167.72	114.54%
H0018			N/A	15	\$120.00	\$425.00	\$195.51	N/A
H0019			N/A	20	\$83.50	\$372.49	\$225.57	N/A



Stakeholder Feedback

- Difficulties providing residential services for pregnant women with *dependent children*
- Restrictions on program eligibility: Must enter prenatally
- Outpatient rates for Special Connections less than Outpatient SUD rates negotiated through the RAEs (the capitated behavioral health program)
- Retain Special Connections providers
- 16 bed limit because of federal regulations around Institutes of Mental Disease
- Rates too low for sustainability



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Legislative Impact

- HB18-1136: Must have federal authority to implement statewide residential benefit by July 2020
- HB19-1193: High Risk Families
 - Allows Department authority to allow women to enroll postpartum
 - Creates cash fund with unspent budget line from HCPF to OBH
 - Child care pilots
- Department received technical assistance grant from National Academy for State Health Policy
- Opioid Prevention Bill Pilots
- Applying for Center for Medicare and Medicaid Services grant for Maternal Opioid Misuse



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Qualitative Data Collected from Other States

- Women's Services Coordinators Request for Information: Residential Pregnant and Parenting Women's Programs (November 2018)
 - 29 States Surveyed
- Most fund their services through
 - Block grant funds (27)
 - Medicaid funds (18)
 - State funds (17)
- Other examples of how states finance these services include, but are not limited to, contracting with a state's child welfare system (GA), tobacco settlement funds (KY), and TANF (LA).



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Questions - Special Connections



Committee Discussion - Special Connections



Stakeholder Comments - Special Connections





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Health First Colorado Rate Review and Access to Care

MARCH 29, 2019

Agenda

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- Base Data
- Results
 - Rate Comparison and Access to Care
 - Behavioral Health (BH)
 - Residential Child Care Facility (RCCF)
 - Dialysis
 - Ambulatory Surgical Center (ASC)
 - Access to Care
 - Durable Medical Equipment (DME)
- NOTE: ALL FIGURES SHOWN ARE DRAFT

Base Data

- VALIDATION
- EXCLUSIONS

Base Data - Validation

- Over 3 years of Fee-For-Service (FFS) data
 - DME, ASC, BH, RCCF, Dialysis
 - Only July 1 , 2017 through June 30, 2018 (FY2017-18) was used in the rate review analysis to reflect most recent experience
- For ASC and RCCF, data prior to March 2017 was not available at the time of the analysis
- Validation steps:
 - Paid Dollar and Unit analyzed across time
- Incurred but not Reported (IBNR) Analysis

Base Data - Exclusions

- **Data Reliability**
 - Excluded ineligible claims, duals, Child Health Plan *Plus*
 - Excluded procedure code/modifier combination without a Jan 2019 Health First Colorado fee schedule rate from rate comparison
- Repriced using latest 2019 Health First Colorado rates, and a comparable benchmark
- **Evaluated Colorado vs. Benchmark**
 - Checked for rate on Medicare or other states' Medicaid fee schedules
 - Exception: RCCF

Year Four Access to Care Analyses

- Modifications to how analyses have been performed in previous years
- Align analyses and metrics with other access to care requirements:
 - Centers for Medicare and Medicaid Services (CMS) managed care contract requirements
 - CMS State Plan fee-for-service (FFS) submission requirements for certain rate changes or restructurings, including the Department's "Access Monitoring Review Plan" (AMRP)
 - Leveraging metrics commonly used in network adequacy standards development, which typically include drive times, travel distances, and member to provider ratios for certain services
 - Removal of Access to Care Index (ACI)



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Year Four Access to Care Analyses

- Examples of time and distance standards:

County Type	Urban		Rural		Frontier	
	Max Dist. (Miles)	Max Time (Min.)	Max Dist. (Miles)	Max Time (Min.)	Max Dist. (Miles)	Max Time (Min.)
Primary Care	30	30	45	45	60	60
Gynecology, OB/GYN	30	30	45	45	60	60

- Examples of Medicare Advantage minimum member to provider ratios (providers per 1,000 beneficiaries) using CMS county classifications:

Specialty	CMS Geographic Type				Counties with Extreme Access Considerations (CEAC)
	Large Metro	Metro	Micro	Rural	
Primary Care	1.67	1.67	1.42	1.42	1.42
Gynecology, OB/GYN	0.04	0.04	0.03	0.03	0.03
Nephrology	0.09	0.09	0.08	0.08	0.08
General Surgery	0.28	0.28	0.24	0.24	0.24



Dialysis & End-Stage Renal Disease (ESRD)

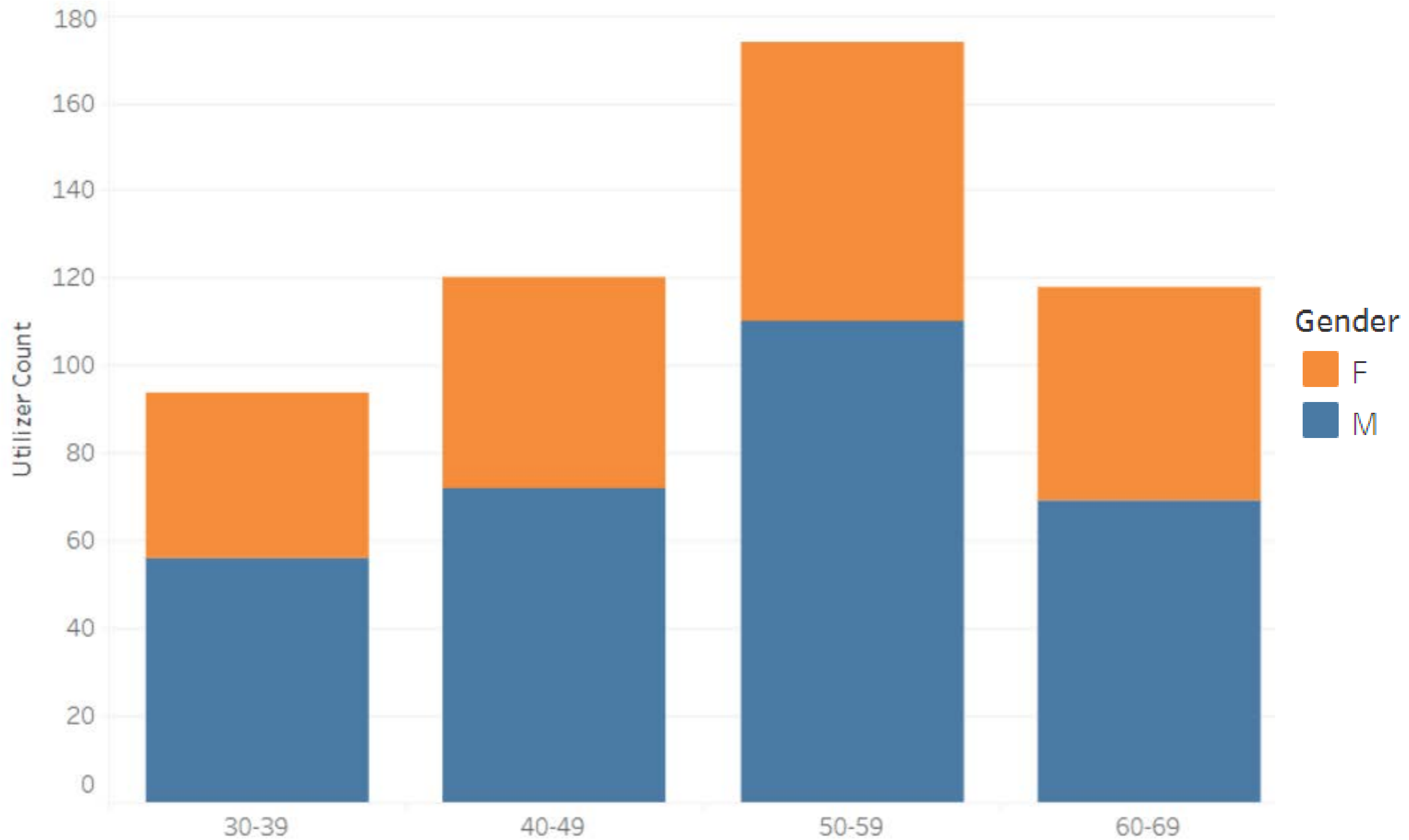
Total Client Count	Total Provider Count	Total Paid Dollars
588	59	\$8,863,394

- Facility Payment to Dialysis Centers
 - Dialysis treatment performed at Dialysis Centers is “bundled” into a single per diem facility payment, which differs based on the county where the dialysis center is located.
- Professional procedure codes related to patient training and home dialysis (90937, 90989, 90993, 90963, 90966).
- Members become eligible for Medicare starting the fourth month of facility-based treatment, or the first month of home-based treatment.



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Dialysis – FY2017-18 Utilizers by Gender and Age Band



Dialysis – FY2017-18 Top Diagnosis Codes

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Rank	Diagnosis Code	Description	Count of Utilizers
1	N186	END STAGE RENAL DISEASE	526
2	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	68

Dialysis (Facility) – Comparison Methodology

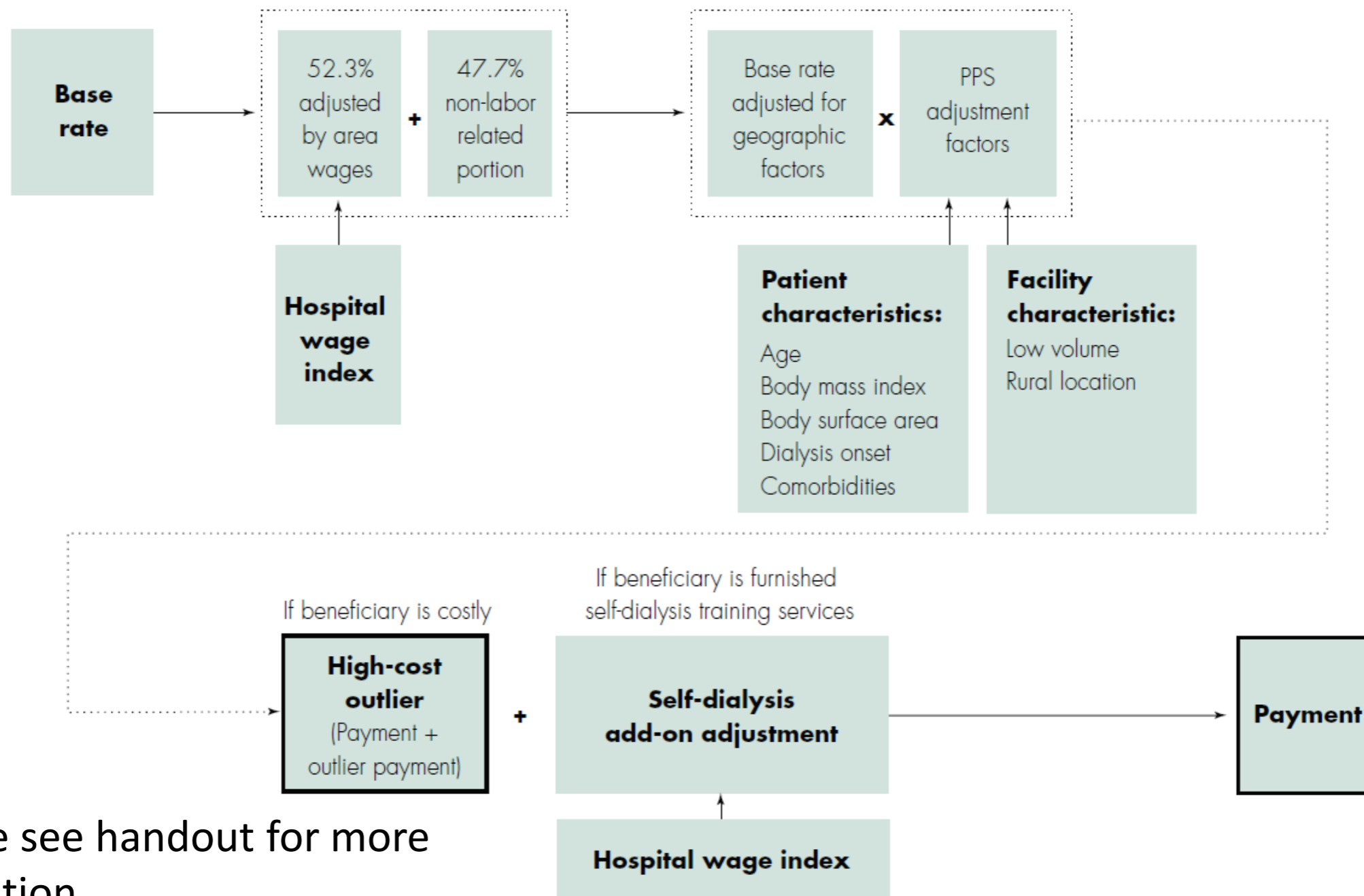
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- Medicare Payment Methodology
 - Dialysis centers reimbursed using Prospective Payment System (PPS)
- National Base Rate: \$235.27
- Three types of payment adjustments
 - Provider Adjustments
 - Claim Adjustments
 - Patient Adjustments

Dialysis (Facility) – Medicare PPS Methodology

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Figure 1 Dialysis prospective payment system in 2019



* Please see handout for more information

Dialysis (Facility Cont.) - Comparison Methodology

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Medicare PPS Adjustments Applied

Provider	Wage Index Adjustment, Rural Adjustment
Claim	Training Add-On, Home Dialysis, Acute Kidney Failure Adjustment, Modality Adjustment
Patient	Age, Comorbidity

Medicare PPS Adjustments Not Incorporated

Provider	Low Volume Adjustment, Blended Payment Adjustment, QIP Reduction
Claim	Dialysis Onset, High-Cost Outlier Payments, Transitional Drug Add-On Payment Adjustment
Patient	Body Mass Index (BMI), Body Surface Area (BSA)

Dialysis (Facility) – Base Data Adjustments

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- Data Exclusions

Base Dollars	Post-Exclusion Dollars	Dollars Included
\$8,804,195	\$8,610,258	97.80%

- IBNR Adjustment

Post-Exclusion Dollars	IBNR-Adjusted Dollars	Completion Factor
\$8,610,258	\$8,688,691	99.10%

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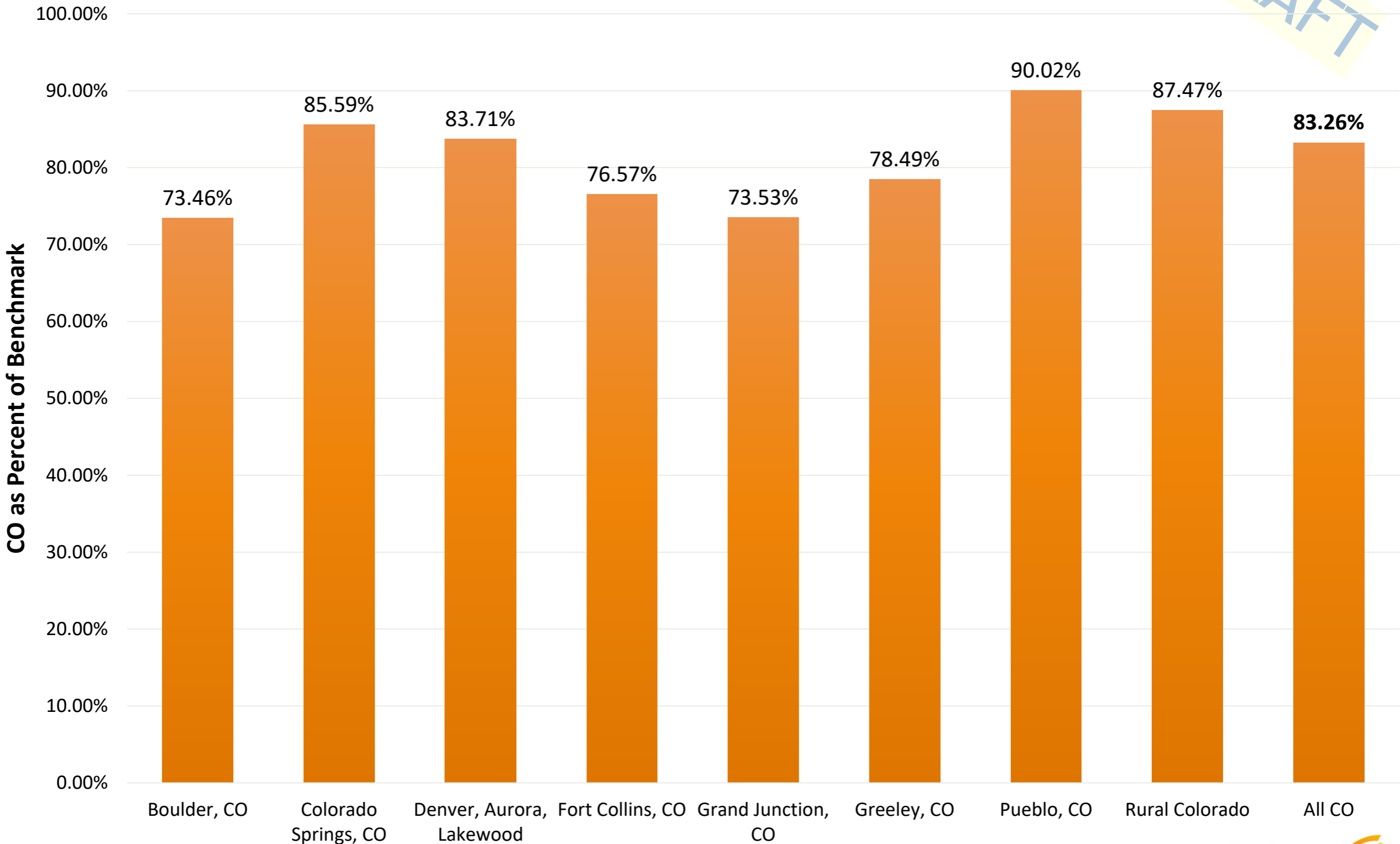
Dialysis (Facility) – Results Summary

Wage Index Region	FY19 Colorado Repriced	Medicare Repriced - Provider, Claim, & Patient Adjustments	Percent of Benchmark
Boulder, CO	\$397,734	\$541,423	73.46%
Colorado Springs, CO	\$733,096	\$856,550	85.59%
Denver, Aurora, Lakewood	\$5,919,790	\$7,071,629	83.71%
Fort Collins, CO	\$225,671	\$294,733	76.57%
Grand Junction, CO	\$68,938	\$93,750	73.53%
Greeley, CO	\$443,701	\$565,291	78.49%
Pueblo, CO	\$374,839	\$416,414	90.02%
Rural Colorado	\$609,871	\$697,243	87.47%
All Colorado	\$8,773,641	\$10,537,036	83.26%



Dialysis (Facility) Rate Comparison Results

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Wage Index Region



Dialysis (Facility) – Estimated Total Fund Impact

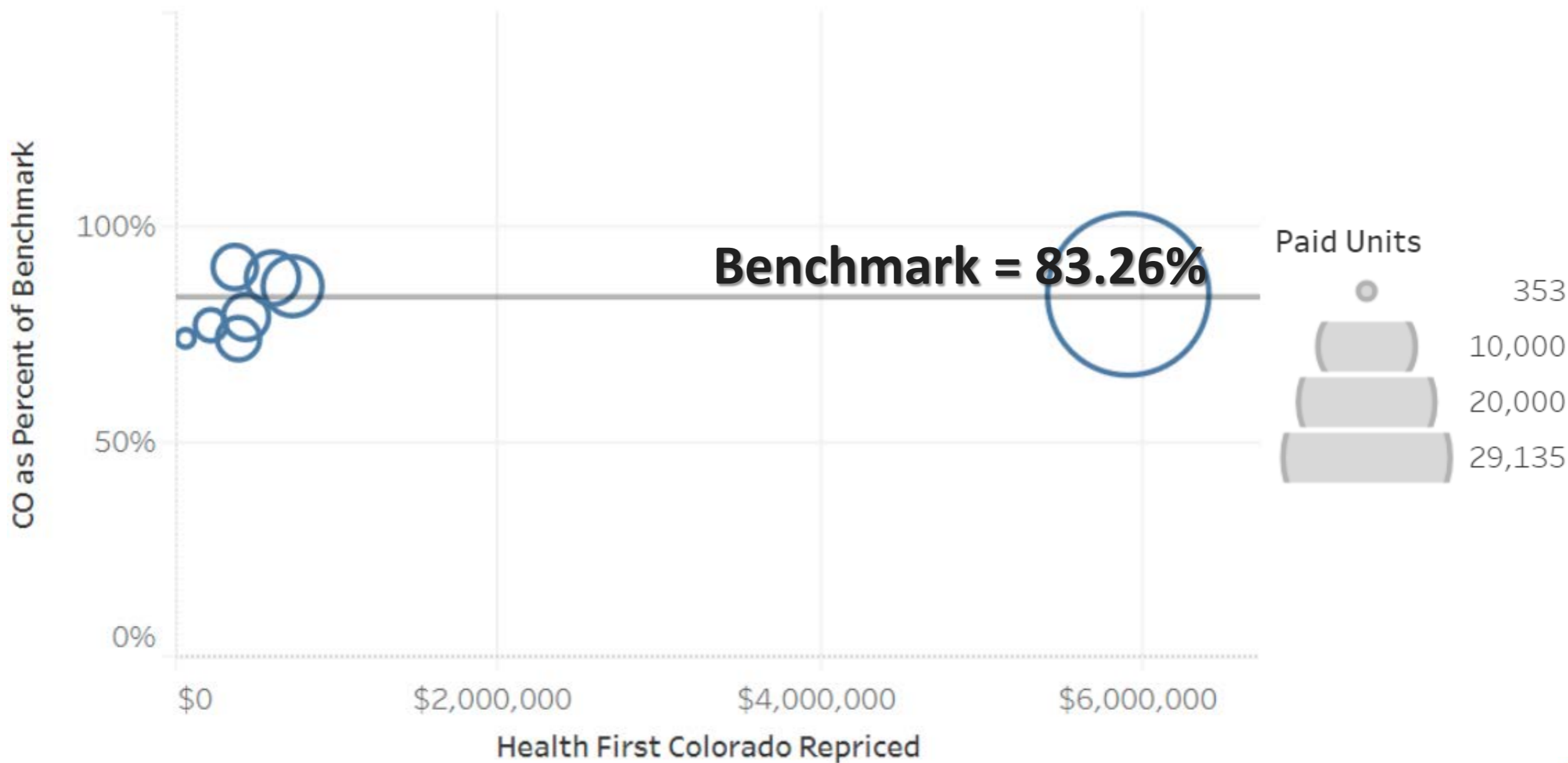
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- Had Health First Colorado reimbursed at 100% of the benchmark in FY2017-18 it would have had an estimated total fund fiscal impact of **\$1,763,395**.

Dialysis (Facility) Comparison Results	
Colorado as a Percentage of Benchmark	83.26%
Colorado Repriced Amount	\$8,773,641
Benchmark Repriced Amount	\$10,537,036
Est. FY2017-18 Total Fund Impact	\$1,763,395

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Dialysis (Facility) – Scatterplot



Dialysis (Professional) – Comparison Methodology

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- Medicare
 - Physician Fee Schedule (PFS) Non-Facility rates

- Other states' fee schedules
 - Previously compared: AZ, NE, OK, OR, & WY
 - Supplemented for credibility: CA & ID
 - All services matched on a procedure code-modifier basis to the fee schedules' respective levels of detail

Procedure Code	Procedure Description	FY2017-18 Units	FY2017-18 Dollars
90937	HEMODIALYSIS REPEATED EVAL	77	\$7,767
90963	ESRD HOME PT SERV P MO <2YRS	PHI	PHI
90966	ESRD HOME PT SERV P MO 20+	228	\$37,659
90989	DIALYSIS TRAINING COMPLETE	PHI	PHI
90993	DIALYSIS TRAINING INCOMPL	N/A	N/A



Dialysis (Professional) – Base Data Adjustments

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- Data Exclusions

Base Dollars	Post-Exclusion Dollars	Dollars Included
\$59,198	\$58,399	98.65%

- IBNR Adjustment

Post-Exclusion Dollars	IBNR-Adjusted Dollars	Completion Factor
\$58,399	\$58,931	99.10%

Dialysis (Professional) – Results Summary

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Procedure Code	Benchmark Rate	FY19 Colorado Repriced	Benchmark Repriced	Percent of Benchmark
90937	Medicare PFS	\$7,843	\$8,201	95.63%
90963	Medicare PFS	PHI	PHI	71.99%
90966	Medicare PFS	\$38,027	\$55,632	68.36%
90989	Other States	PHI	PHI	109.35%
Total		\$59,507	\$77,268	77.01%

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Dialysis (Professional) – Results Summary

Benchmark	FY19 Colorado Repriced	Benchmark Repriced	Percent of Benchmark
Other States	\$11,603	\$10,611	109.35%
Medicare	\$47,904	\$66,657	71.87%
Benchmark Total	\$59,507	\$77,269	77.01%

Dialysis (Professional) – Estimated Total Fund Impact

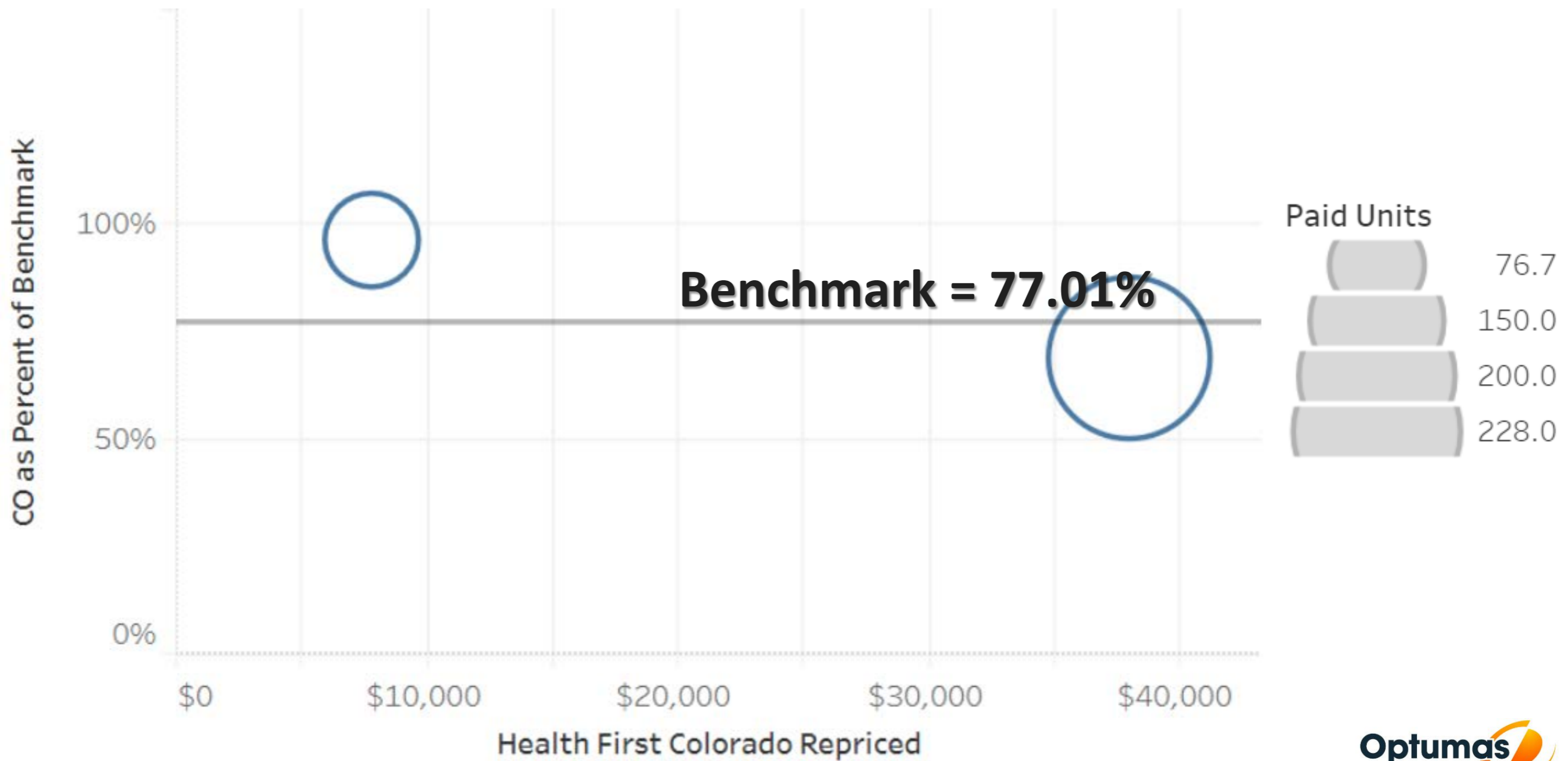
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- Had Health First Colorado reimbursed at 100% of the benchmark in FY2017-18 it would have had an estimated total fund fiscal impact of **\$17,762**.

