

# **2022 Medicaid Provider Rate Review Analysis Report**

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## **Appendix F -COVID-19 Impact on Respiratory Services**

# COVID-19 Pandemic Impact on Respiratory Services

The 2022 Medicaid Provider Rate Review Analysis Report reviewed service utilization for CY 2020 and includes data from the beginning of the ongoing COVID-19 pandemic. The Department recognizes that many services were impacted by the COVID-19 Pandemic; however, some services may have been disproportionately impacted, including Respiratory services. As indicated in the data, utilization for Respiratory services drastically decreased during the beginning of the COVID-19 pandemic, March 2020, among all county classifications. There was another dip in utilization during November and December of 2020. It remains to be seen how the COVID-19 pandemic, as well as the increased utilization of telemedicine and telehealth, will impact health care services in the long-term. For example, Respiratory utilization and reimbursement may be directly or indirectly impacted by the increase in telemedicine utilization and expansion of telemedicine benefits, among other factors, including increased COVID-19 related, Respiratory hospitalization. However, the full impacts have yet to be captured by current data.

Below shows recent Respiratory utilization, provider accessibility, utilizers per provider (panel size), and top utilized procedure codes for CY 2020 and CY 2021. Please note that the start of the Public Health Emergency is mandated as March 15, 2020.

## Methodology and Considerations

Typically, data analyzed for the purpose of the Rate Review Process is validated for reliability by an actuary, using claims run-out data (approximately six months of data after the base year); data is then reviewed to determine the relevant utilization after accounting for applicable exclusions. Since timelines for the COVID-19 Public Health Emergency, for which this data was originally used to inform, were truncated, the data presented in Appendix J has not gone through the same data validation process outlined in Appendix B.

The data used to create the visuals in Appendix F is from claims data in the Medicaid Management Information System (MMIS) from January 2020 to December 2021 and does not include claims run-out data; in addition, this data set did not undergo an incurred but not reported (IBNR) adjustment. The Department plans to present this data with an IBNR adjustment performed to better estimate an annualized level of utilization after all services rendered have been fully realized.

## Definitions

Monthly service utilization trends were calculated as the total, distinct monthly service utilizers, for Respiratory services. This calculation is then broken up by RAE-frontier, urban, or rural.

Monthly active provider trends were calculated as the total monthly active service providers, for Respiratory services. This calculation is then broken up by RAE-frontier, urban, or rural.

Monthly service utilizers per providers (panel size), in participants per provider, were calculated as the total monthly service utilizers divided by the total monthly active provider, for Respiratory services. This calculation is then broken up by RAE-frontier, urban, or rural.

Monthly service utilization trends were broken down by total monthly utilizers for each procedure code. Note, some procedure code data is blinded for PHI.

# Respiratory Service Utilizers Over Time

Figure F-1 illustrates, for Respiratory services, the monthly service utilization trends from January 2020 to December 2021. Service month is on the x-axis and distinct utilizers of Respiratory services are on the y-axis, indicating the higher y-position, the more distinct utilizers of Respiratory services during that month. Utilizers are broken up by RAE. The red line represents Respiratory service utilizers who reside in Urban counties, the orange line represents Respiratory service utilizers who reside in Rural counties, and the blue line represents Respiratory service utilizers who reside in Frontier counties.