Dialysis (Professional) Comparison Results	
Colorado as a Percentage of Benchmark	77.01%
Colorado Repriced Amount	\$59,507
Benchmark Repriced Amount	\$77,269
Est. FY2017-18 Total Fund Impact	\$17,762

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Dialysis (Professional) – Scatterplot

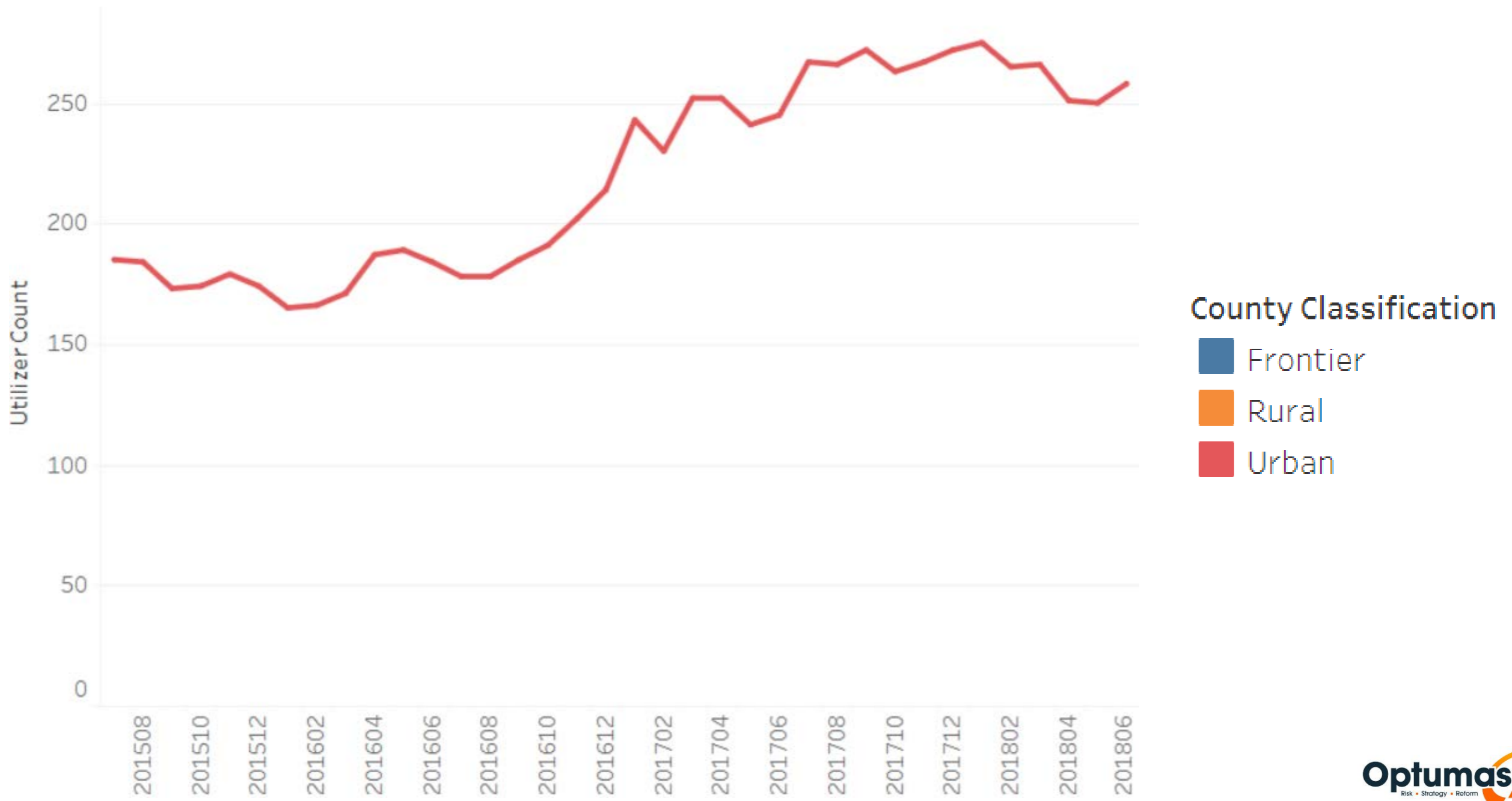


Dialysis – Access Metrics

- Over Time
 - Utilizers
 - Providers
 - Utilizers per Provider (Panel Size)
- FY2017-18
 - Member to Provider Ratios
 - Utilizer Density
 - Penetration Rate
 - Drive Time Estimates

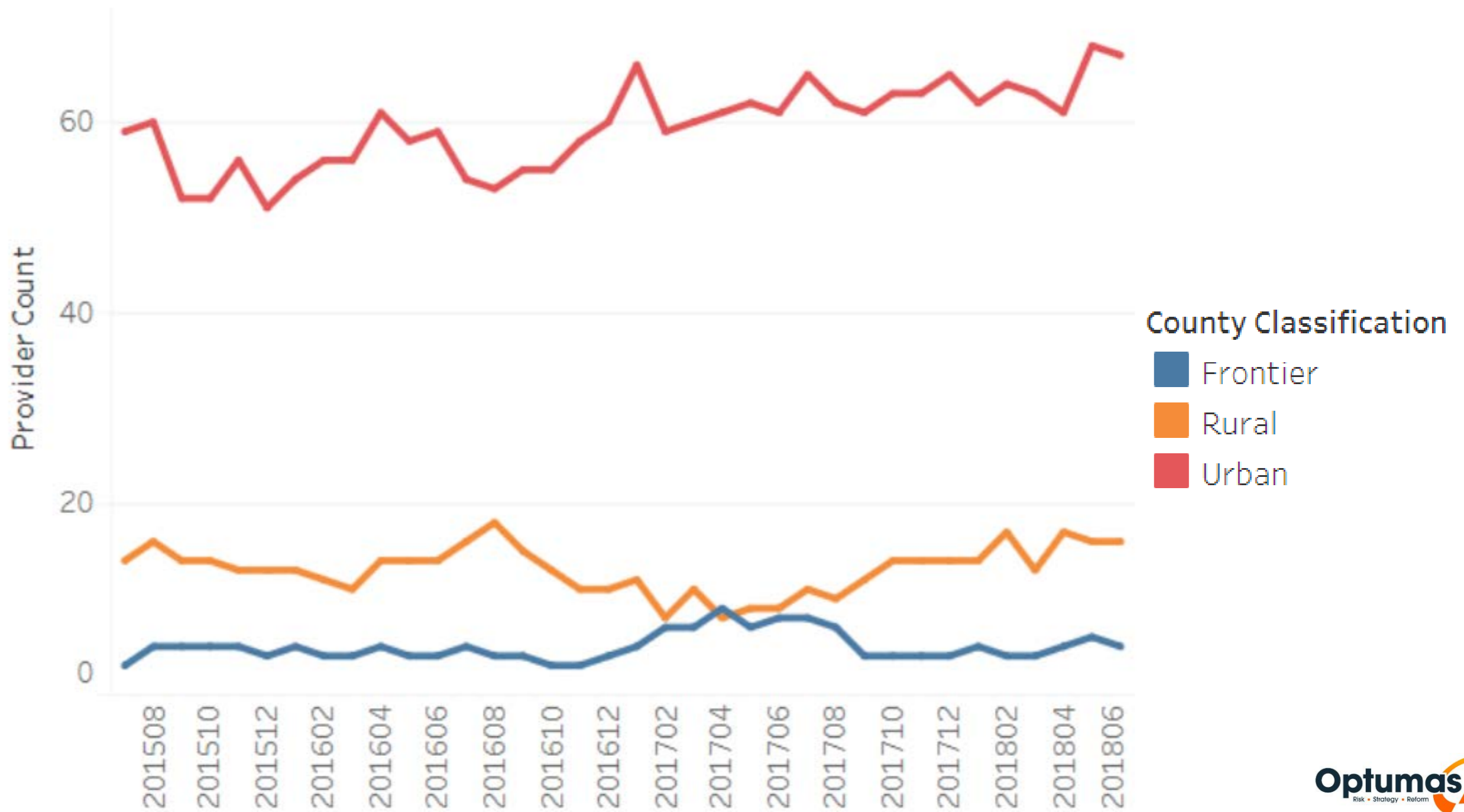
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Dialysis – Distinct Utilizers Over Time



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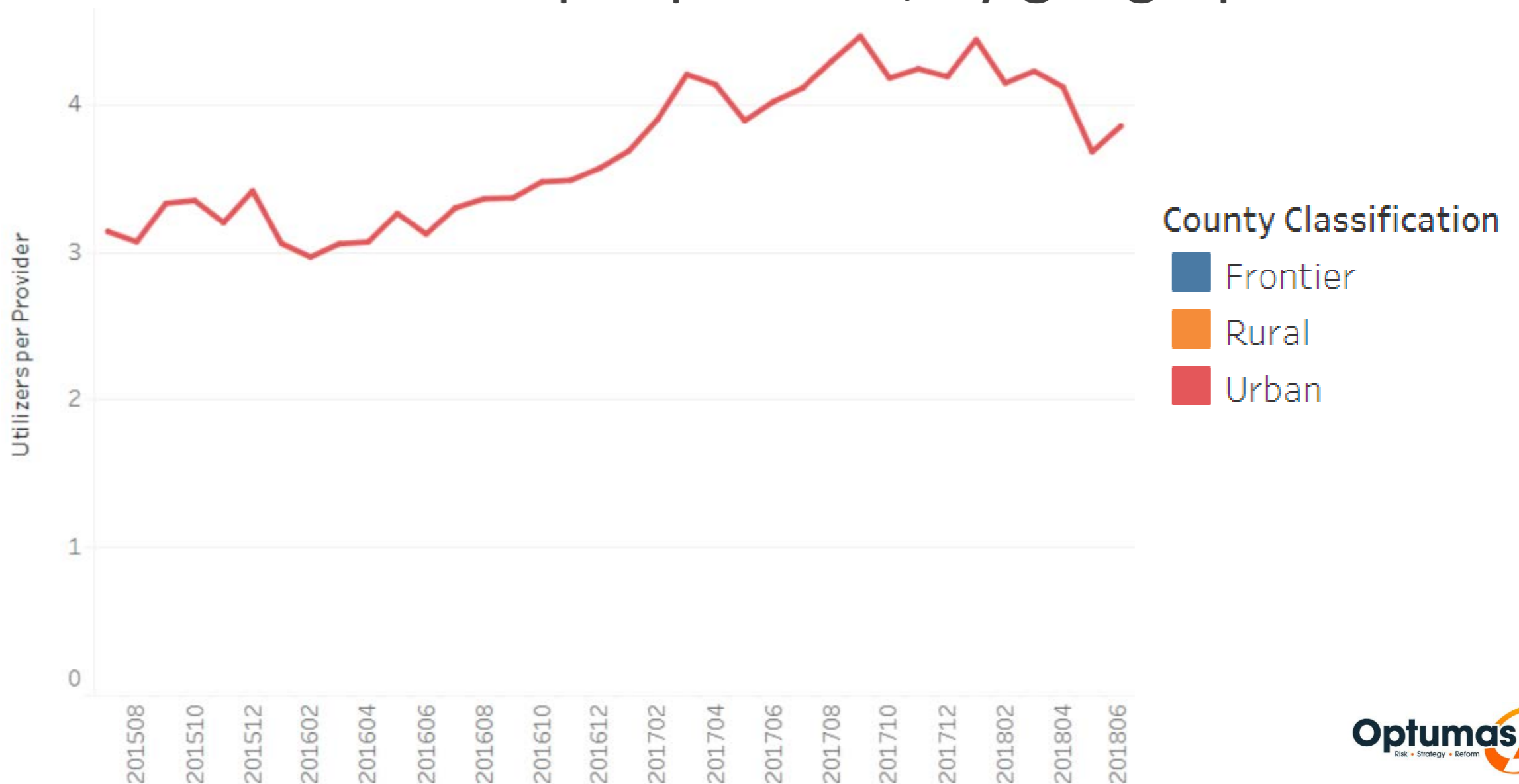
Dialysis – Active Providers Over Time



Dialysis – Utilizers Per Provider (Panel Size)

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- Panel Size estimates average Medicaid members seen per provider, by geographic area



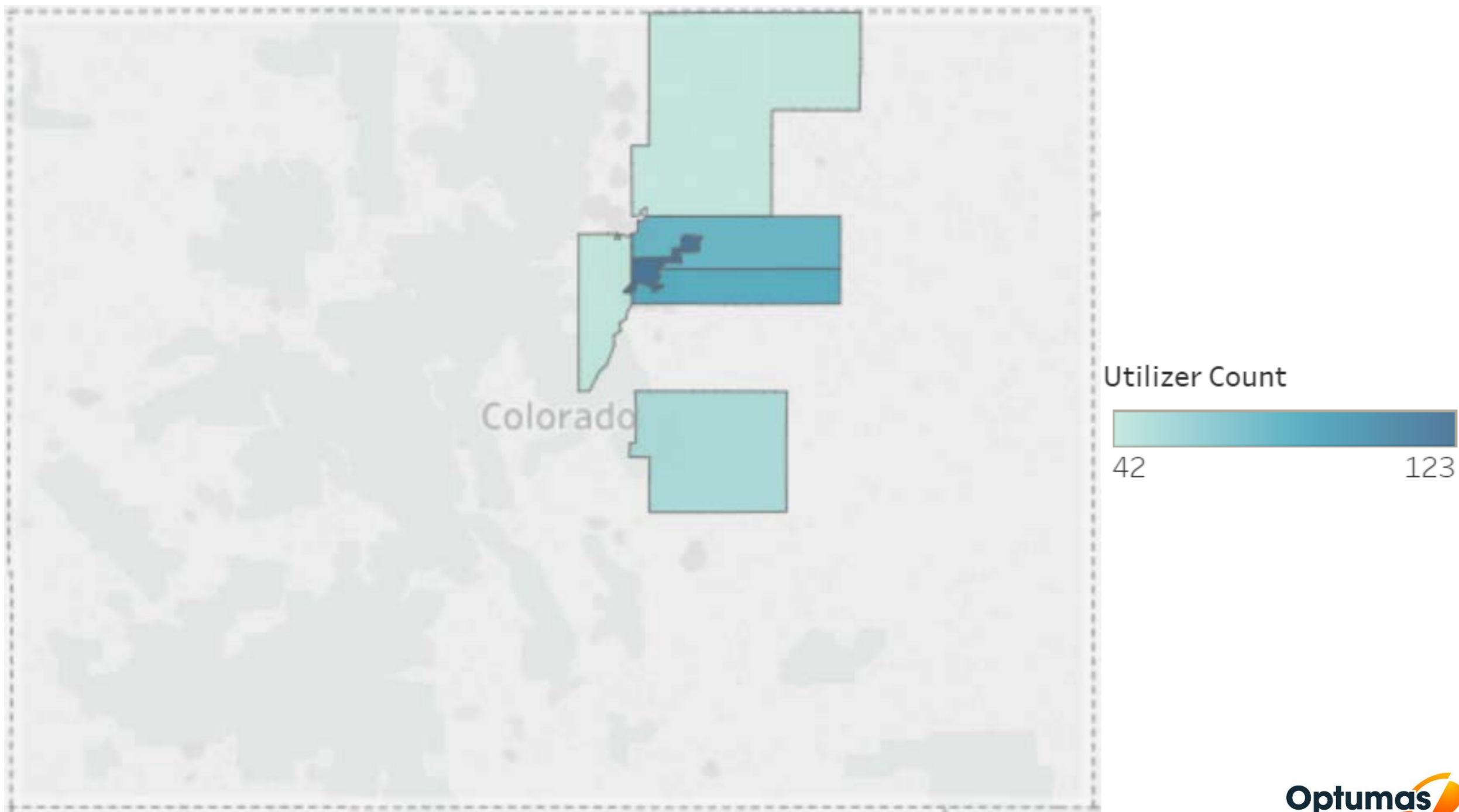
Dialysis – Member to Provider Ratio

- Expressed as Providers per 1,000 Members
- Normalizing, or standardizing, per 1,000 members allows for comparisons across areas with large differences in population size

Region	FY2017-18 Providers	FY2017-18 Members	Providers per 1,000 Members
Frontier	10	41,742	0.24
Rural	23	162,003	0.14
Urban	80	1,217,439	0.07
Statewide	88	1,408,747	0.06

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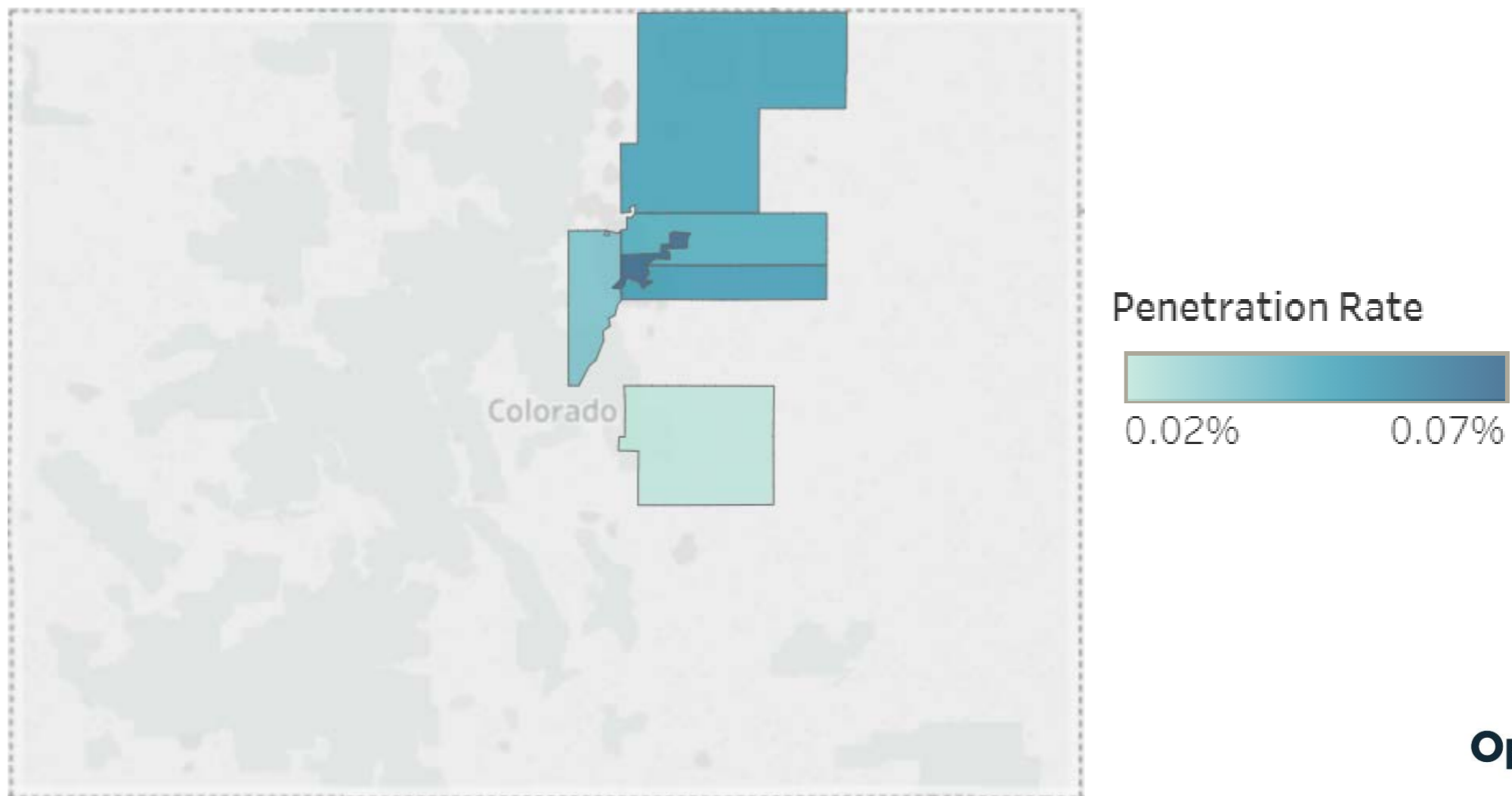
Dialysis – Utilizer Density FY2017-18 Map



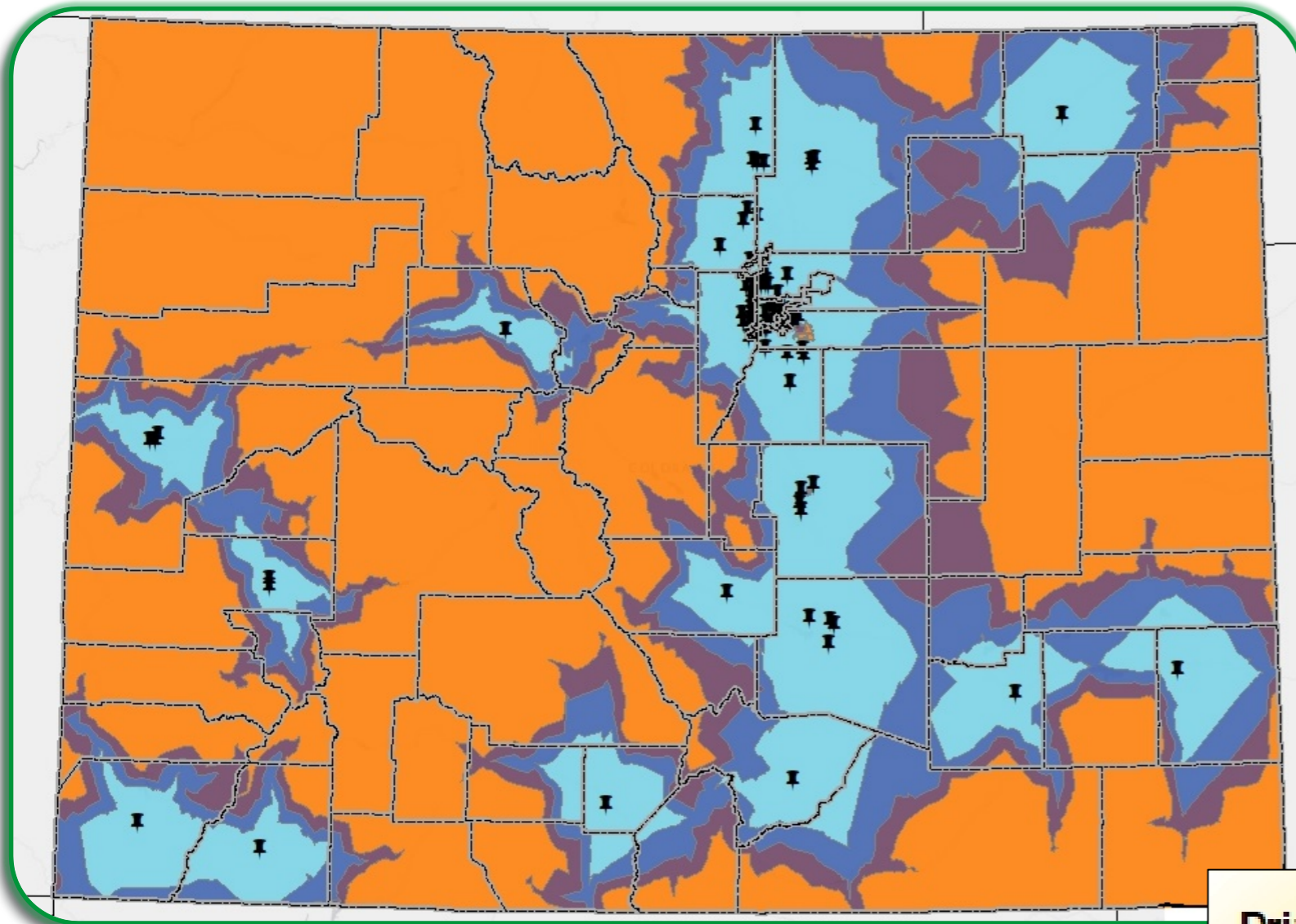
Dialysis – Penetration Rate By Member County

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- Penetration Rates estimate the share of total Medicaid members that received this service in FY2017-18



Dialysis & ESRD - ArcGIS Map



Drive Time	Percent of Utilizers by Drive Time
0-30 Minutes	89%
30-45 Minutes	4%
45-60 Minutes	4%
Over an Hour	3%
Total	100%



Questions - Dialysis & ESRD



Committee Discussion - Dialysis & ESRD



Stakeholder Comments - Dialysis & ESRD



Break

10 minutes



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Meeting Minutes Review

January 25, 2019 & February 15, 2019



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Fee-For-Service (FFS) Behavioral Health

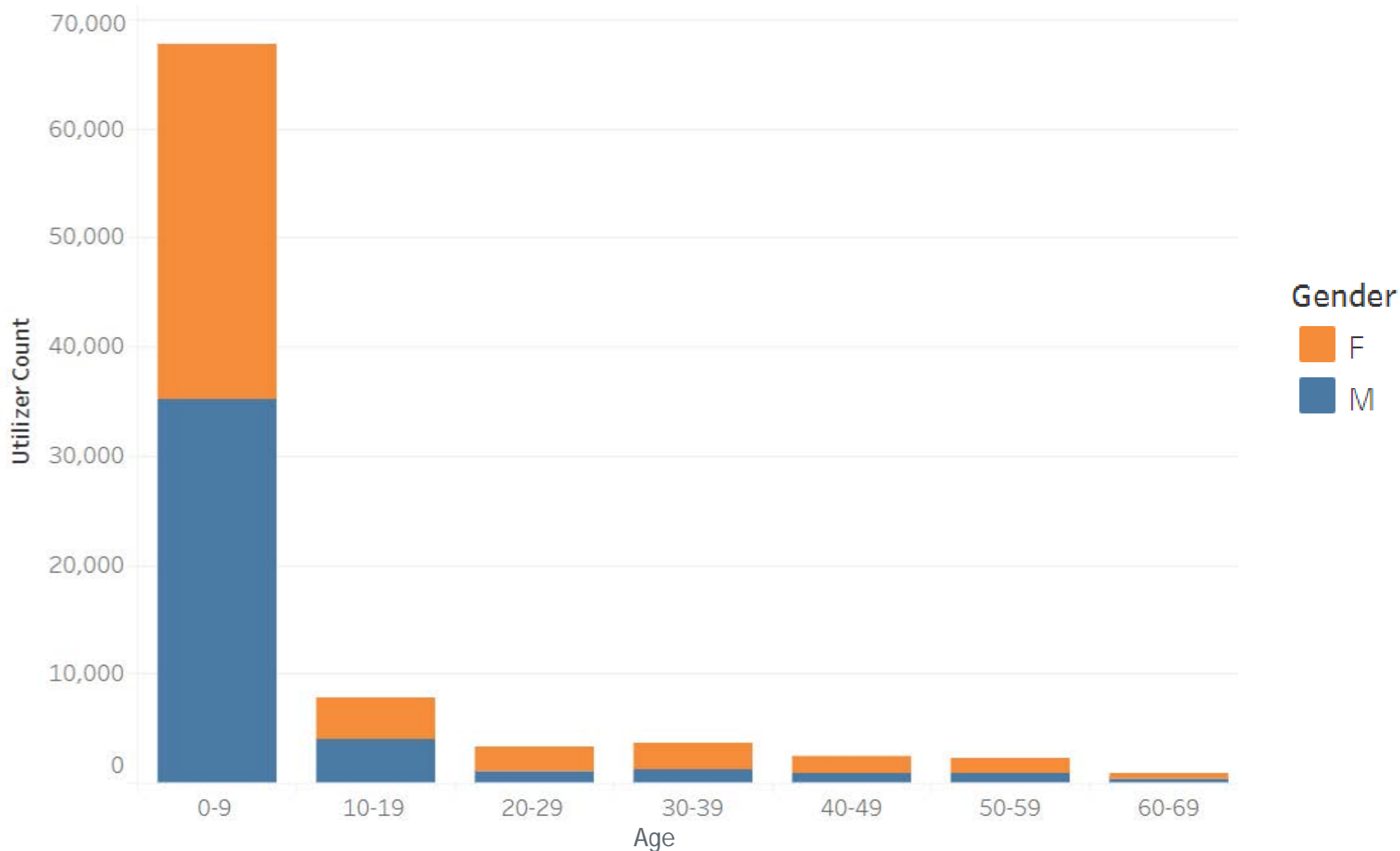
Total Client Count	Total Provider Count	Total Paid Dollars
87,667	2,246	\$7,960,851

- Behavioral health assessment, psychiatric treatment, and other services for diagnoses not otherwise covered by the Regional Accountable Entity, such as Autism and Gender Identity Disorder
 - A majority of behavioral health services are not reimbursed fee-for-service; they are reimbursed through the capitated behavioral health program.



BH – FY2017-18 Utilizers by Gender and Age Band

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BH – FY2017-18 Top Diagnosis Codes

Rank	Diagnosis Code	Description	Count of Utilizers
1	Z00129	ENCNTR FOR ROUTINE CHILD HEALTH EXAM W/O ABNORMAL FINDINGS	53,411
2	Z1389	ENCOUNTER FOR SCREENING FOR OTHER DISORDER	11,276
3	Z00121	ENCOUNTER FOR ROUTINE CHILD HEALTH EXAM W ABNORMAL FINDINGS	11,142
4	Z134	ENCNTR SCREEN FOR CERTAIN DEVELOPMENTAL DISORDERS IN CHLDHD	5,247
5	F840	AUTISTIC DISORDER	1,356

BH – Comparison Methodology

- Medicare Comparison
 - Physician Fee Schedule
- Other states' fee schedules
 - Previously compared: AZ, NE, OK, OR, WY
 - Large variation in covered benefits across states
 - Supplemental for validity: CA, IA, ID, LA, NC, WA
 - All services matched on a procedure code-modifier basis to the fee schedules' respective levels of detail

BH – Base Data Adjustments

- Data Exclusions

Base Dollars	Post-Exclusion Dollars	Dollars Included
\$7,960,851	\$7,934,539	99.67%

- IBNR Adjustment

Post-Exclusion Dollars	IBNR-Adjusted Dollars	Completion Factor
\$7,934,539	\$7,973,185	99.52%

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BH – Results Summary

Benchmark	FY19 Colorado Repriced	Benchmark Repriced	Percent of Benchmark
Other States	\$3,475,411	\$3,193,796	108.82%
Medicare	\$5,349,061	\$6,127,967	87.29%
Benchmark Total	\$8,824,473	\$9,321,763	94.67%

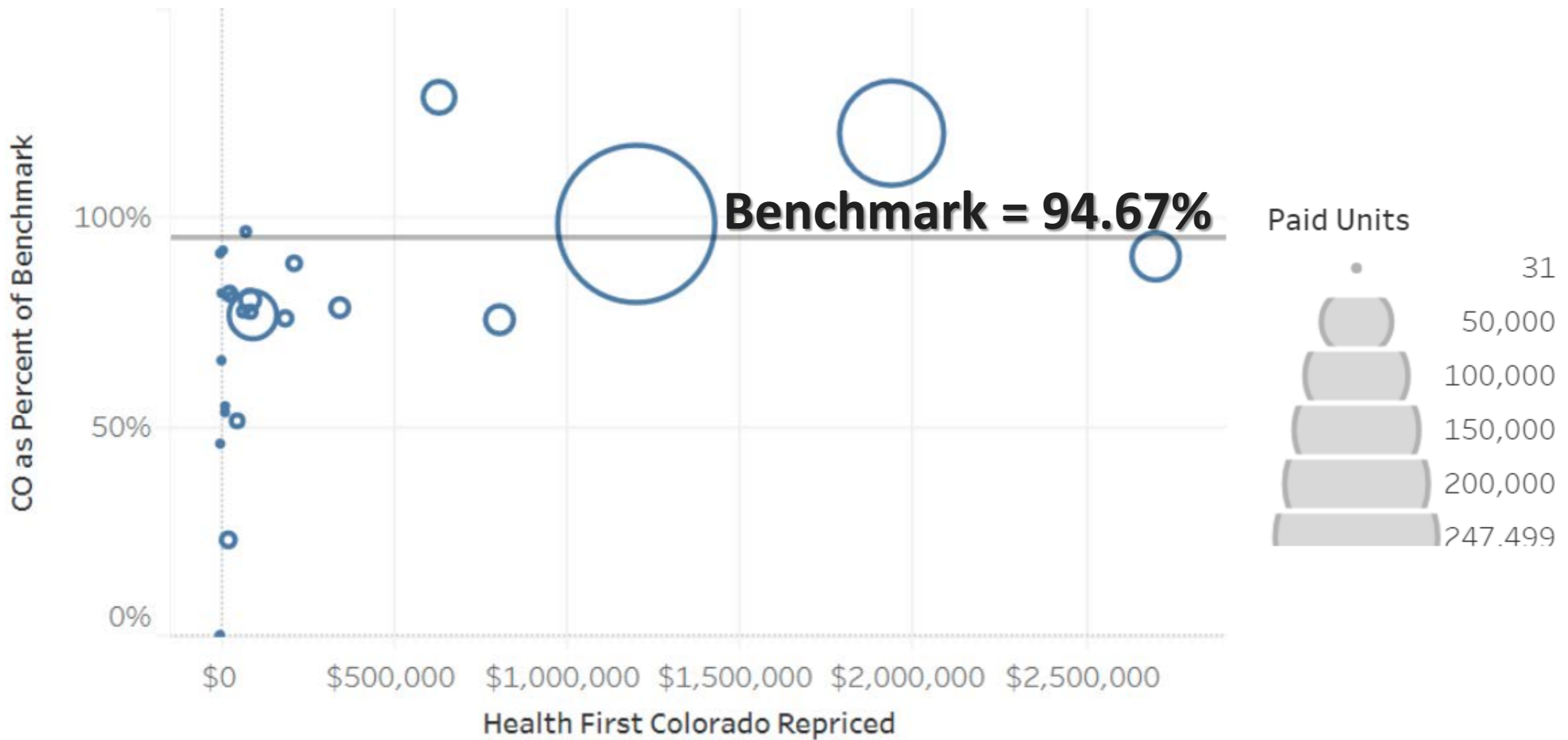
BH – Estimated Total Fund Impact

- Had Health First Colorado reimbursed at 100% of the benchmark in FY2017-18 it would have had an estimated total fund fiscal impact of **\$497,290.**

BH Comparison Results	
Colorado as a Percentage of Benchmark	94.67%
Colorado Repriced Amount	\$8,824,473
Benchmark Repriced Amount	\$9,321,763
Est. FY2017-18 Total Fund Impact	\$497,290

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BH – Scatterplot

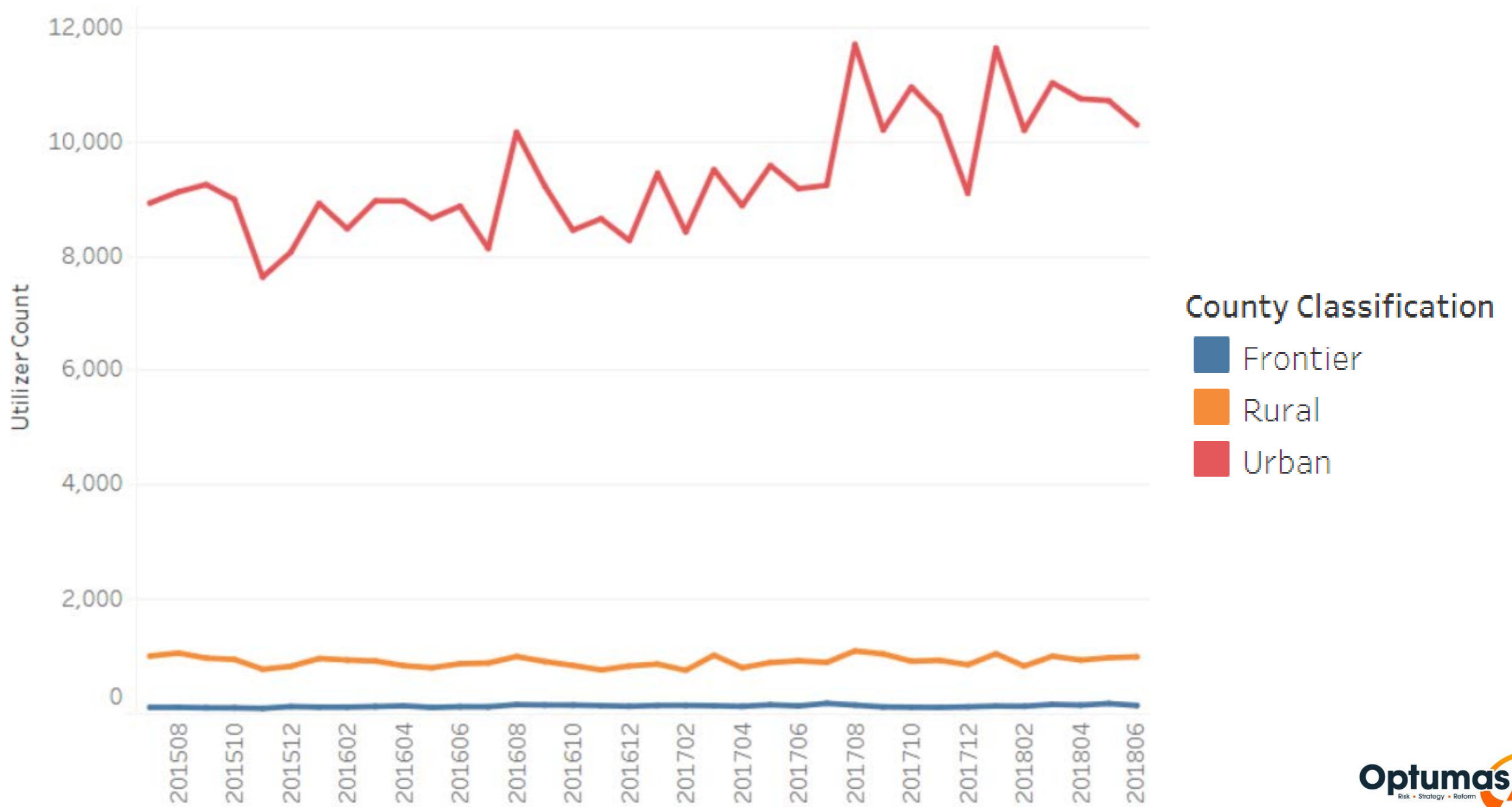


BH – Access Metrics

- Over Time
 - Utilizers
 - Providers
 - Utilizers per Provider (Panel Size)
- FY2017-18
 - Member to Provider Ratios
 - Utilizer Density
 - Penetration Rate
 - Drive Time Estimates

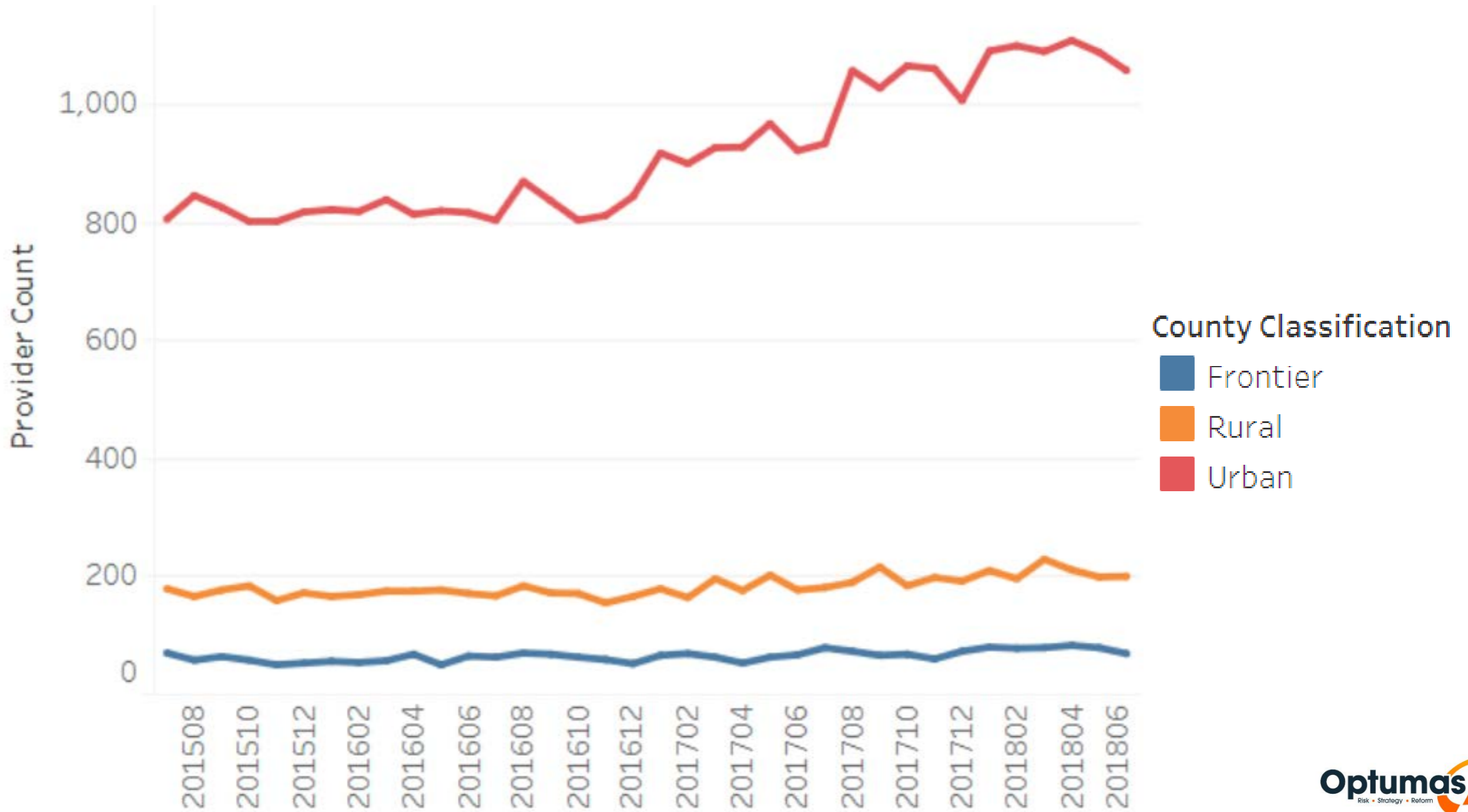
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BH – Distinct Utilizers Over Time



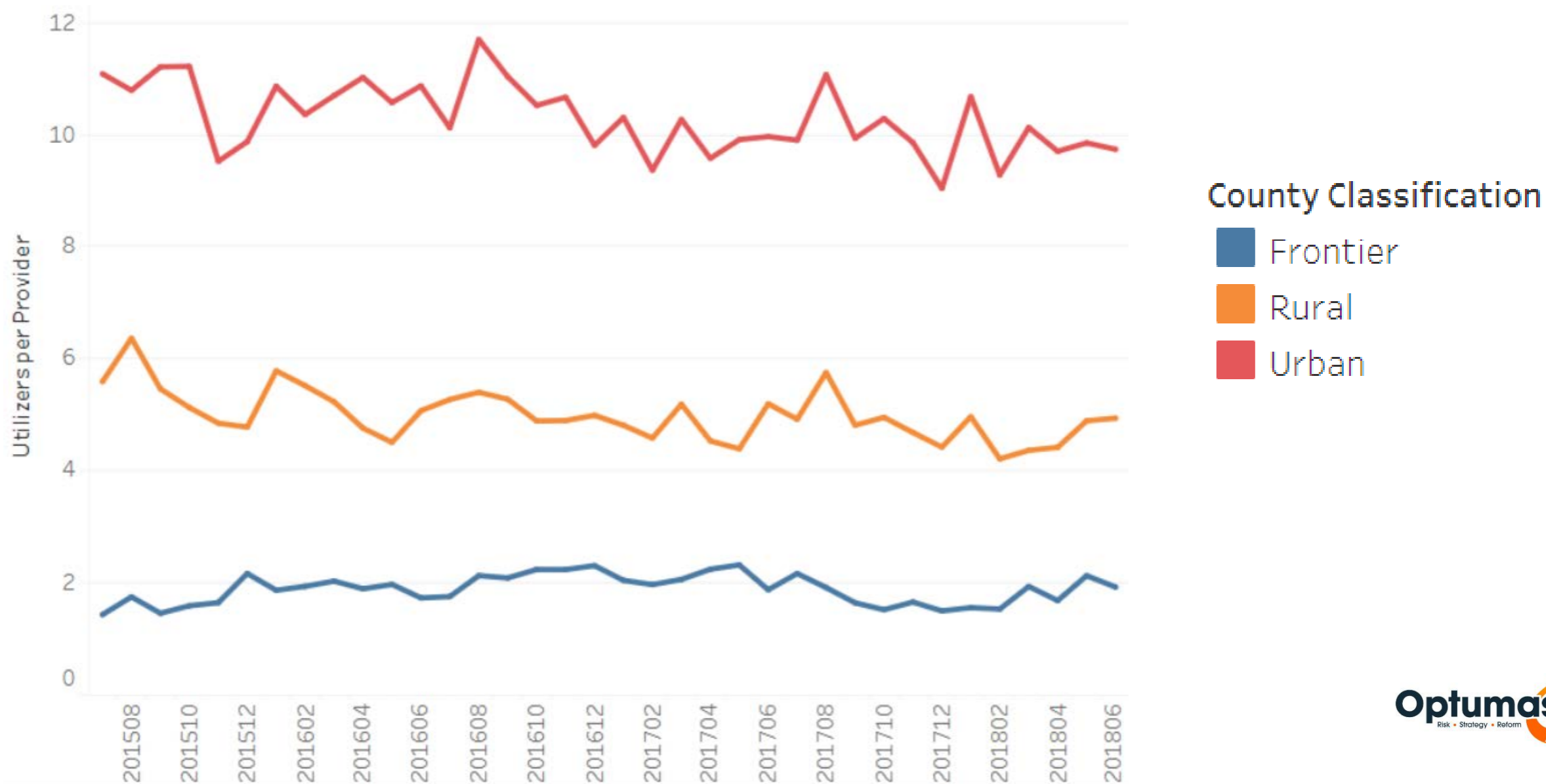
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BH – Active Providers Over Time



BH – Utilizers Per Provider (Panel Size)

- Panel Size estimates average Medicaid members seen per provider, by geographic area



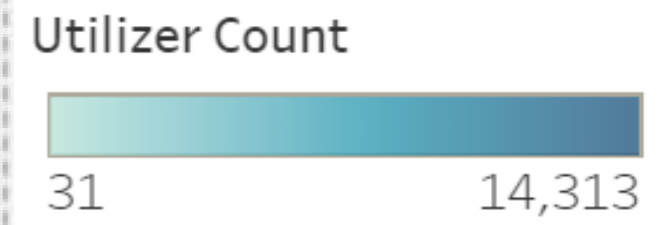
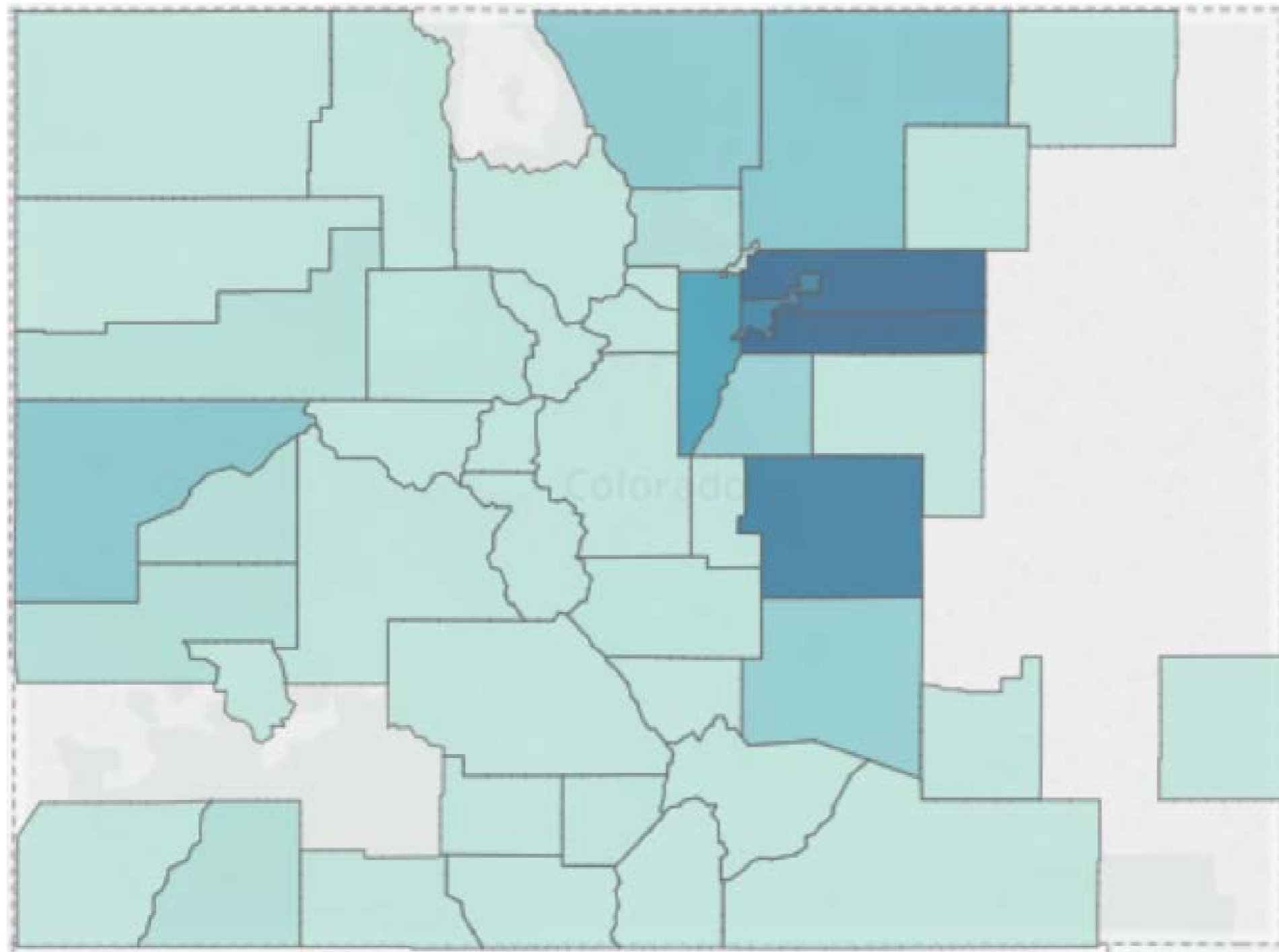
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- Expressed as providers per 1,000 members
- Normalizing, or standardizing, per 1,000 members allows for comparisons across areas with large differences in population size

Region	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

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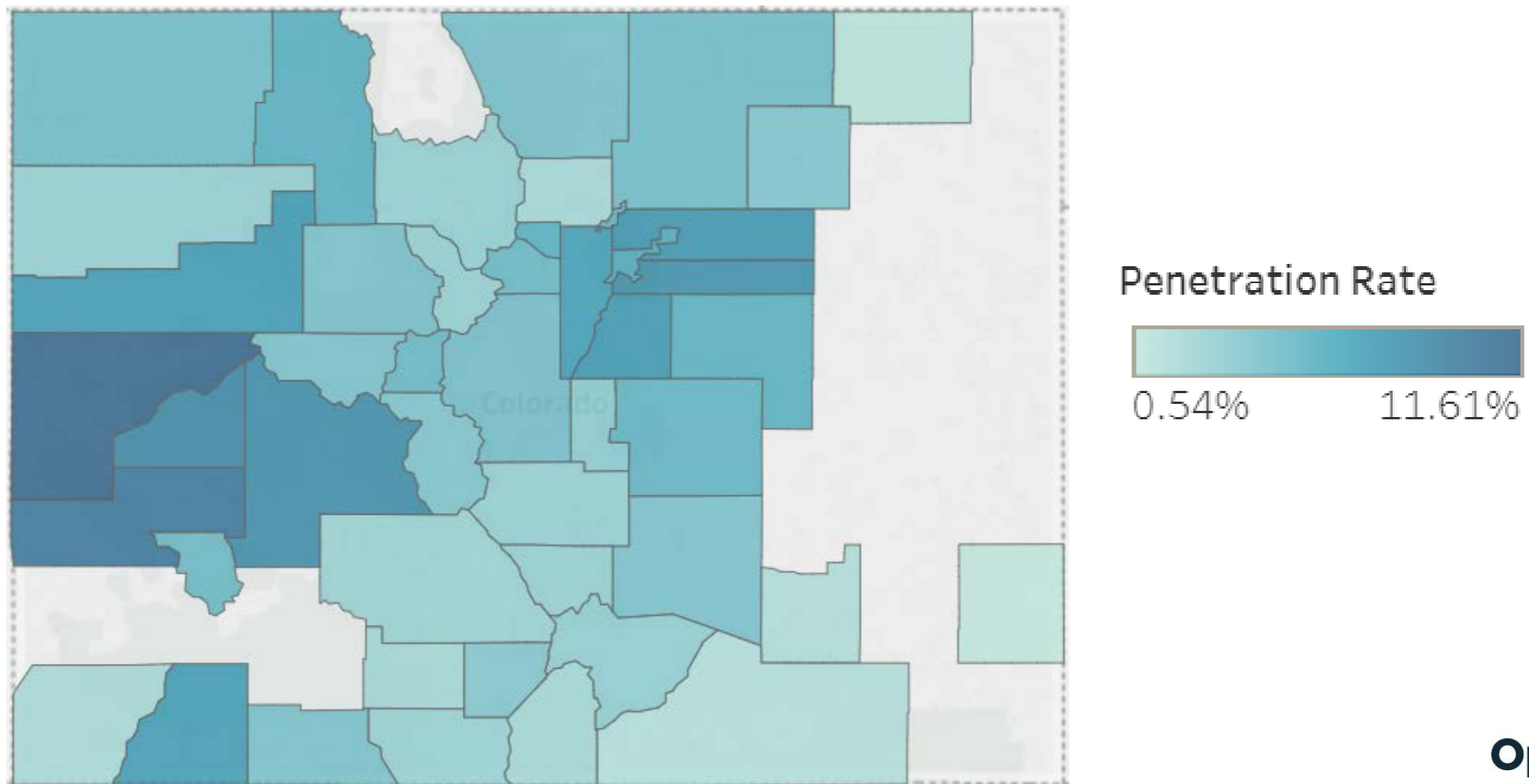
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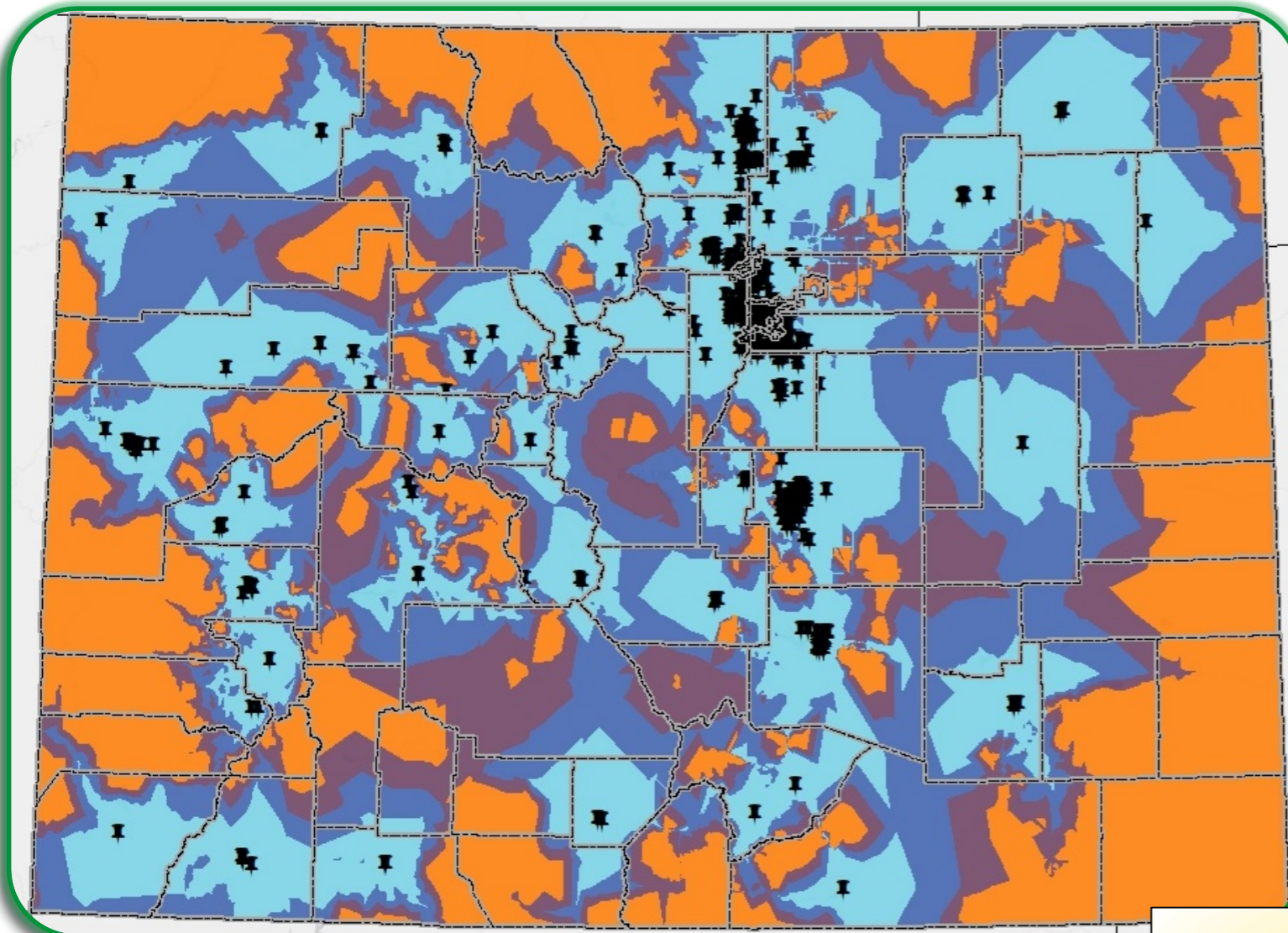
BH – Penetration Rate By Member County

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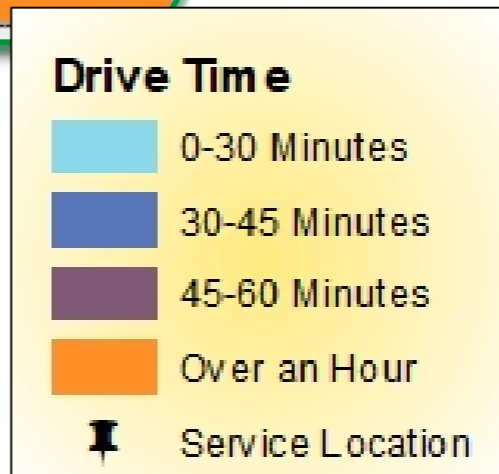
- Penetration Rates estimate the share of total Medicaid enrollees that received this service in FY2017-18



BH - ArcGIS Map



Drive Time	Percent of Utilizers by Drive Time
0-30 Minutes	96%
30-45 Minutes	3%
45-60 Minutes	<1%
Over an Hour	<1%
Total	100%



Questions - FFS Behavioral Health



Committee Discussion - FFS Behavioral Health



Stakeholder Comments - FFS Behavioral Health



Residential Child Care Facilities (RCCF)

Total Client Count	Total Provider Count	Total Paid Dollars
1,736	144	\$6,645,090

- Residential treatment services primarily for child welfare-involved youth, carved out of the capitated behavioral health program because of high needs.
- Utilizers are small in number, under age 21, and typically have high acuity, trauma-related diagnoses.