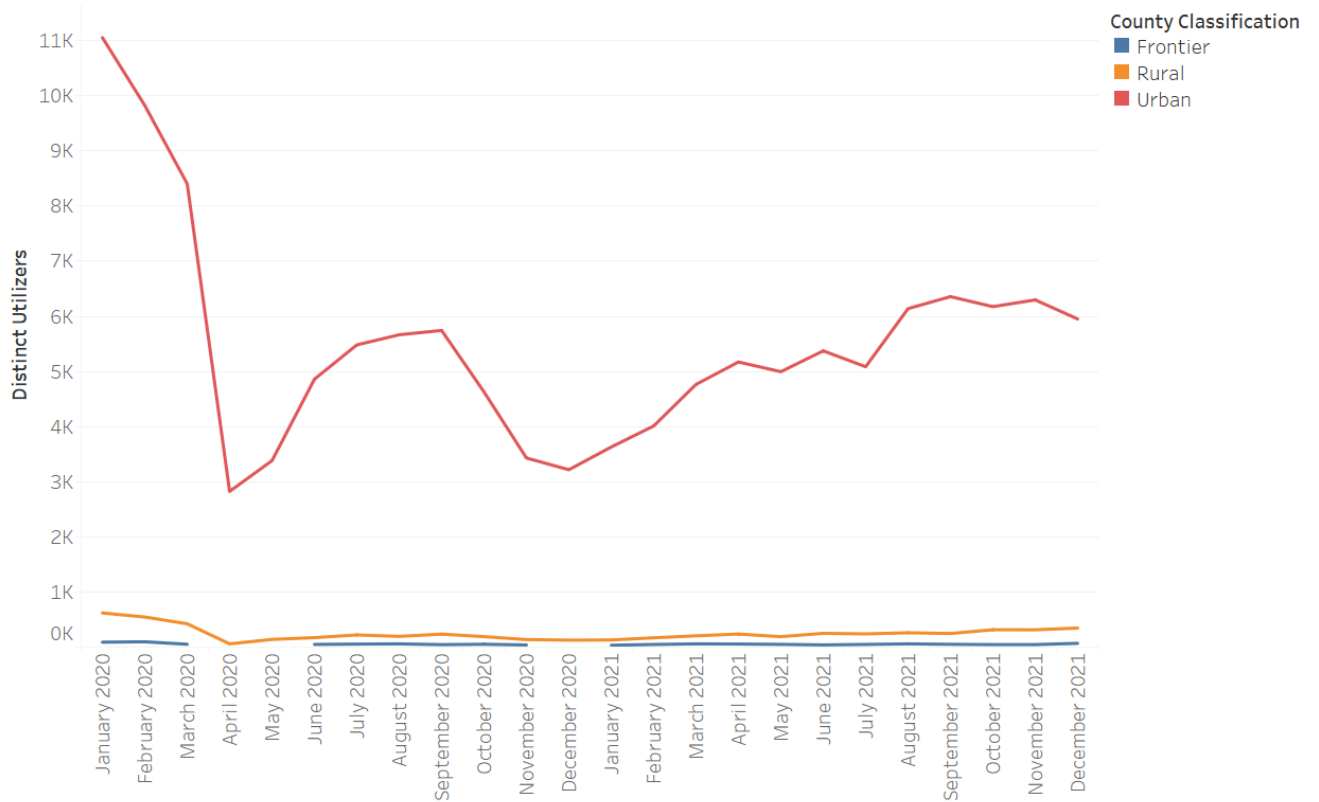


Figure F-1. Utilization for Respiratory services between January 2020 and December 2021

## Respiratory Active Providers Over Time

Figure F-2 illustrates, for Respiratory services, the monthly active service provider trends from January 2020 to December 2021. Service month is on the x-axis and active providers of Respiratory services are on the y-axis, indicating the higher y-position, the more distinct active providers of Respiratory services during that month. Active providers are broken up by RAE. The red line represents Respiratory service providers who reside in Urban counties, the orange line represents Respiratory service provider who reside in Rural counties, and the blue line represents Respiratory service providers who reside in Frontier counties.