Residential Child Care Facilities

- Medicaid pays fee-for-service on defined therapy, medication management, and assessment codes.
- Room and board is not reimbursed by Health First Colorado.
 - It is covered by a daily facility rate paid by both county and state Child Welfare.
- Providers may enroll as an additional provider type in order to provide medically necessary services not included in the RCCF code set.
- RCCF code set is also used for RAE services, under the capitated behavioral health program.

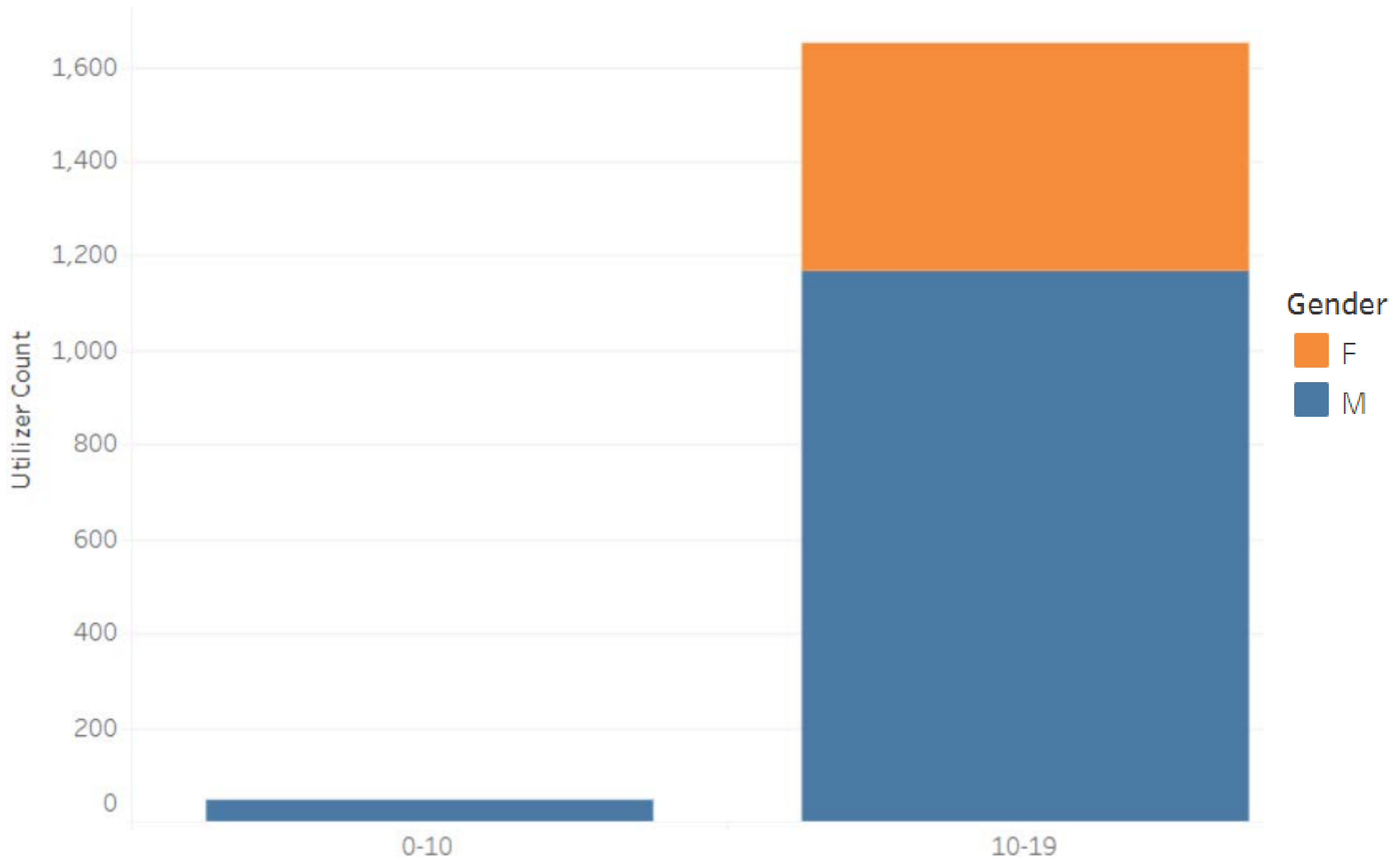


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RCCF – FY2017-18 Utilizers by Gender and Age Band

DRAFT



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RCCF – FY2017-18 Top Diagnosis Codes

Rank	Diagnosis Code	Description	Count of Utilizers
1	F4310	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	481
2	F919	CONDUCT DISORDER, UNSPECIFIED	246
3	F3489	OTHER SPECIFIED PERSISTENT MOOD DISORDERS	198
4	F912	CONDUCT DISORDER, ADOLESCENT-ONSET TYPE	196
5	F913	OPPOSITIONAL DEFIANT DISORDER	168

RCCF – Comparison Methodology

DRAFT

- Did not compare to Medicare rates
 - Although some services are covered by Medicare, the Department decided that other states' rates may reflect a more similar population than Medicare rates
- Other states' fee schedules
 - Previously compared: AZ, OK, OR, WY
 - Supplemented for validity: IA, ID, NC
 - CA, LA, WA, & WY fee schedules were selected to reflect youth-specific rates
 - All services matched on a procedure code-modifier basis to the fee schedules' respective levels of detail

RCCF – Base Data Adjustments

- Data Exclusions

Base Dollars	Post-Exclusion Dollars	Dollars Included
\$6,645,090	\$6,598,312	99.30%

- IBNR Adjustment

Post-Exclusion Dollars	IBNR-Adjusted Dollars	Completion Factor
\$6,598,312	\$6,868,228	96.07%

RCCF – Results Summary

DRAFT

Benchmark	FY19 Colorado Repriced	Benchmark Repriced	Percent of Benchmark
Other States	\$8,200,219	\$11,960,022	68.56%
Benchmark Total	\$8,200,219	\$11,960,022	68.56%

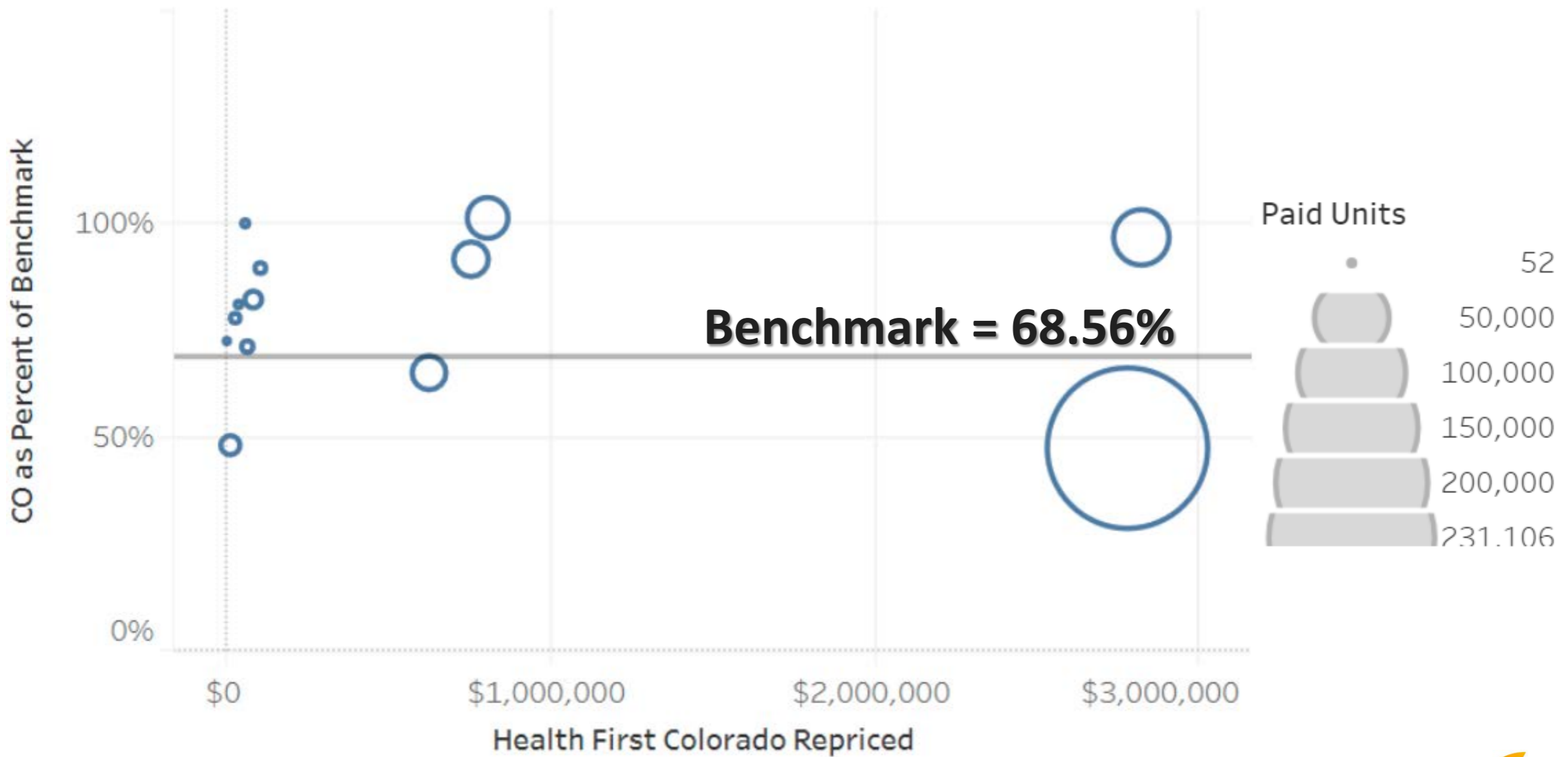
RCCF – Estimated Total Fund Impact

- Had Health First Colorado reimbursed at 100% of the benchmark in FY2017-18 it would have had an estimated total fund fiscal impact of **\$3,759,803**.

RCCF Comparison Results	
Colorado as a Percentage of Benchmark	68.56%
Colorado Repriced Amount	\$8,200,219
Benchmark Repriced Amount	\$11,960,022
Est. FY2017-18 Total Fund Impact	\$3,759,803

DRAFT

RCCF – Scatterplot

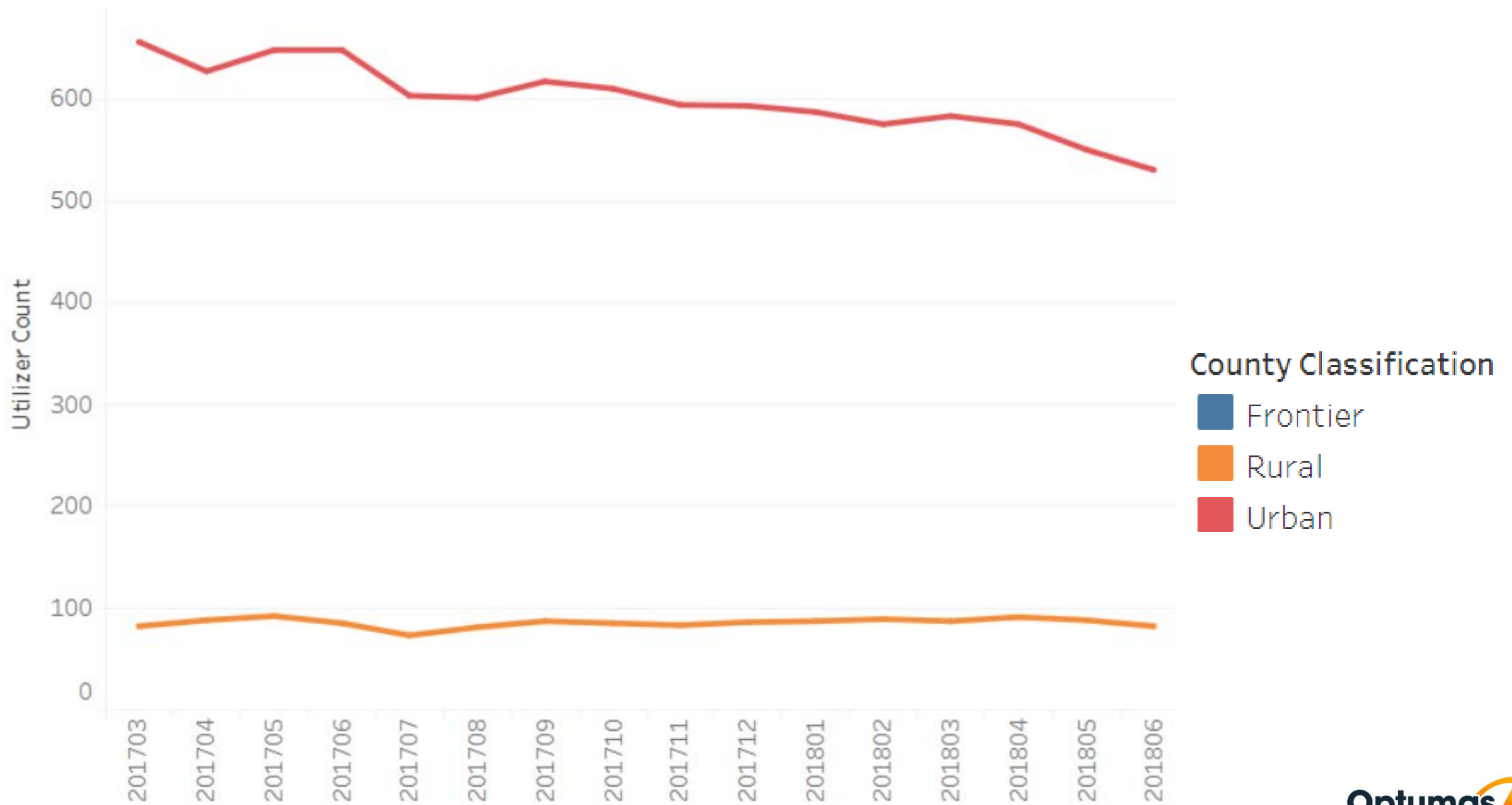


RCCF – Access Metrics

- Over Time
 - Utilizers
 - Providers
 - Utilizers per Provider (Panel Size)
- FY2017-18
 - Member to Provider Ratios
 - Utilizer Density
 - Penetration Rate

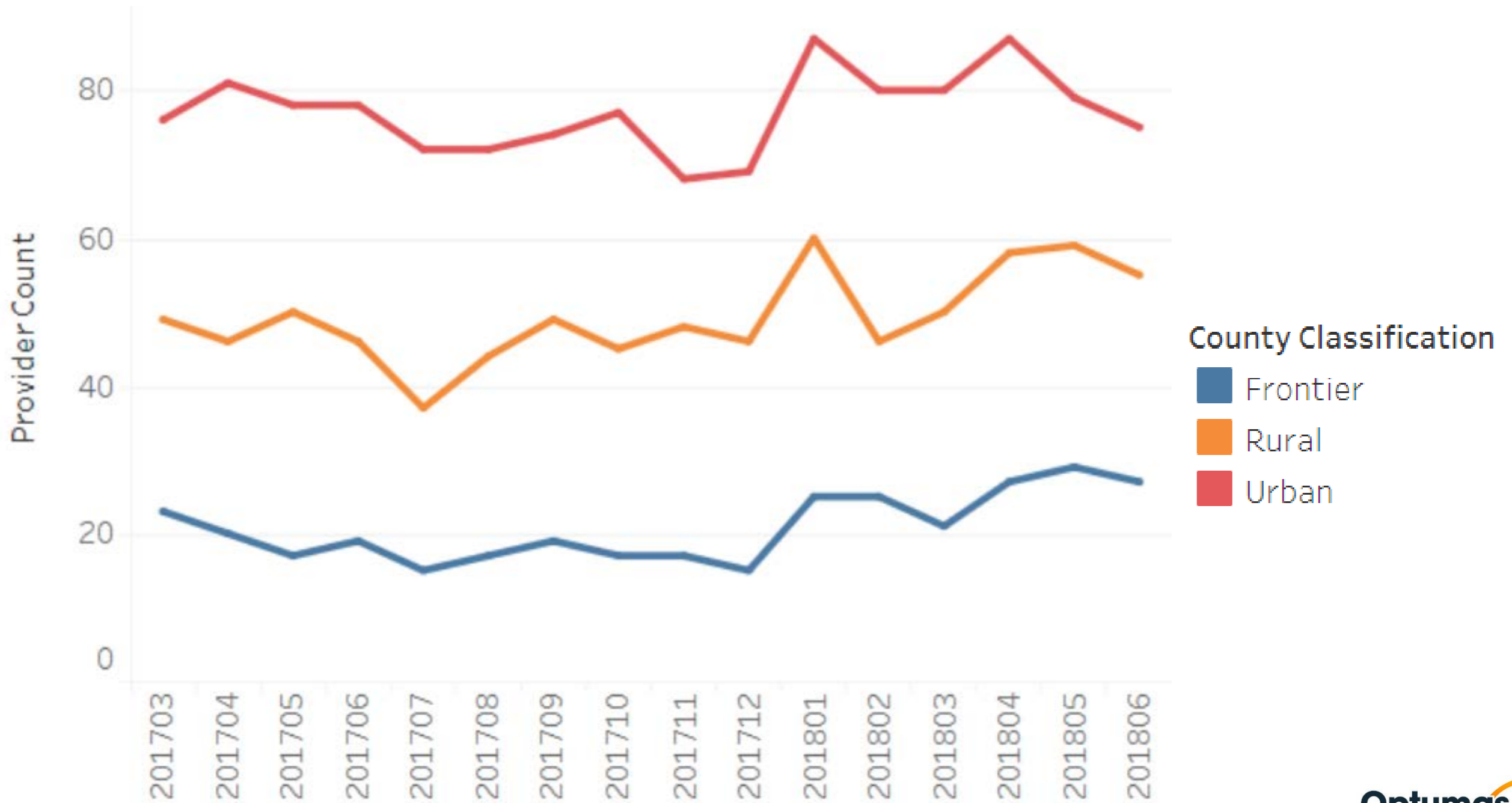
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RCCF – Distinct Utilizers Over Time



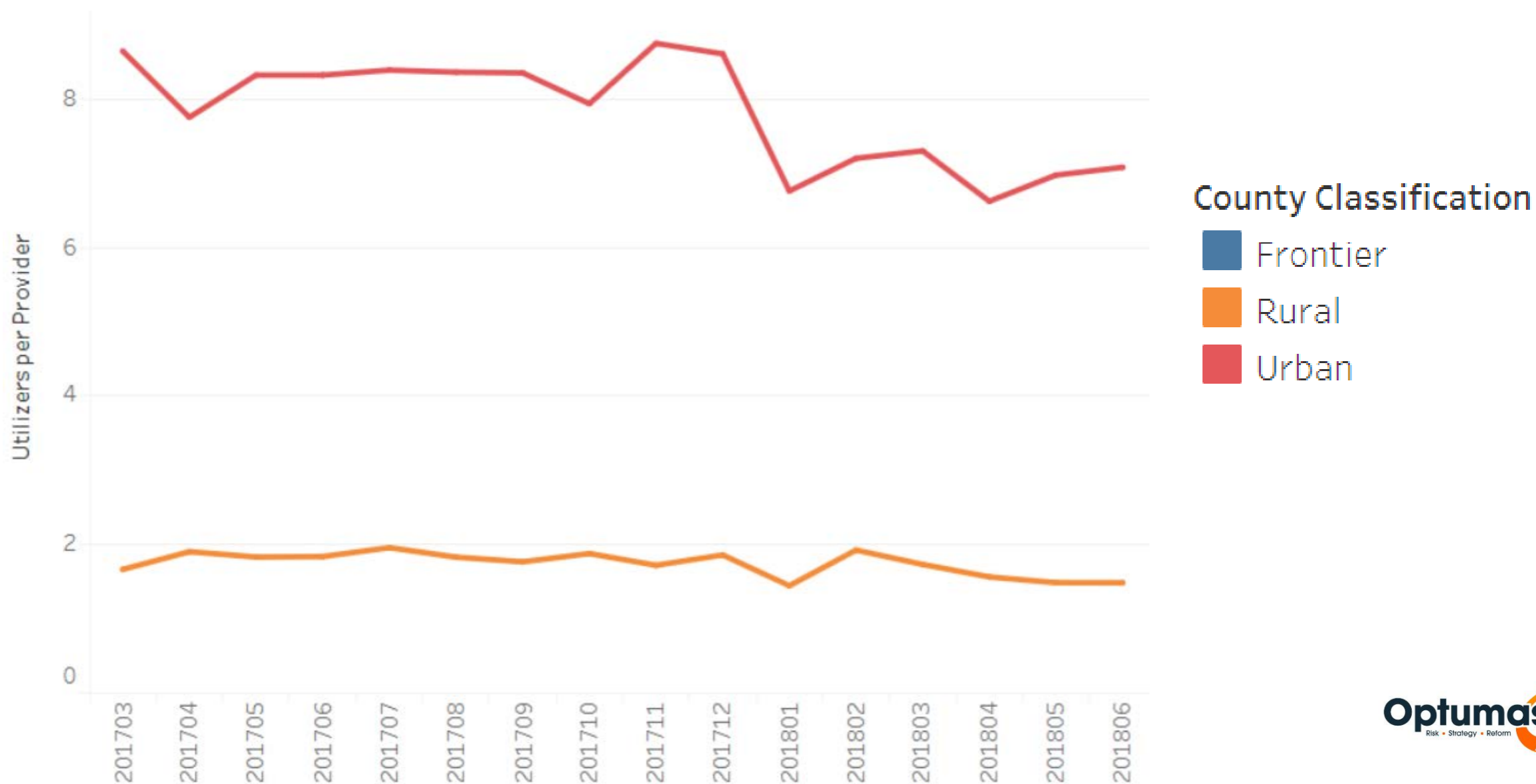
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RCCCF – Active Providers Over Time



RCCCF – Utilizers Per Provider (Panel Size)

- Panel Size estimates average Medicaid members seen per provider, by geographic area



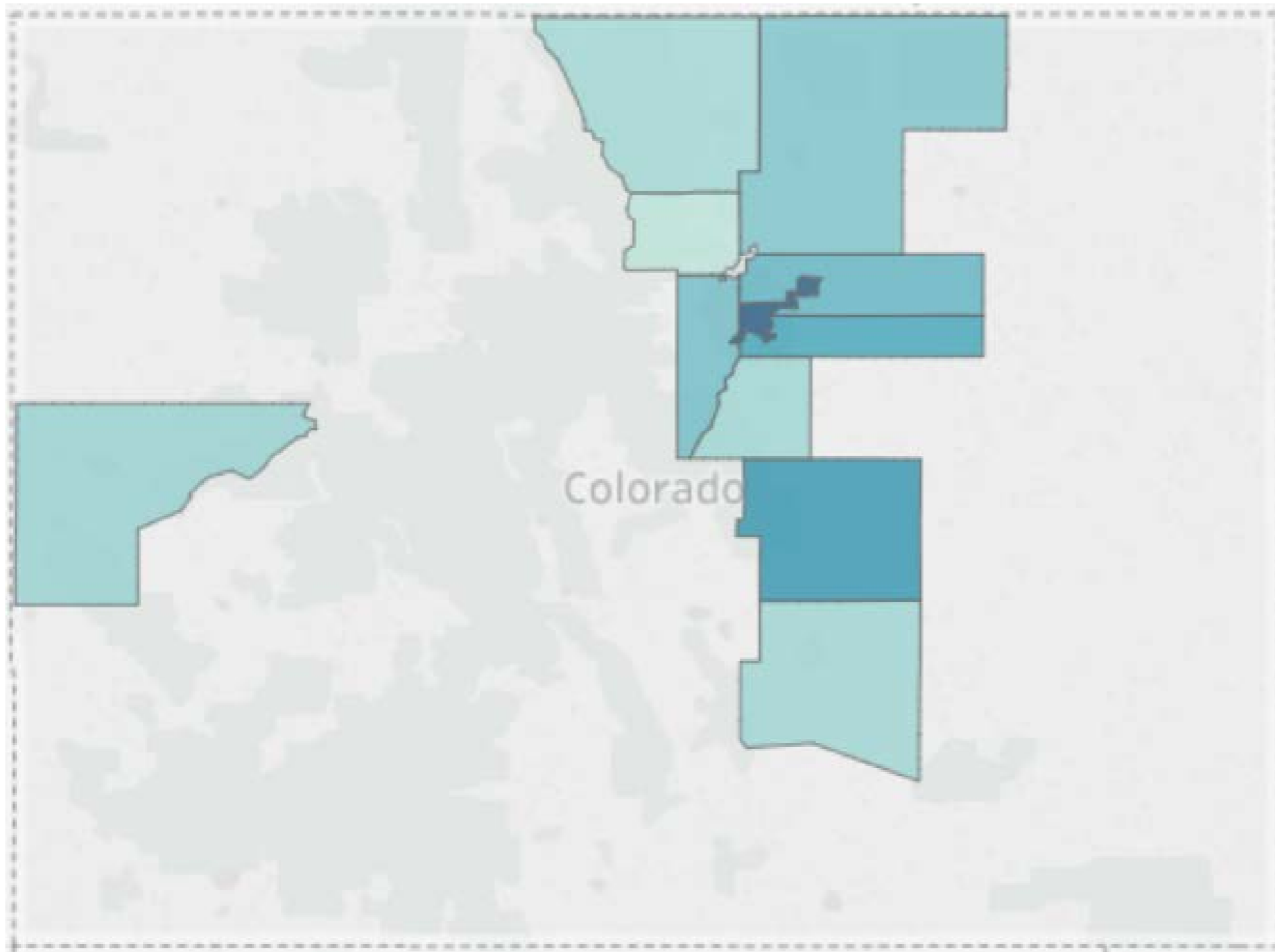
RCCF – Member to Provider Ratio

- Expressed as providers per 1,000 members
- Normalizing, or standardizing, per 1,000 members allows for comparisons across areas with large differences in population size

Region	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 – FY2017-18 Utilizer Density Map

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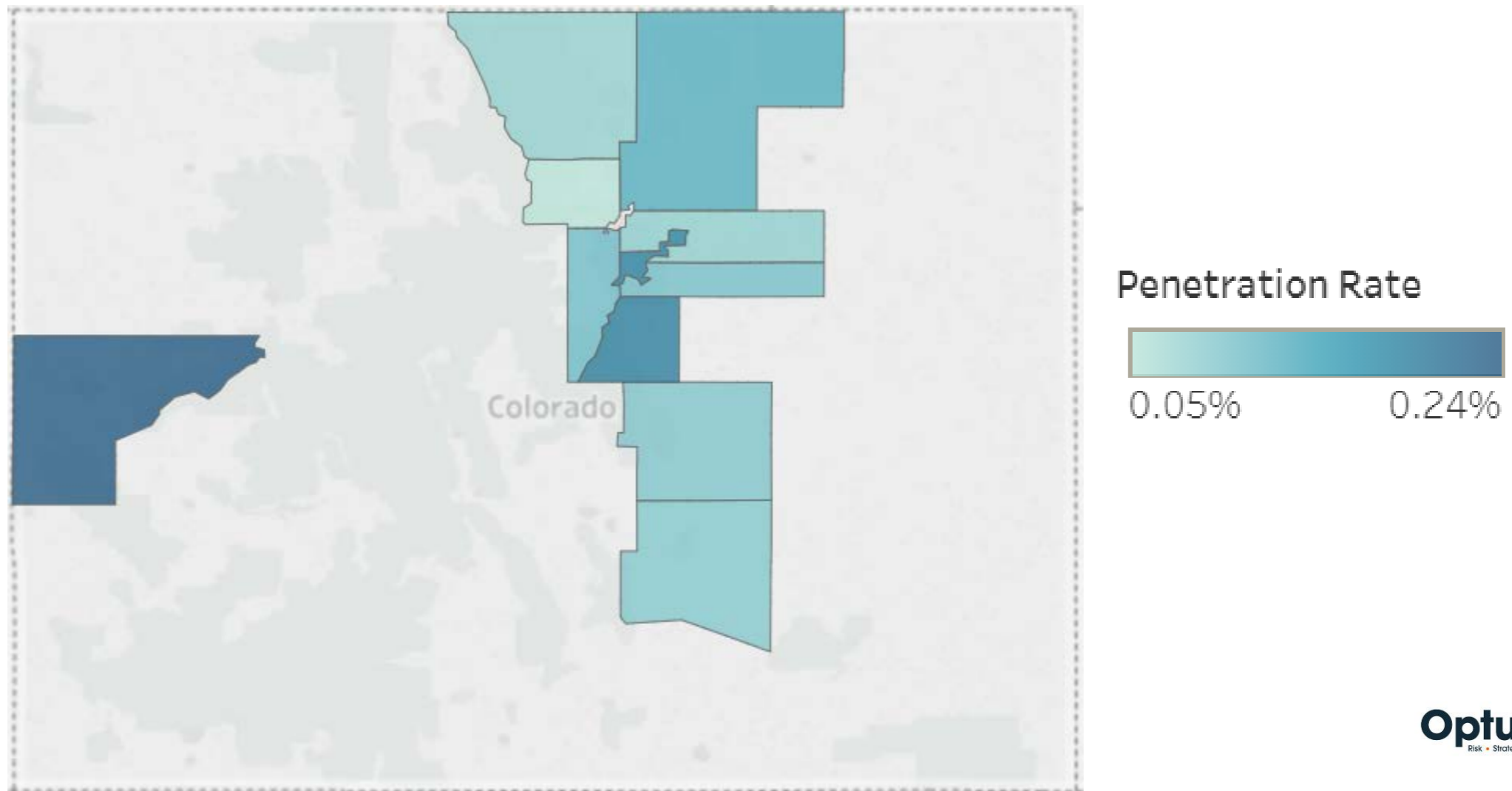
Utilizer Count



RCCF – Penetration Rate By Member County

DRAFT

- Penetration Rates estimate the share of total Medicaid enrollees that received this service in FY2017-18



Questions - RCCCF



Committee Discussion - RCCF



Stakeholder Comments - RCCF



Psychiatric Residential Treatment Facilities (PRTF)

- Residential treatment service for youth who require 24-hour medical care, carved out of the capitated behavioral health program because of high needs.
- Utilizers are small in number, under age 21, and typically have complex needs, including developmental challenges (higher acuity than RCCF).
- Could not show or complete rate comparison analysis due to sensitive PHI data.



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Psychiatric Residential Treatment Facilities

- The PRTF rate is a single, per diem facility payment. It includes all placement-related services provided to the child in the facility by facility staff. Services provided outside the facility, or by non-facility staff, are billed separately as fee-for-service.
 - Examples of fee-for-service claims that may be billed separately may include Dental or Vision services.
- Counties pay HCPF 20% of anticipated PRTF costs at the beginning of the year. HCPF reconciles with state Child Welfare at the end of the year.
- There is currently only one PRTF provider is enrolled with Health First Colorado. There are a few others in the state that accept commercial insurance.



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Psychiatric Residential Treatment Facilities

- Colorado's PRTF per diem rate is 114.36% of the benchmark (the other states' average rate).

State	Rate	Revenue Code	Proc Code	Unit Value	Service
CO	\$402.21	911		Per Diem	Psychiatric/Psychological Rehabilitation
MT	\$327.48	124		Per Diem	In-State PRTF
NE	\$337.20		T2033	Per Diem	Psychiatric Residential Treatment Facility (PRTF) -Specialty (per diem)
NE	\$316.93		T2048	Per Diem	Psychiatric Residential Treatment Facility (PRTF) -Community Based -Non-Specialty (per diem)
MS*	\$425.26			Per Diem	PRTF Treatment Facility Rates

**This is the average statewide Mississippi facility rate.*



Psychiatric Residential Treatment Facilities

- Summary:
 - Lower Total Paid Dollars for FY2017-18 compared to other services reviewed by committee.
 - Rate changes could potentially have impact operationally and clinically, but would not be expected to lead to a large fiscal impact for the Department.



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Psychiatric Residential Treatment Facilities

- Factors contributing to low utilization could include
 - Licensing rules that require RCCF facilities to be on a different site
 - Prospective payment model can be a hardship on counties
 - RCCFs have evolved to meet the need for higher levels of care
 - Rate has received only across the board (ATB) increases since it was set actuarially



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Questions - PRTF



Committee Discussion - PRTF



Stakeholder Comments - PRTF



Lunch Break

15 minutes



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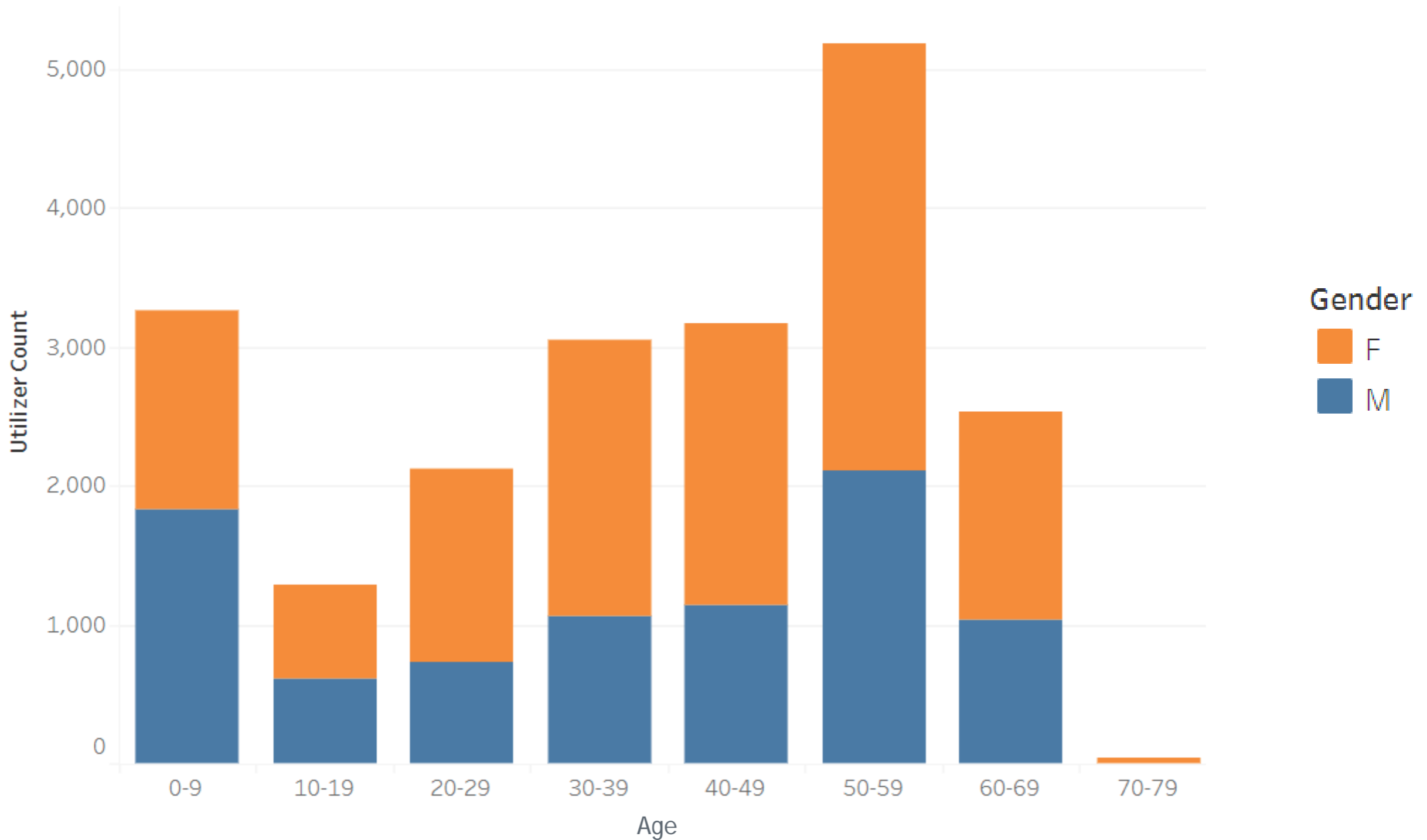
Ambulatory Surgical Centers (ASCs)

Total Client Count	Total Provider Count	Total Paid Dollars
20,631	235	\$13,350,822

- ASCs are distinct entities that provide a surgical setting for members who do not require hospitalization.

ASC – FY2017-18 Utilizers by Gender and Age Band

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ASC – FY2017-18 Top Diagnosis Codes

Rank	Diagnosis Code	Description	Count of Utilizers
1	Z1211	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	2,270
2	K029	DENTAL CARIES, UNSPECIFIED	1,422
3	R1013	EPIGASTRIC PAIN	721
4	Z86010	PERSONAL HISTORY OF COLONIC POLYPS	574
5	M5416	RADICULOPATHY, LUMBAR REGION	534

ASC – Base Data Adjustments

- Data Exclusions

Base Dollars	Post-Exclusion Dollars	Dollars Included
\$13,350,822	\$13,312,020	99.71%

- IBNR Adjustment

Post-Exclusion Dollars	IBNR-Adjusted Dollars	Completion Factor
\$13,312,020	\$13,415,406	99.23%

ASC – Comparison Methodology

- Health First Colorado pays ASC claims using a grouper
 - Grouper assigns claims to one of ten groups
 - One rate per group
 - Highest severity procedure on claim determines payment
 - Only one prospective payment is made per claim
- Health First Colorado FC FY2017-18 rates shown on next slide

ASC – Health First Colorado Grouper Rates

DRAFT

Grouper	Rate Effective July 1, 2018- June 30, 2019
A01	\$267.86
A02	\$358.73
A03	\$410.26
A04	\$506.77
A05	\$576.77
A06	\$664.45
A07	\$800.39
A08	\$782.70
A09	\$1,077.13
A10	\$1,786.57

ASC – Comparison Methodology

- Medicare ASC fee schedules
 - Wage Index (WI) Adjustment (50%)
- 2 Medicare repricing scenarios
 - 1. Header (HDR) level – What Medicare would pay for that single procedure
 - 2. Multiple Procedure Discounting (MPD) – Additional payments for additional procedures on the claim
 - Methodology shown on later slide
- Other states' ASC fee schedules
 - All services matched on a procedure code level to ASC-specific fee schedules
 - Previously compared: AZ, NE, WY
 - Supplemented for validity: AK, AL, CT, ID, IN, MT, NM, NV, SD, TX

ASC – Top 2 Other States Examples

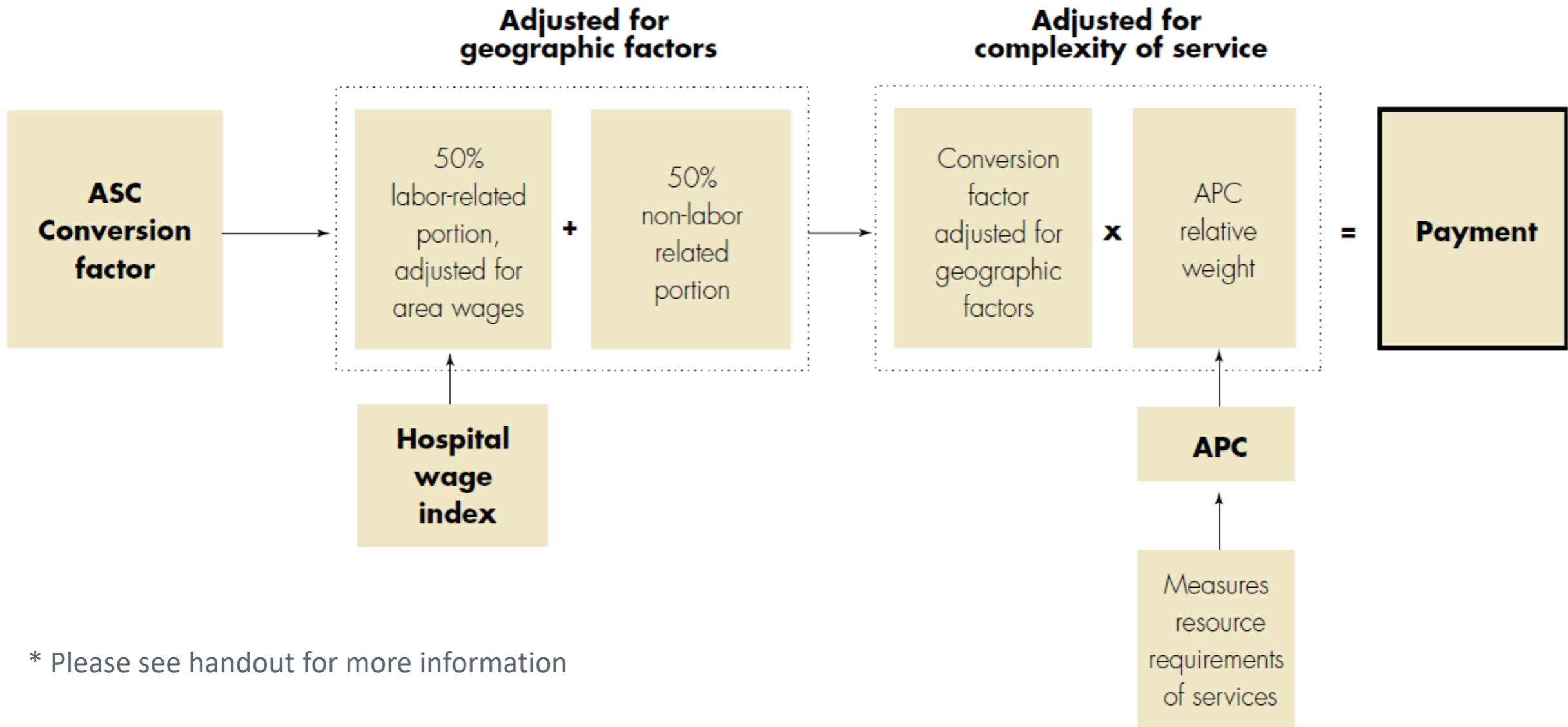
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Procedure Code	Description	Colorado Repriced	Percent of Base	Colorado Rate	Other States Average Rate	Colorado as Percent of Benchmark
41899	Dental Surgery Procedure	\$2,085,320	16.90%	\$1,077.13	\$650.61	165.95%
27096	Inject Sacroiliac Joint	\$102,232	0.83%	\$410.26	\$194.29	211.54%

ASC – Medicare MPD Payment Methodology

DRAFT

Figure 1 Ambulatory surgical center services payment system



* Please see handout for more information

ASC – 2 Medicare Scenarios

DRAFT

Claim Line	Groupers	Procedure Code	Colorado Repriced	1. Medicare HDR Repriced	2. Medicare MPD Repriced
1	A05	31255	\$576.77	\$1,813.44	\$1,813.44
2	A05	31255	\$0.00	\$0.00	\$906.72
3	A03	31267	\$0.00	\$0.00	\$906.72
4	A03	31288	\$0.00	\$0.00	\$906.72
Total			\$576.77	\$1,813.44	\$4,533.60

- Medicare rates in this example reflect geographic adjustments

Results Summaries

DRAFT

Benchmark - HDR	FY19 Colorado Repriced	Benchmark Repriced	Percent of Benchmark
Other States	\$2,229,202	\$1,358,568	164.08%
Medicare - HDR	\$10,110,132	\$16,729,617	60.43%
Benchmark Total	\$12,339,335	\$18,088,185	68.22%

Benchmark - MPD	FY19 Colorado Repriced	Benchmark Repriced	Percent of Benchmark
Other States	\$2,229,202	\$1,358,568	164.08%
Medicare - MPD	\$10,110,132	\$17,935,358	56.37%
Benchmark Total	\$12,339,335	\$19,293,926	63.95%

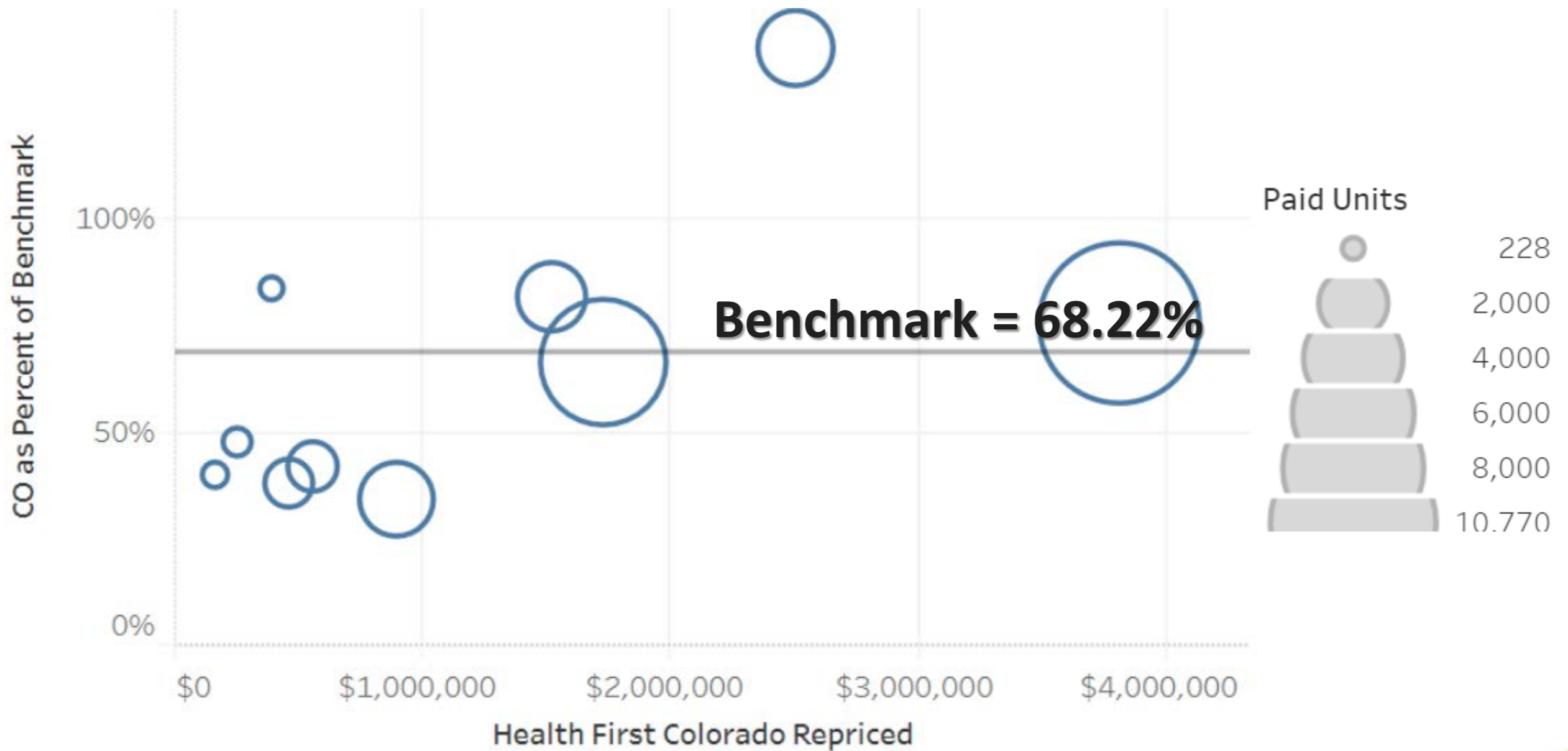
ASC – Estimated Total Fund Impact

- Had Health First Colorado reimbursed at 100% of the benchmark in FY2017-18 it would have had an estimated total fund fiscal impact of **\$6,954,591**.

ASC Comparison Results	
Colorado as a Percentage of Benchmark	63.95%
Colorado Repriced Amount	\$12,339,335
Benchmark Repriced Amount	\$19,293,926
Est. FY2017-18 Total Fund Impact	\$6,954,591

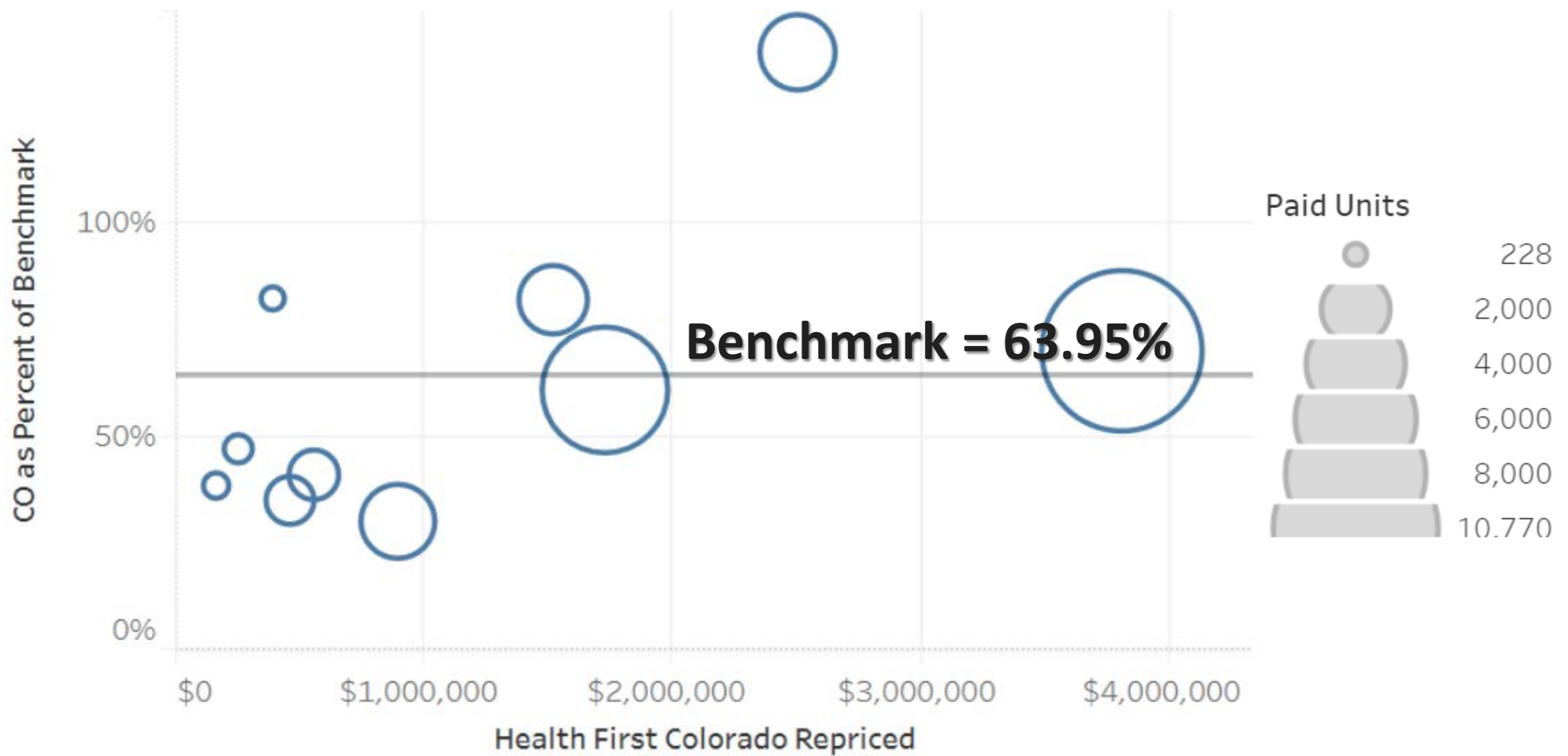
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ASC (HDR) – Scatterplot



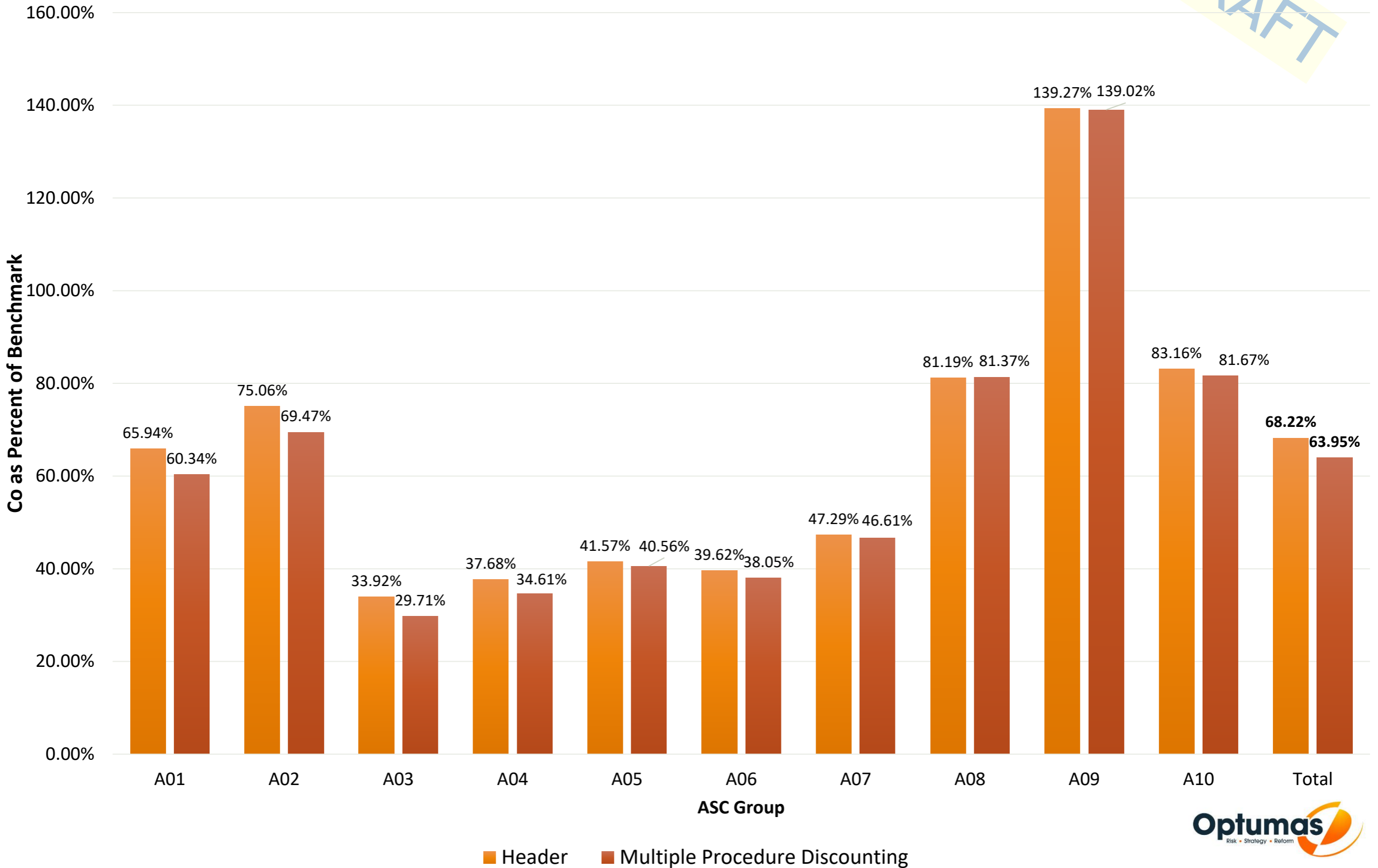
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ASC (MPD) – Scatterplot