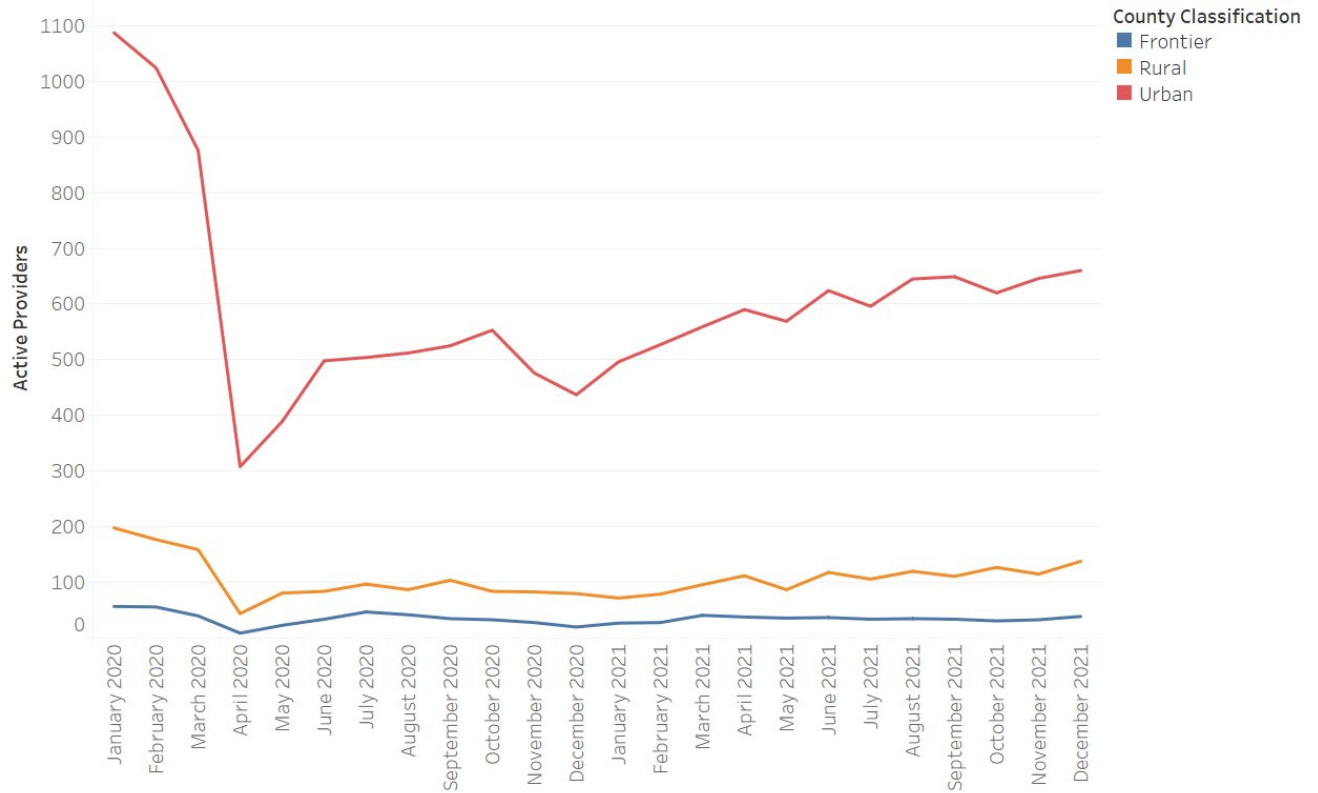


Figure F-2. Active provider trends for Respiratory services between January 2020 and December 2021

## Respiratory Utilizers per Provider (Panel Size) Over Time

Figure F-3 illustrates, for Respiratory services, the average monthly utilizers per active provider trends from January 2020 to December 2021. Service month is on the x-axis and utilizers per active provider of Respiratory services are on the y-axis, indicating the higher y-position, the more utilizers per provider of Respiratory services during that month. Utilizers per provider are broken up by RAE. The red line represents Respiratory service utilizers per provider in Urban counties, the orange line represents Respiratory service utilizers per provider in Rural counties, and the blue line represents Respiratory service utilizers per provider in Frontier counties.