ASC Rate Comparison Results

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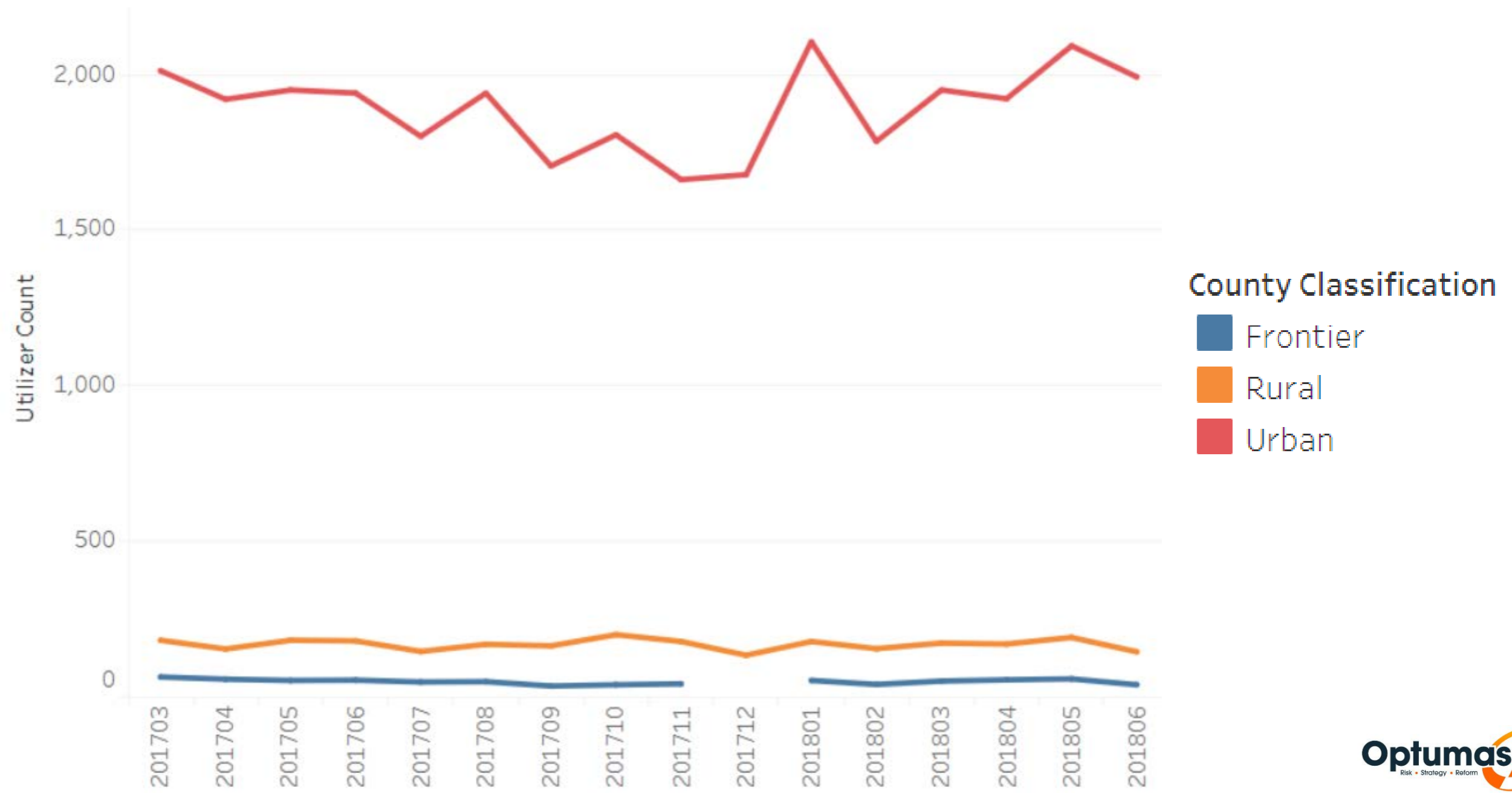


ASC – Access Metrics

- Over Time
 - Utilizers
 - Providers
 - Utilizers per Provider (Panel Size)
- FY2017-18
 - Member to Provider Ratios
 - Utilizer Density
 - Penetration Rate
 - Drive Time Estimates

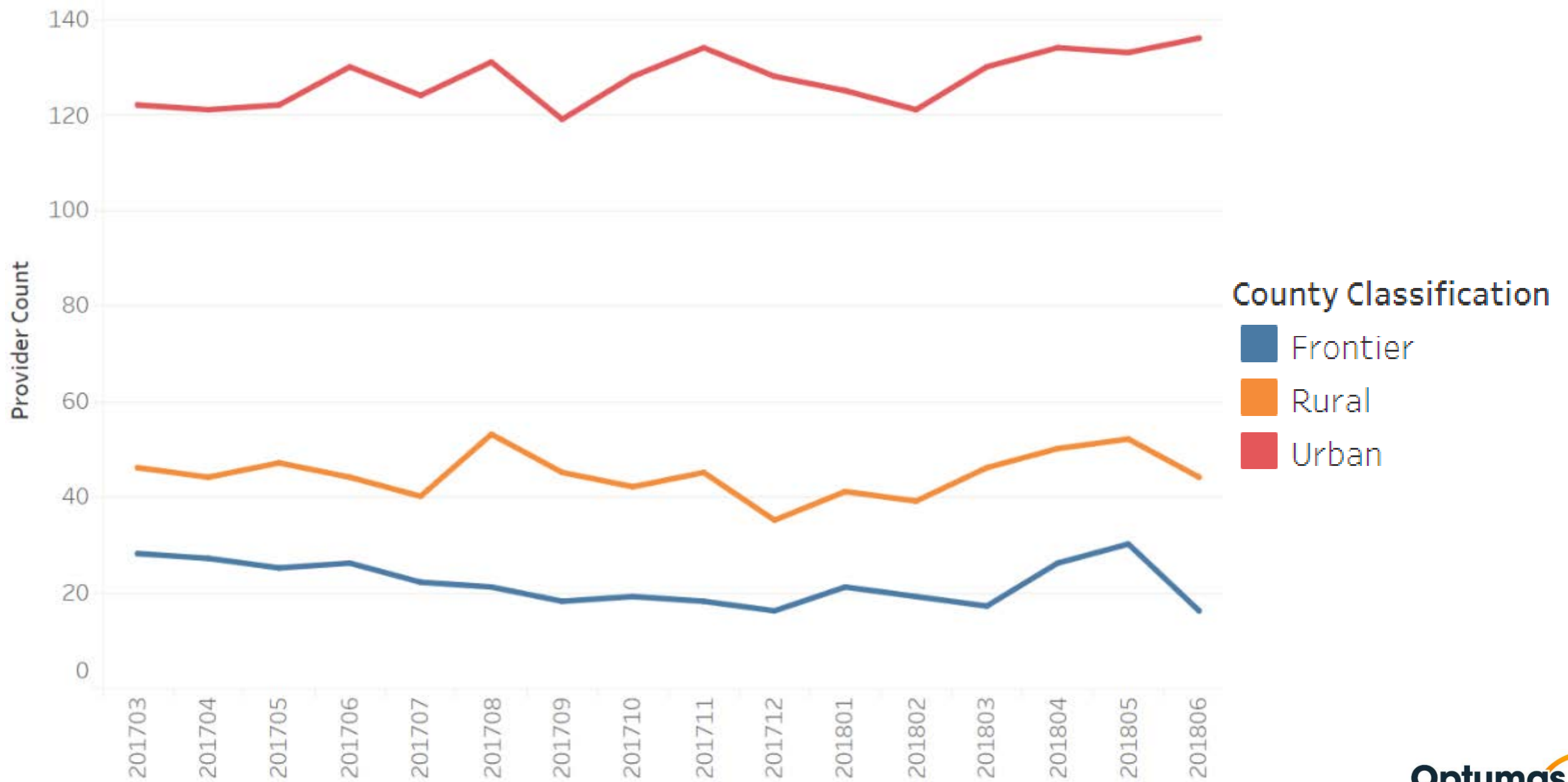
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ASC – Distinct Utilizers Over Time



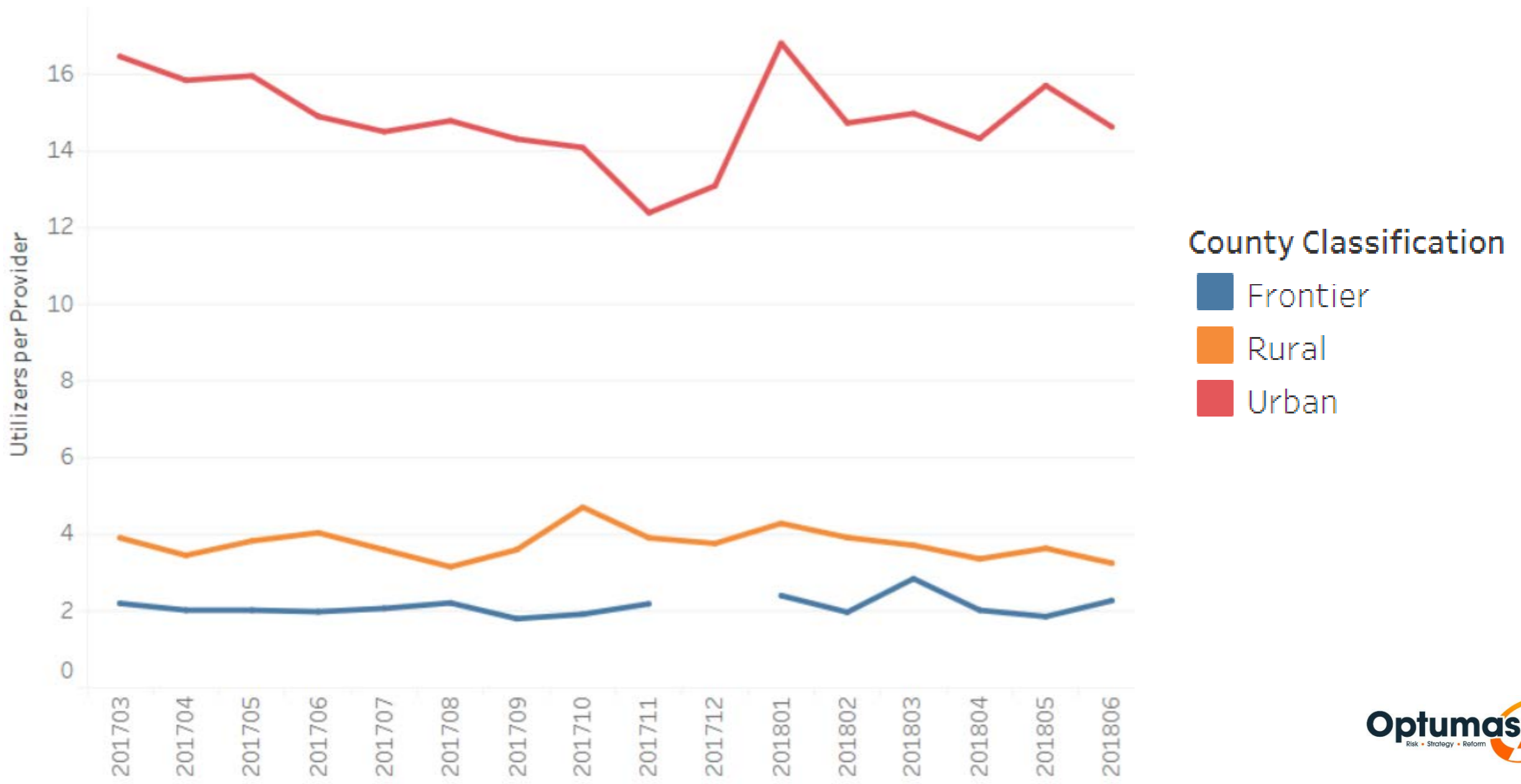
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ASC – Active Providers Over Time



ASC – Utilizers Per Provider (Panel Size)

- Panel Size estimates average Medicaid members seen per provider, by geographic area



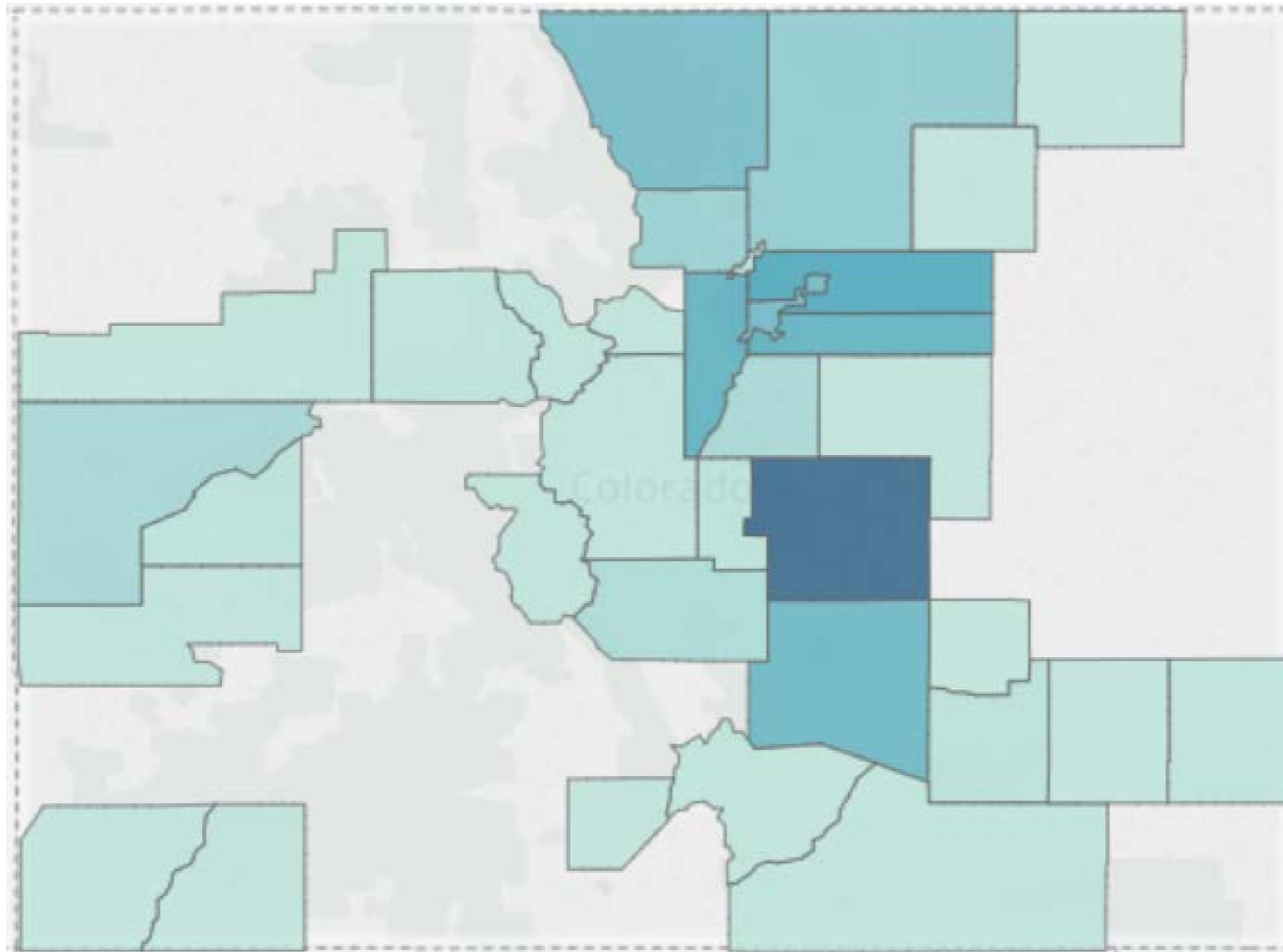
ASC – Member to Provider Ratio

- Expressed as providers per 1,000 members
- Normalizing, or standardizing, per 1,000 members allows for comparisons across areas with large differences in population size

Region	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 – Utilizer Density FY2017-18 Map

DRAFT



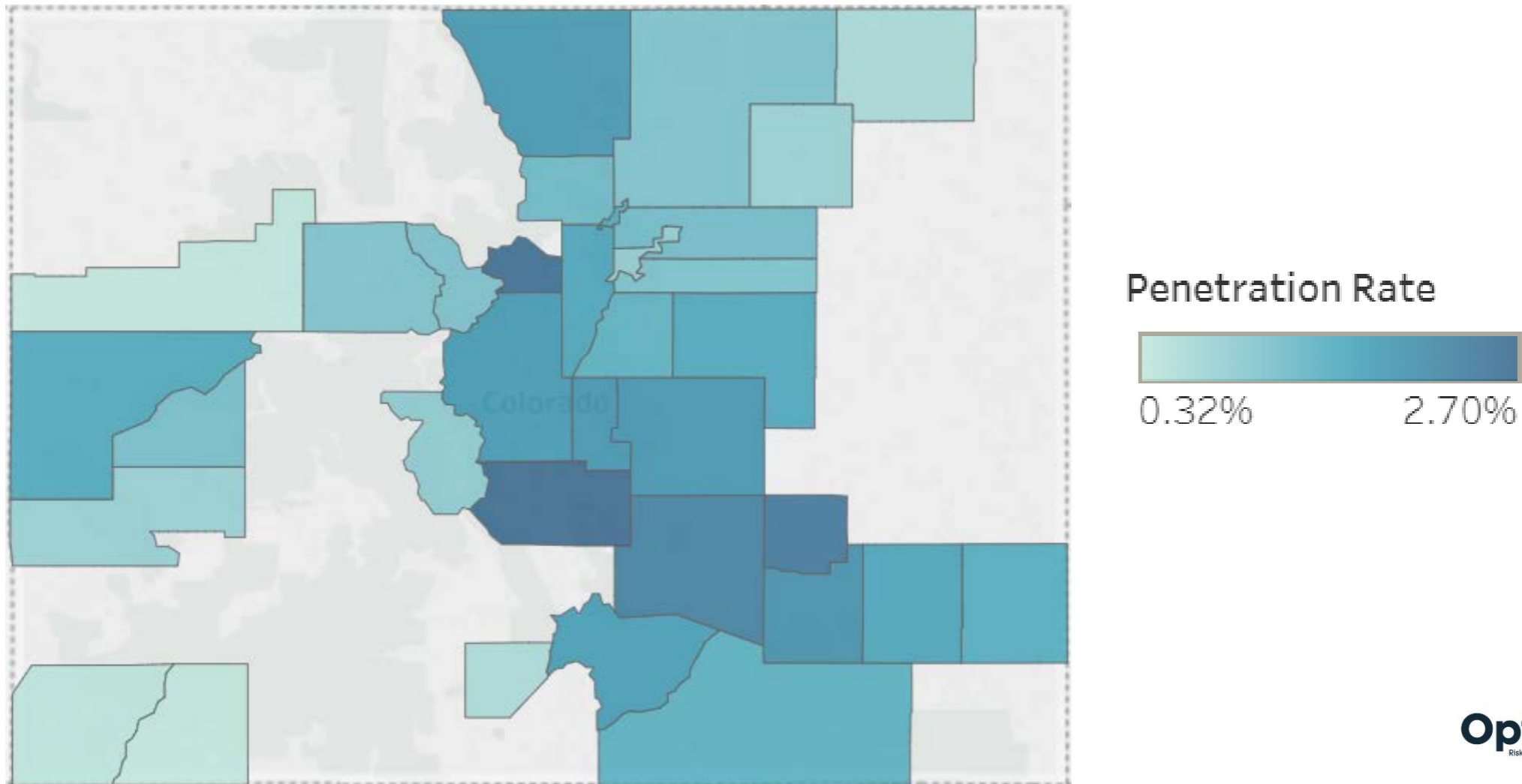
Utilizer Count



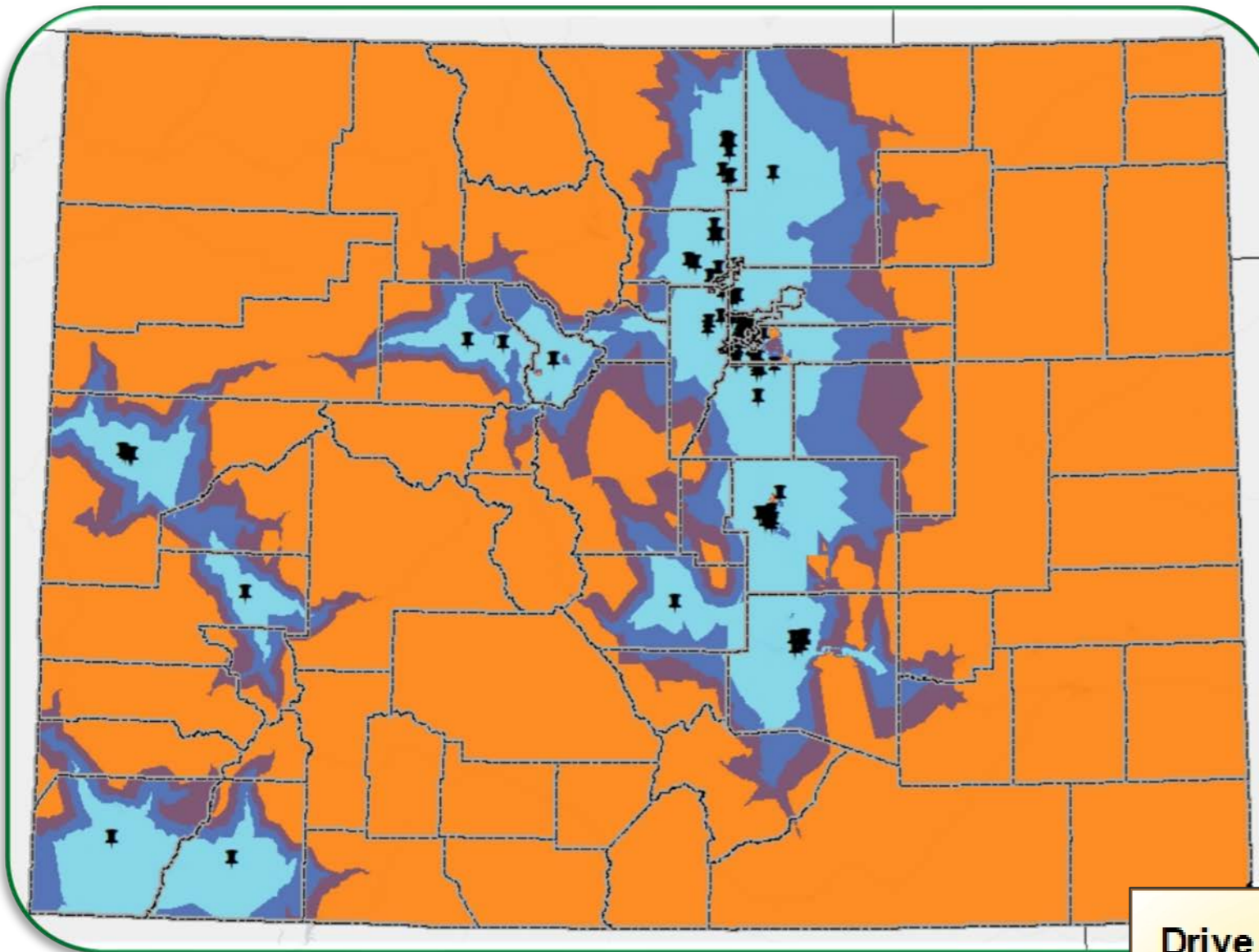
ASC - Penetration Rate By Member County

DRAFT

- Penetration Rates estimate the share of total Medicaid enrollees in a county that received this service in FY2017-18



ASC - ArcGIS Map



Drive Time	Percent of Utilizers by Drive Time
0-30 Minutes	85%
30-45 Minutes	5%
45-60 Minutes	4%
Over an Hour	6%
Total	100%



Questions - ASCs



MPRRAC Discussion - ASCs



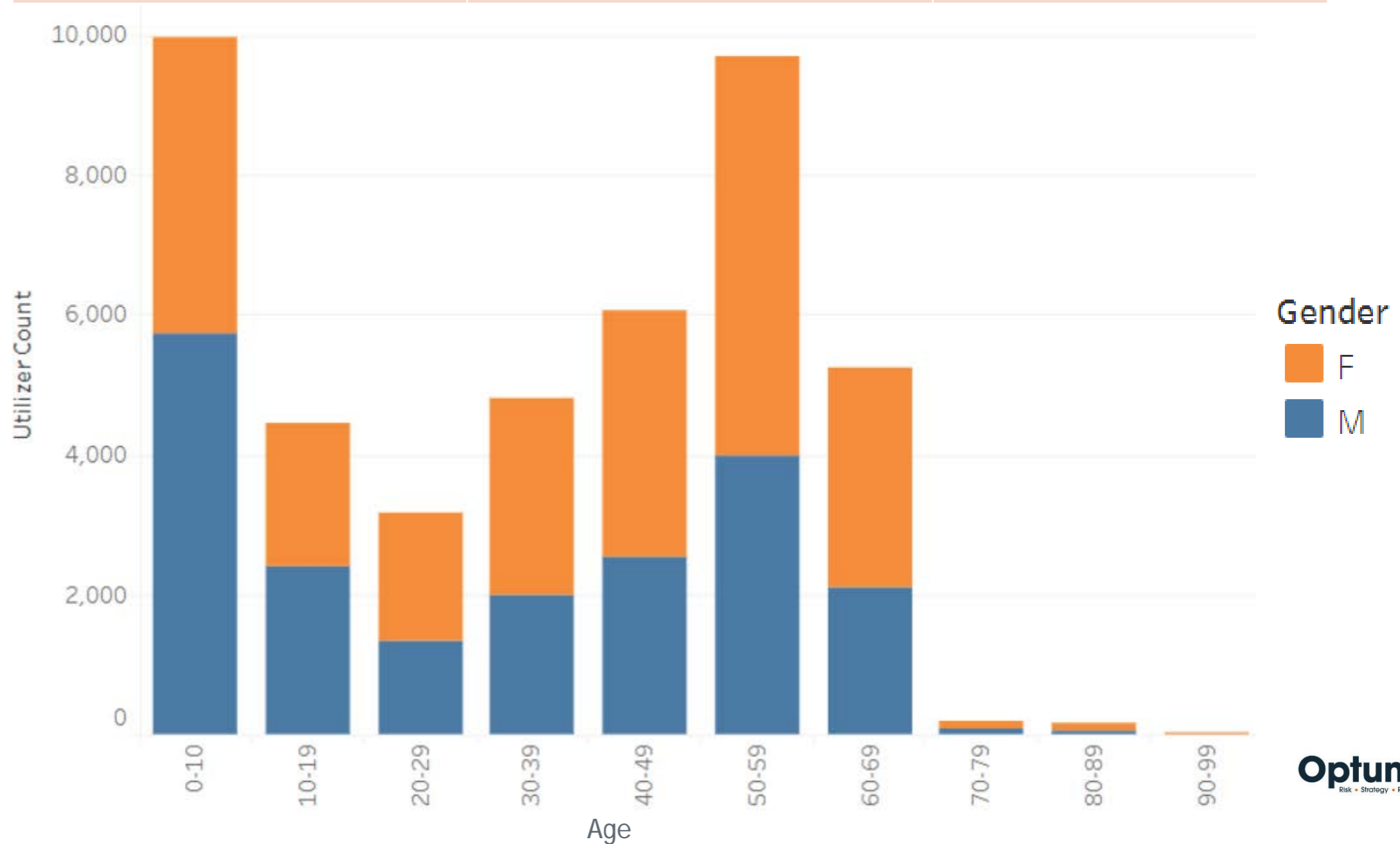
Stakeholder Comment - ASCs



DME – FY2017-18 Utilizers by Gender and Age Band

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FY2017-18 Distinct Utilizers	FY2017-18 Distinct Providers	FY2017-18 Paid Dollars
47,241	220	\$71,190,356



DME – FY2017-18 Top Diagnosis Codes

Rank	Diagnosis Code	Description	Count of Utilizers
1	R0902	HYPOXEMIA	9,142
2	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	6,889
3	J449	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	4,221
4	J45909	UNSPECIFIED ASTHMA, UNCOMPLICATED	1,373
5	G809	CEREBRAL PALSY, UNSPECIFIED	782

Results Summary

TOTAL FUND IMPACT AND BENCHMARK SUMMARIES

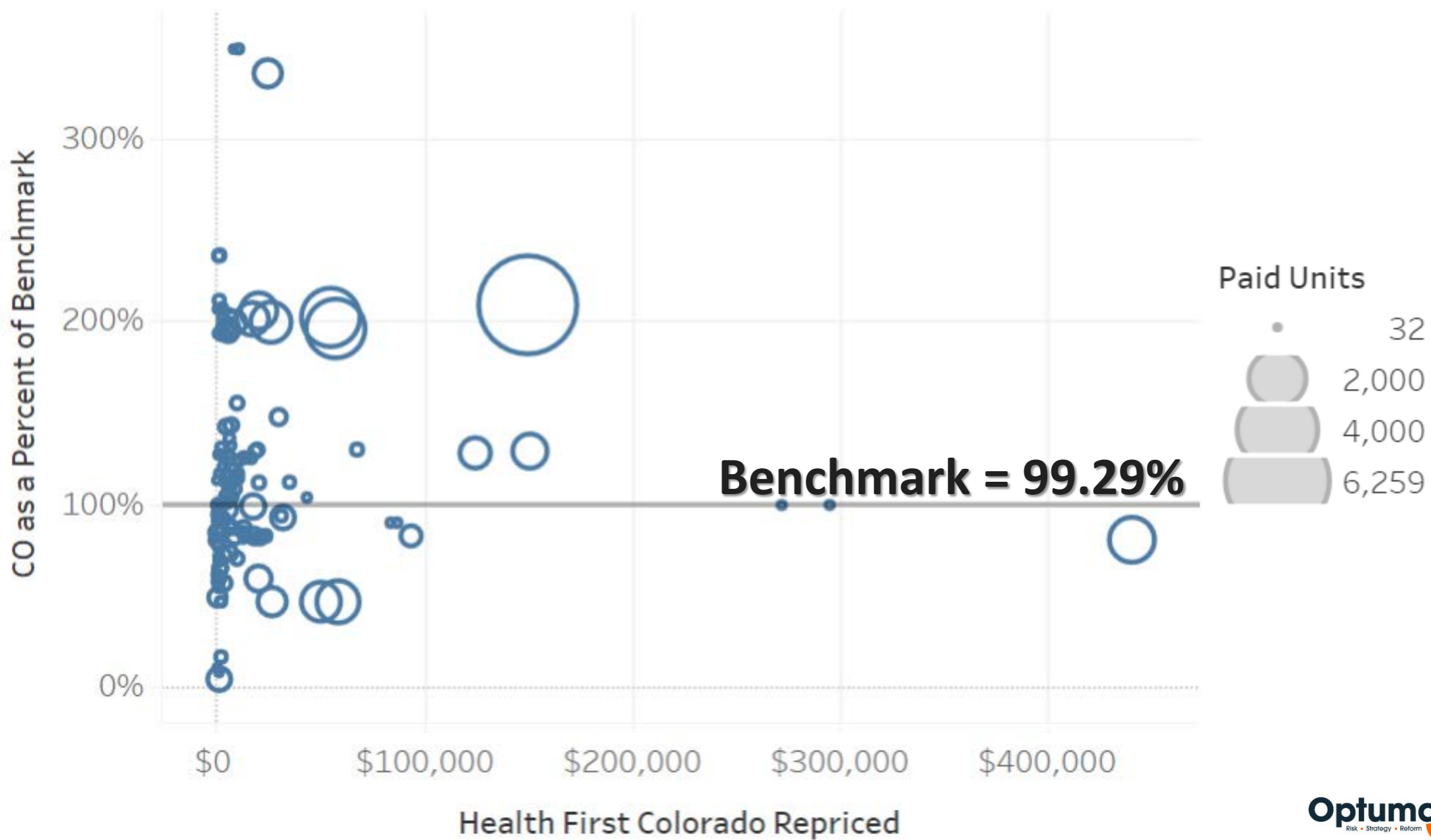
DME – Estimated Total Fund Impact

- Had Health First Colorado reimbursed at 100% of the benchmark in FY2017-18 it would have had an estimated total fund fiscal savings of **(\$349,994)**.

DME Comparison Results	
Colorado as a Percentage of Benchmark	100.75%
Colorado Repriced Amount	\$47,064,992
Benchmark Repriced Amount	\$46,715,048
Est. FY2017-18 Total Fund Impact	(\$349,944)

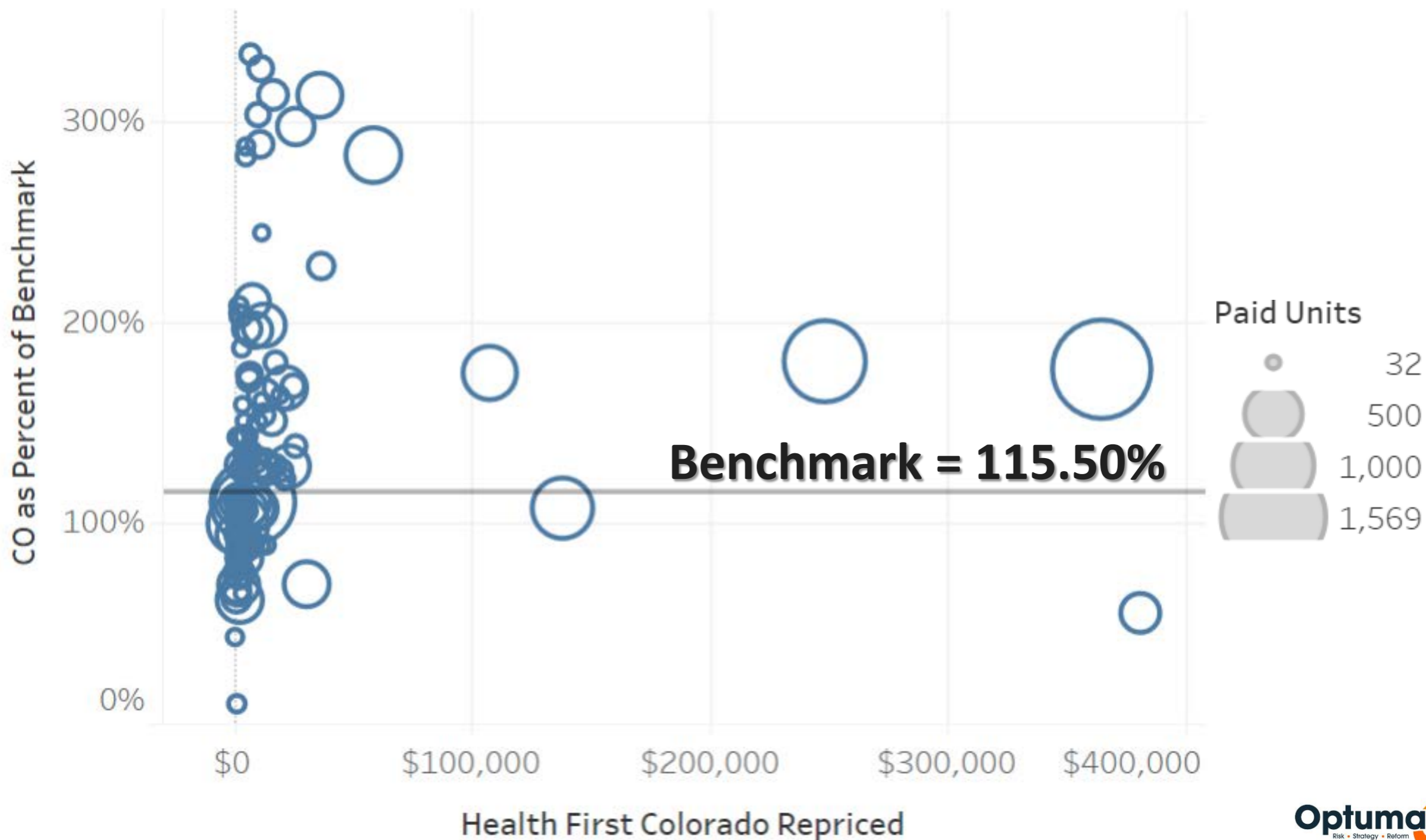
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DME (Other States) – Scatterplot



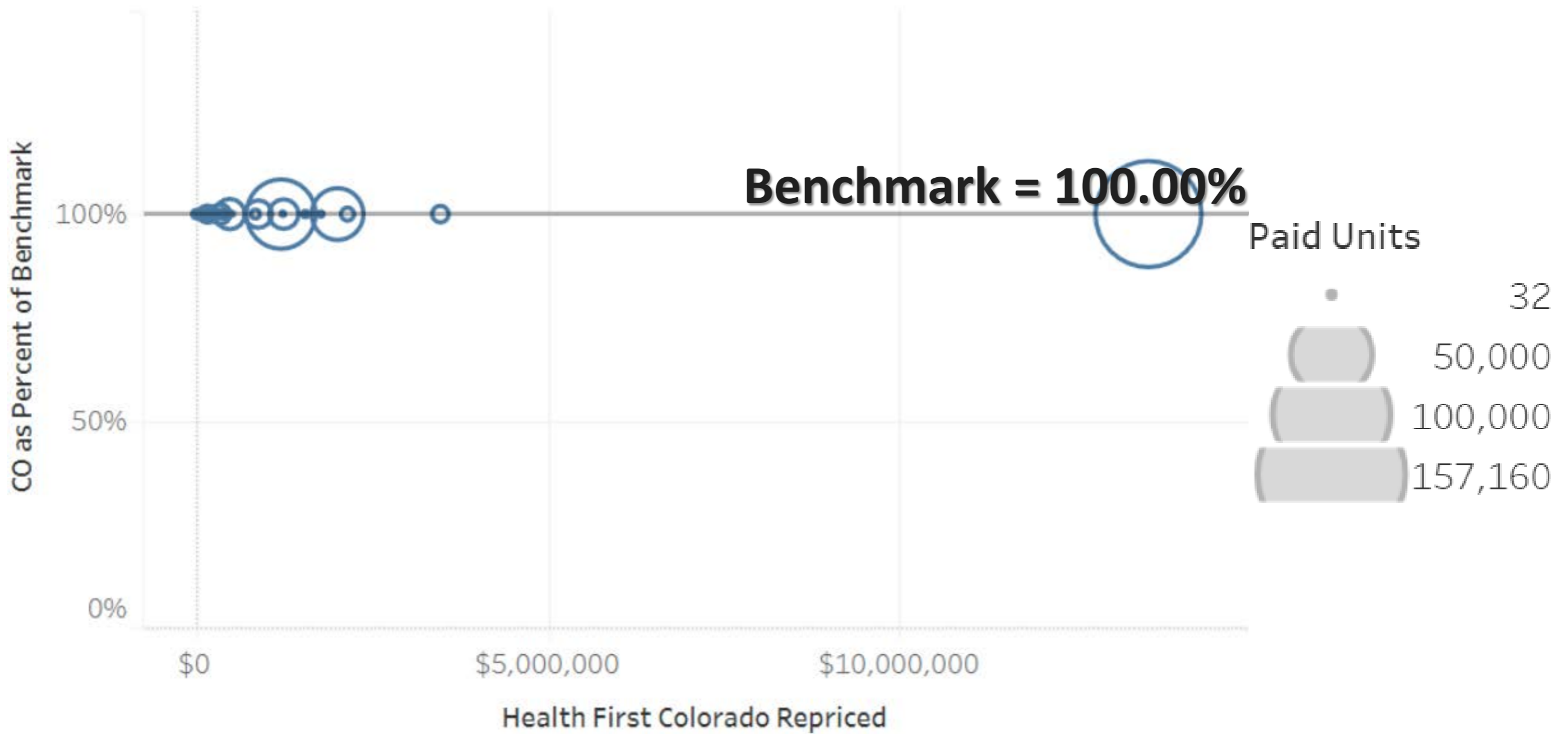
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DME (Medicare Non-UPL) – Scatterplot



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DME (Medicare UPL) – Scatterplot



DME – Access Metrics

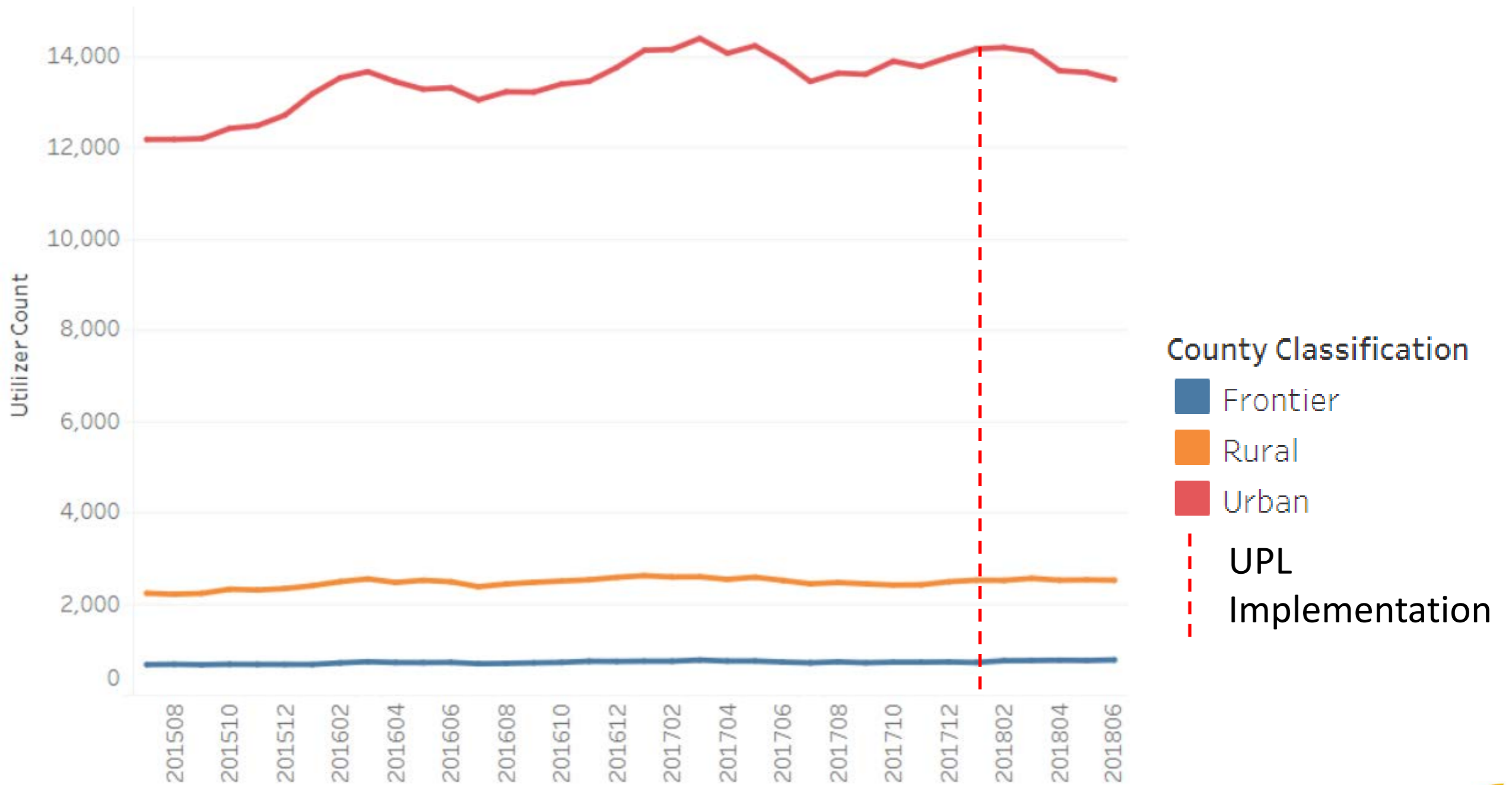
- Over Time
 - Utilizers
 - Providers
 - Utilizers per Provider (Panel Size)
- FY2017-18
 - Member-to-provider Ratios
 - Utilizer Density
 - Penetration Rates
 - Drive Time Estimates

DME – Access Metrics Considerations

- Oxygen-related Services
- Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) Services

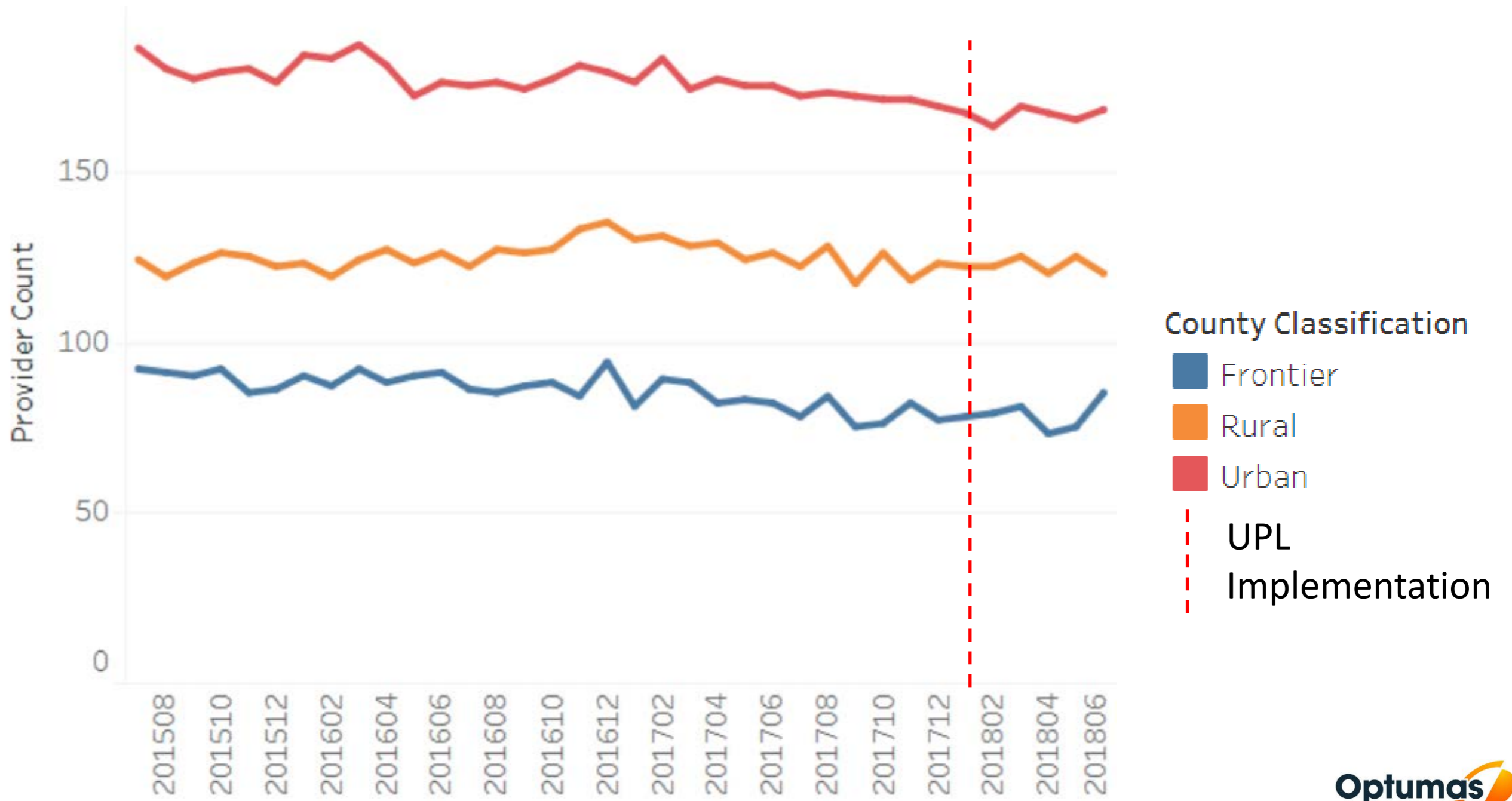
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DME – Distinct Utilizers Over Time



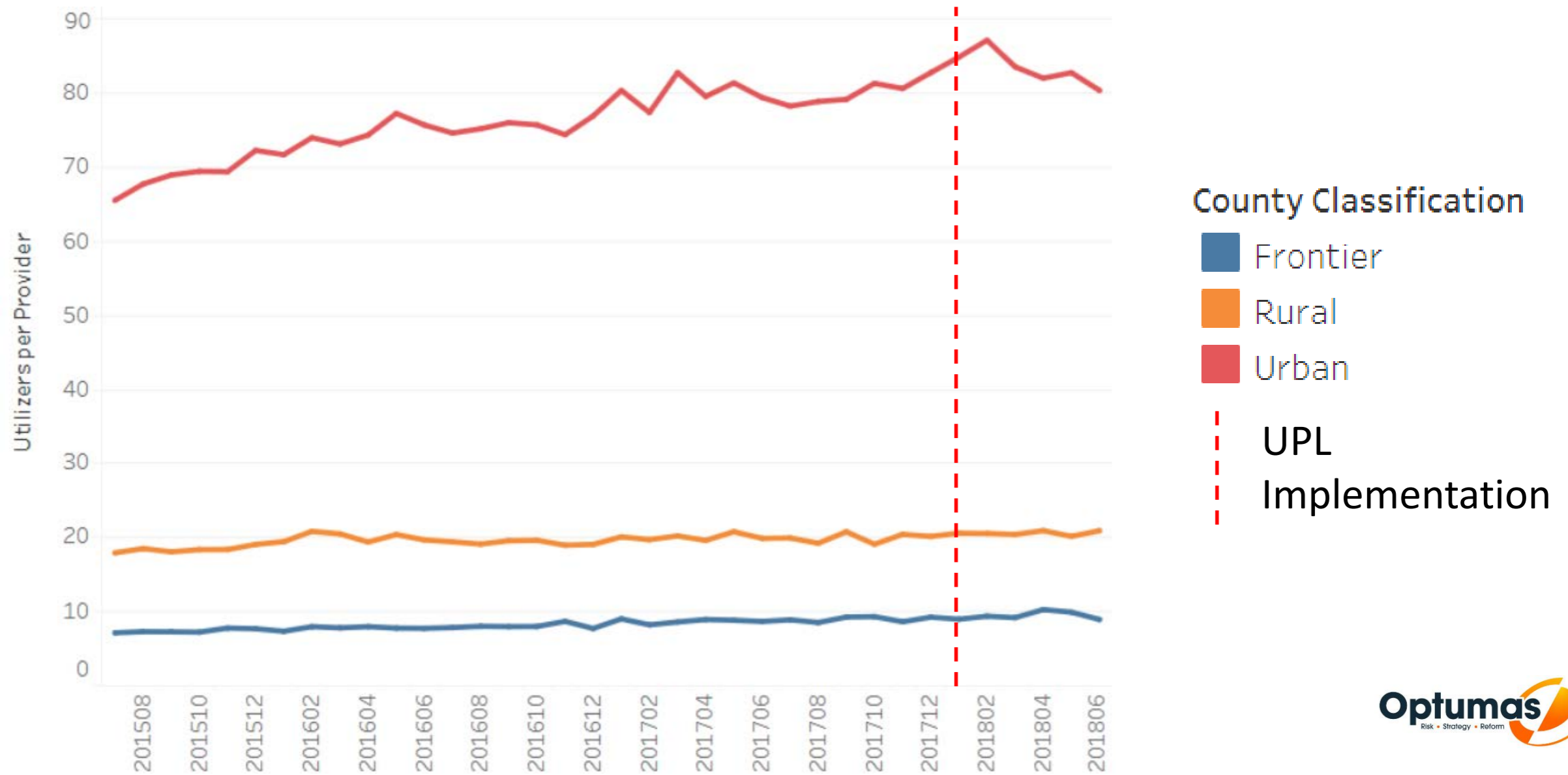
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DME – Distinct Providers Over Time



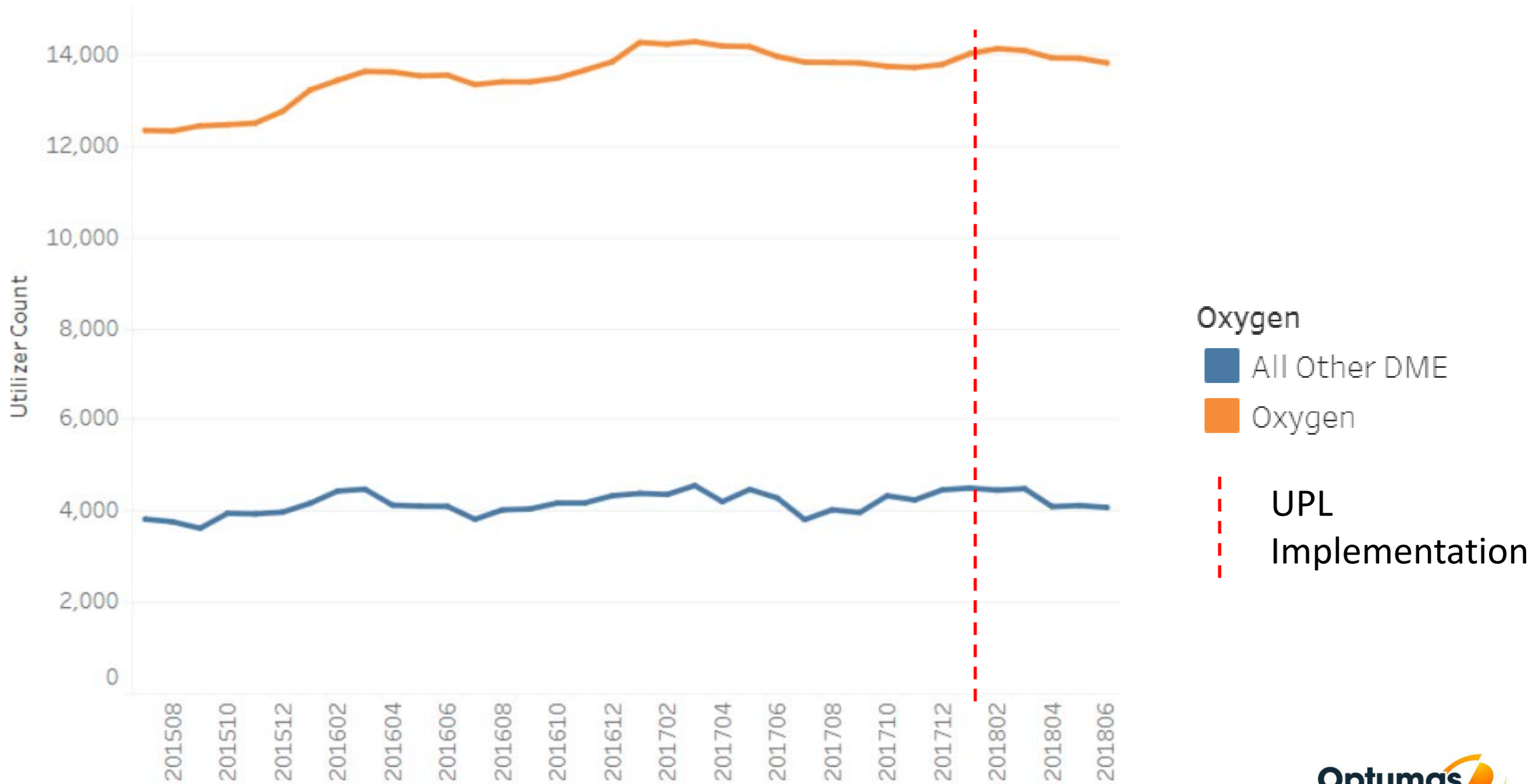
DME – Utilizers Per Provider (Panel Size)

- Panel Size estimates average Medicaid members seen per provider, by geographic area



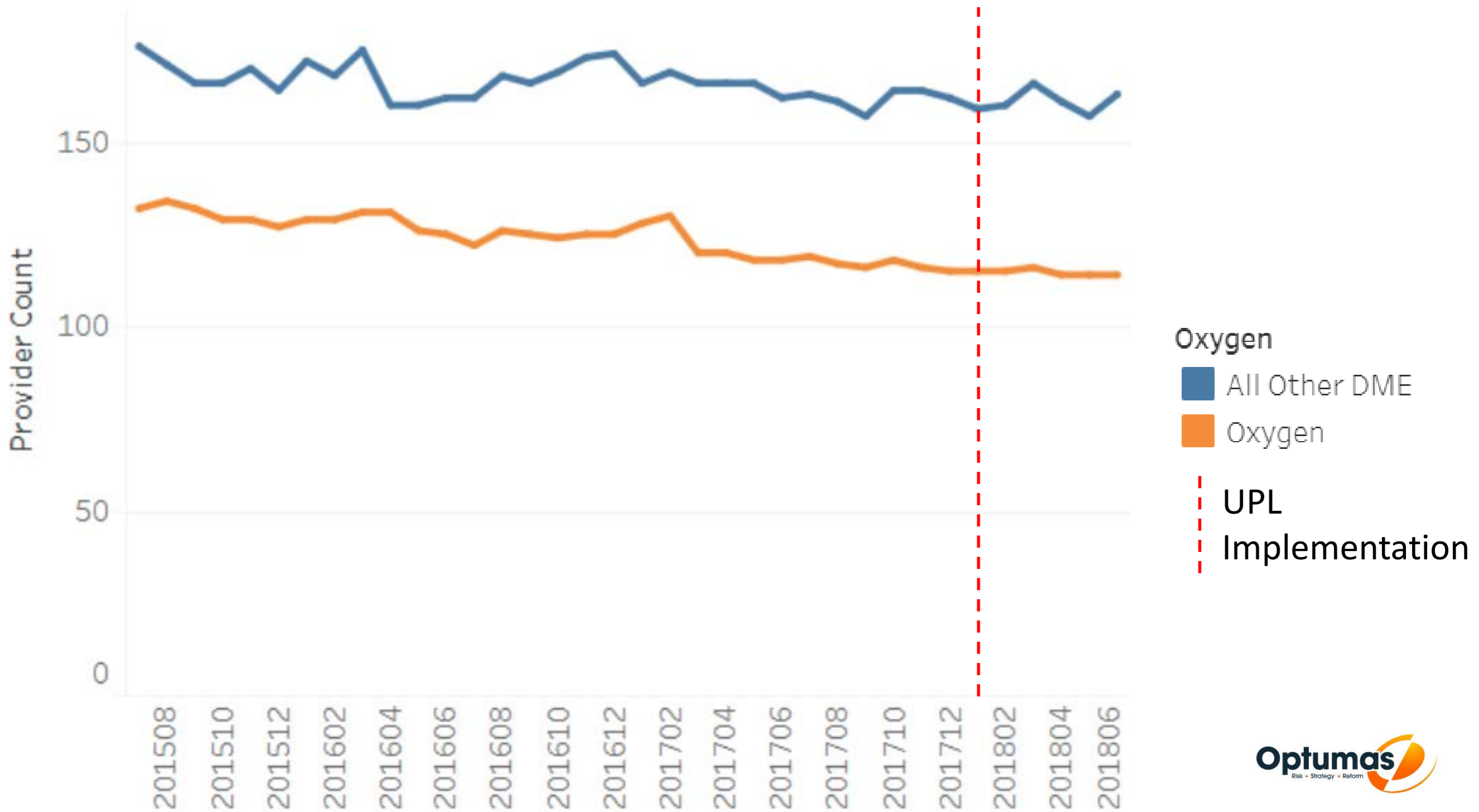
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DME – Utilizers Over Time, Oxygen



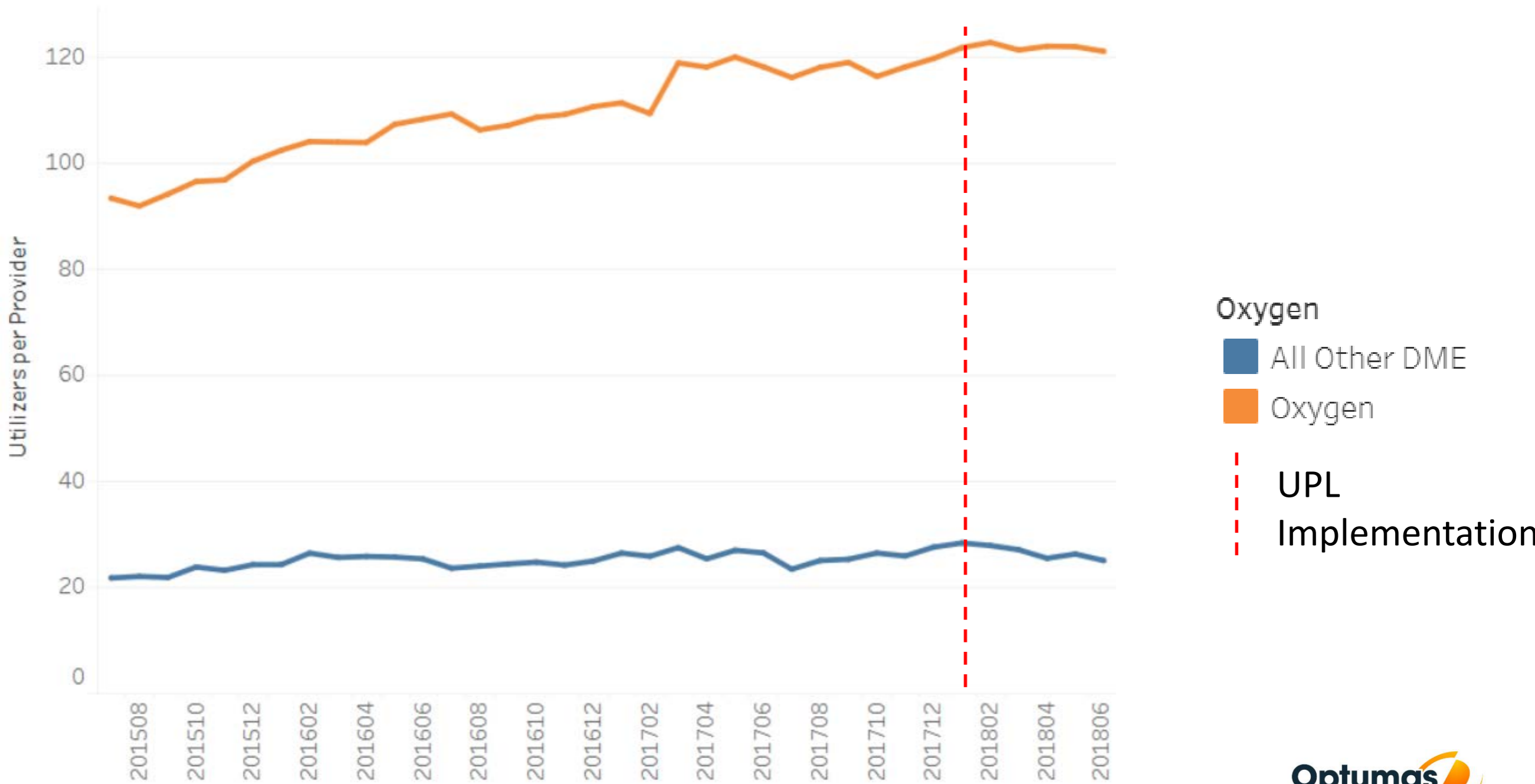
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DME – Providers Over Time, Oxygen



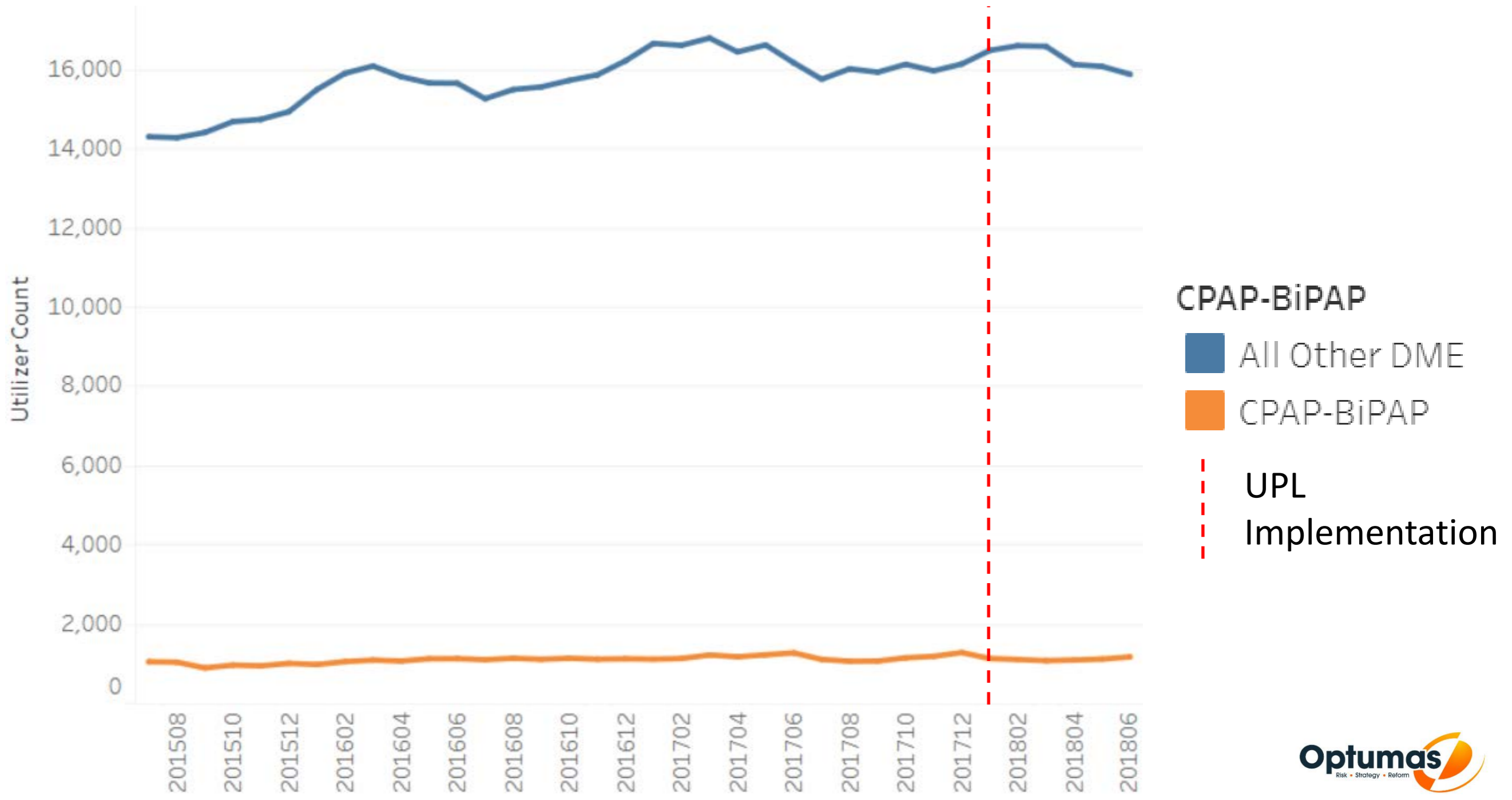
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DME – Utilizers Per Provider (Panel Size), Oxygen



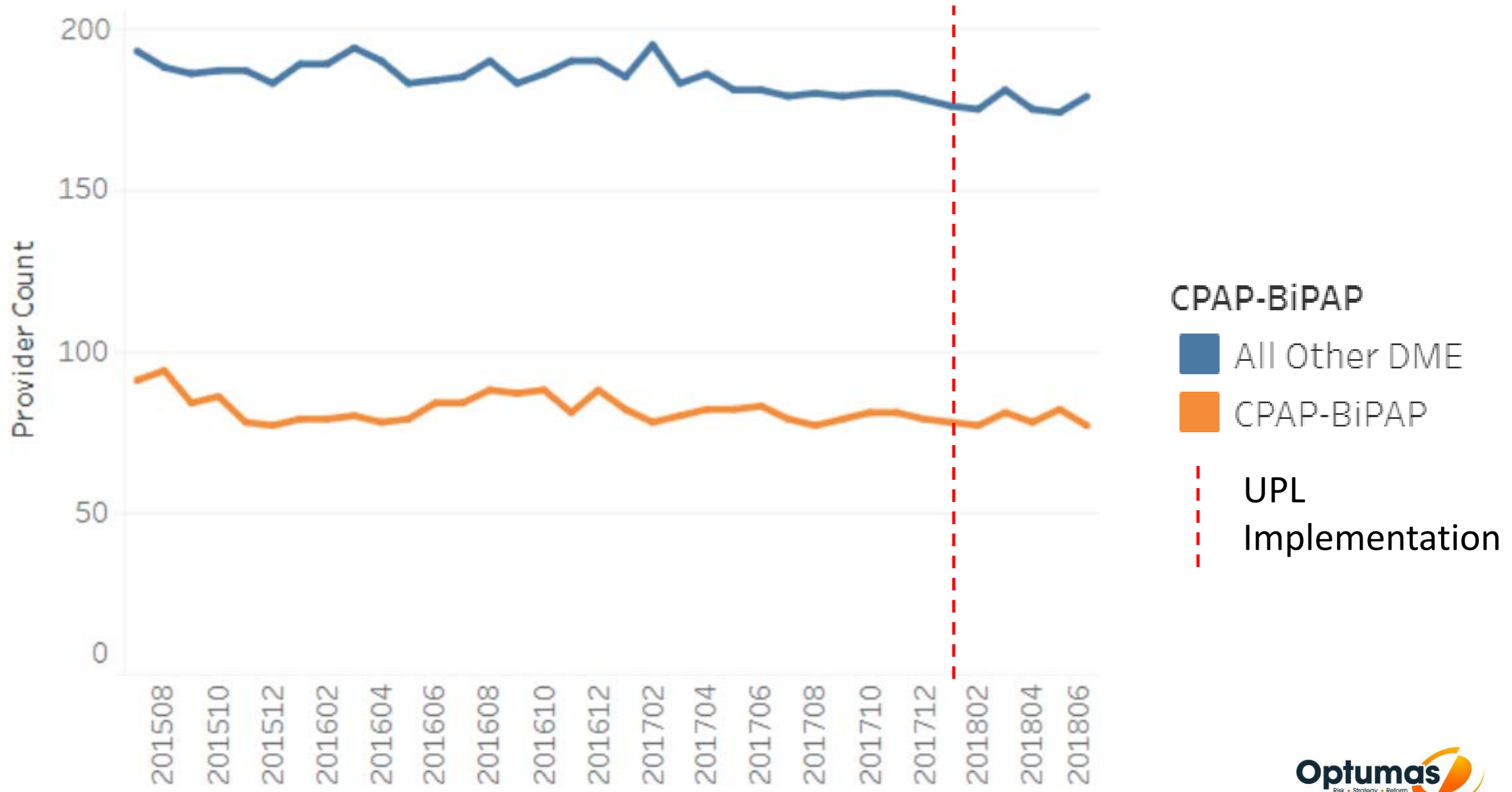
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DME – Distinct Utilizers Over Time, CPAP/BiPAP



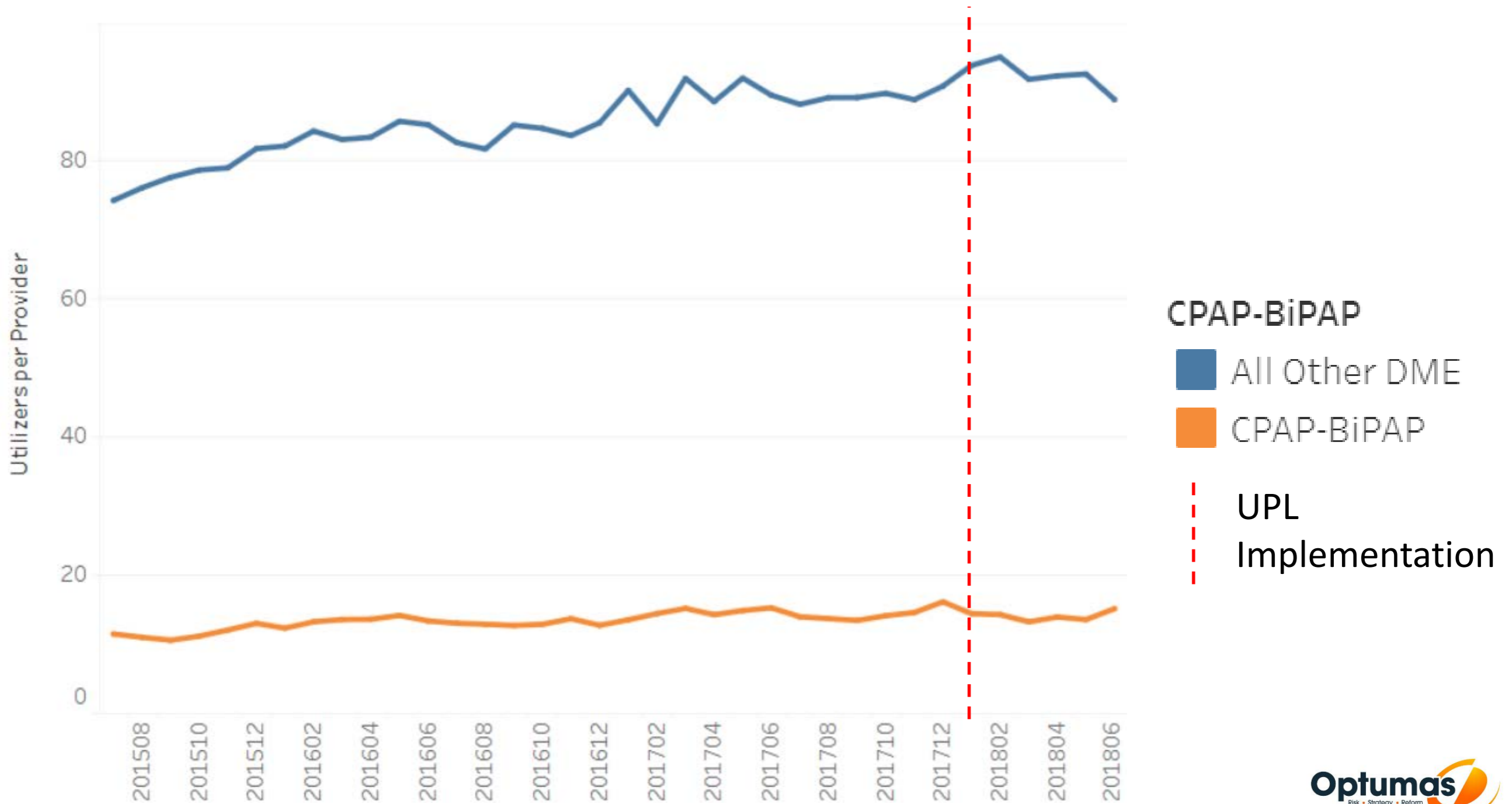
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DME – Providers Over Time, CPAP/BiPAP



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DME – Utilizer Per Provider (Panel Size), CPAP-BiPAP



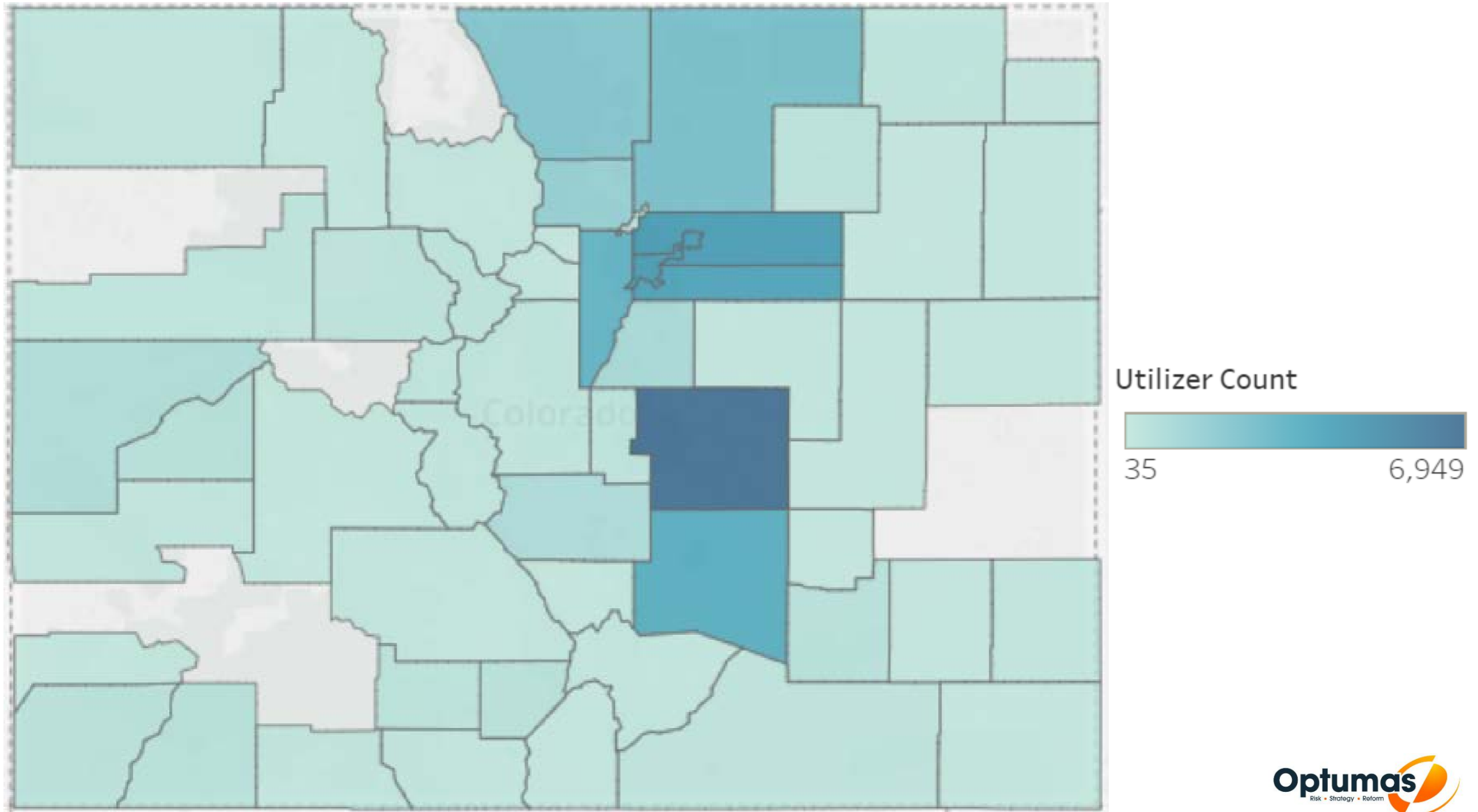
DME – Member to Provider Ratio

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- Normalizing, or standardizing, per 1,000 members allows for comparisons across areas with large differences in population size

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Rural	158	162,003	0.98
Urban	210	1,217,439	0.17
Statewide	217	1,408,747	0.15

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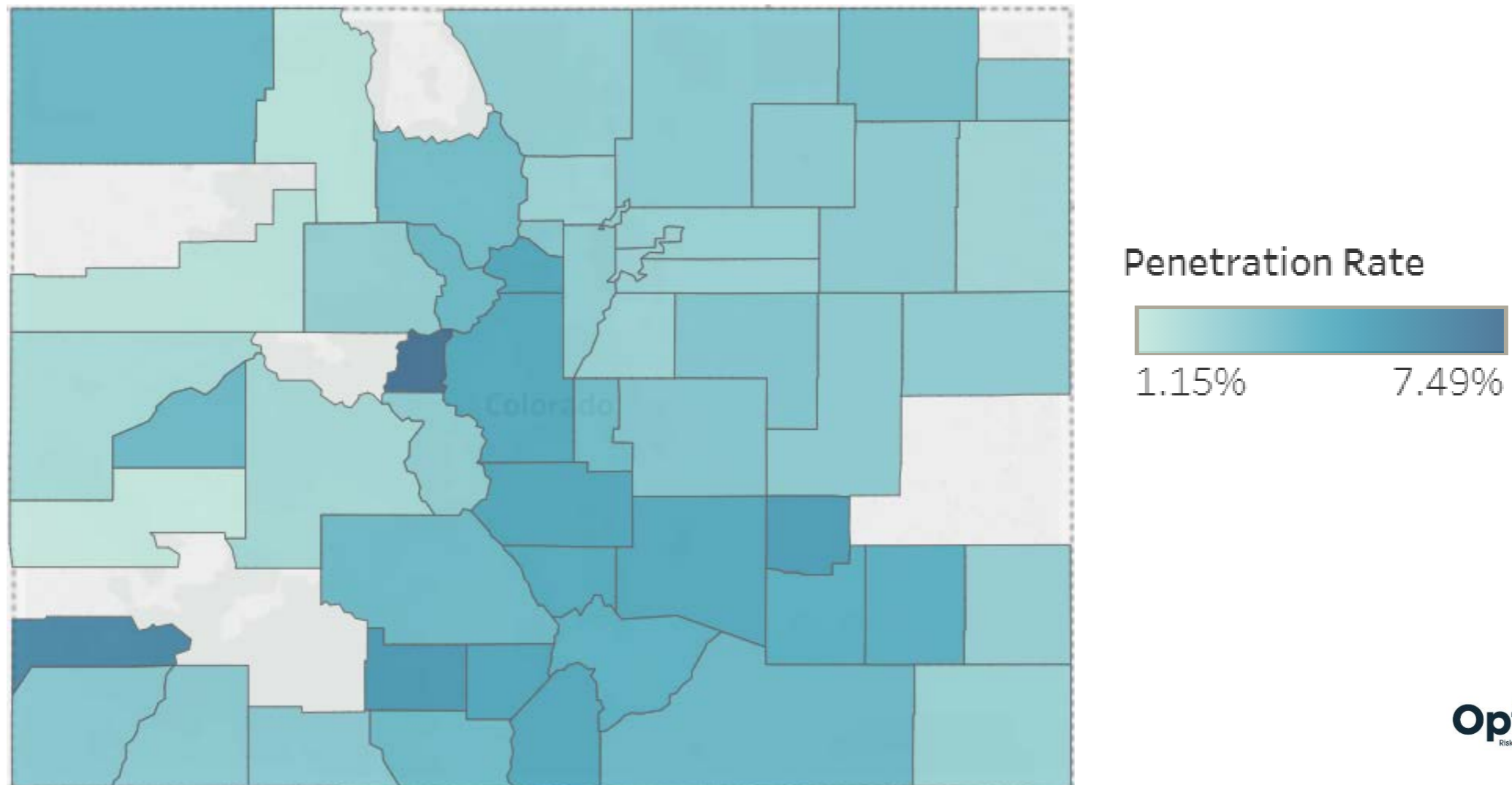
DME – Utilizer Density FY2017-18 Map



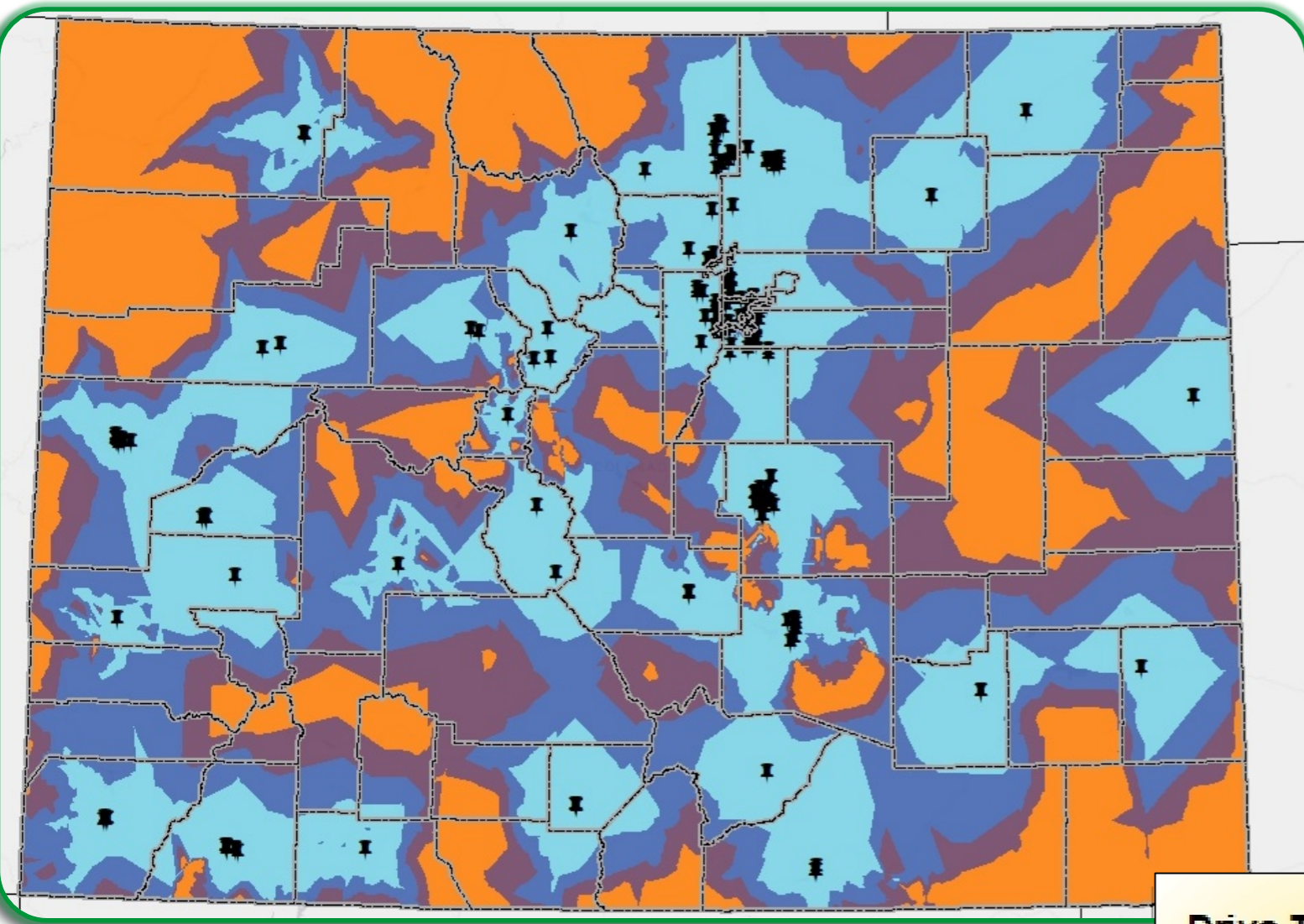
DME – Penetration Rate By Member County

DRAFT

- Penetration Rates estimate the share of total Medicaid enrollees that received this service in FY2017-18



DME - ArcGIS Map



Drive Time	Percent of Utilizers by Drive Time
0-30 Minutes	94%
30-45 Minutes	4%
45-60 Minutes	1%
Over an Hour	1%
Total	100%



Questions - DME



Committee Discussion - DME



Stakeholder Comments - DME



Next Steps & Announcements

Presented By: Eloiss Hulsbrink



- Rate Review
 - May Report Status
- MPRRAC
 - MPRRAC Annual Training Presentation Draft
 - Review and send comments to Eloiss.Hulsbrink@state.co.us
 - Term Limits & Re-Appointments
 - Next Meeting - June 28, 2019, 9:00 a.m. to 12:00 p.m.
 - Other 2019 Meetings:
 - September 20, 2019, 9:00 a.m. to 12:00 p.m.
 - November 8, 2019, 9:00 a.m. to 12:00 p.m.
 - Additional action items.

Contact

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Rate Review Stakeholder Relations Specialist
Eloiss.Hulsbrink@state.co.us
303-866-6214



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Department of Health Care
Policy & Financing

Thank You



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