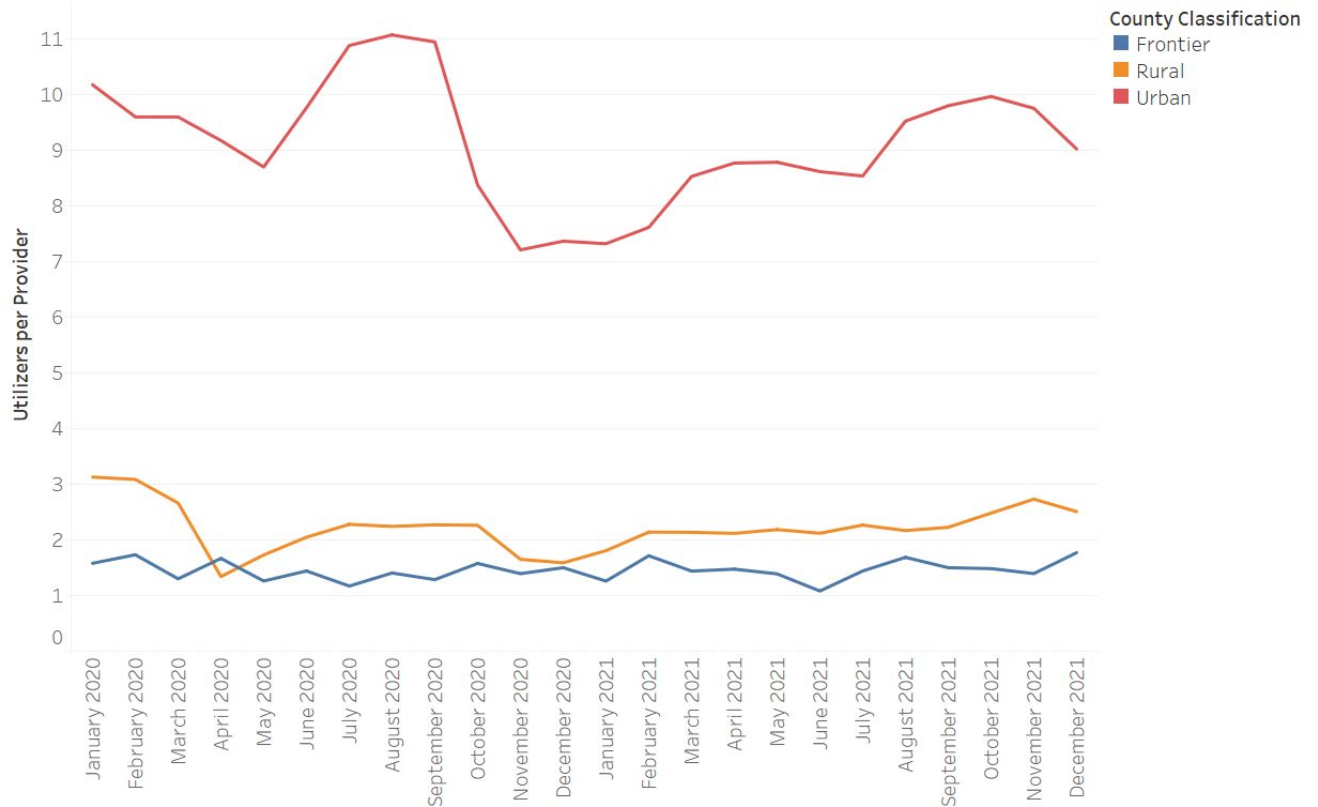


Figure F-3. Utilizers per provider (panel size) for Respiratory services between January 2020 and December 2021

## Respiratory Utilizers per Provider (Panel Size) Over Time

Figure F-4 illustrates, for Respiratory services, the utilizer trends from January 2020 to December 2021 for each procedure code. Service month is on the x-axis and distinct utilizers are on the y-axis, indicating the higher y-position, the more utilizers during that month. There are 14 different colors to differentiate the procedure codes under review. Please note that some procedure codes were blinded for PHI. Notable distinctions include that the most utilized procedure code was 94760 before, and during the COVID-19 pandemic, and utilization of procedure code, 94010 increased following the start of the Public Health Emergency.

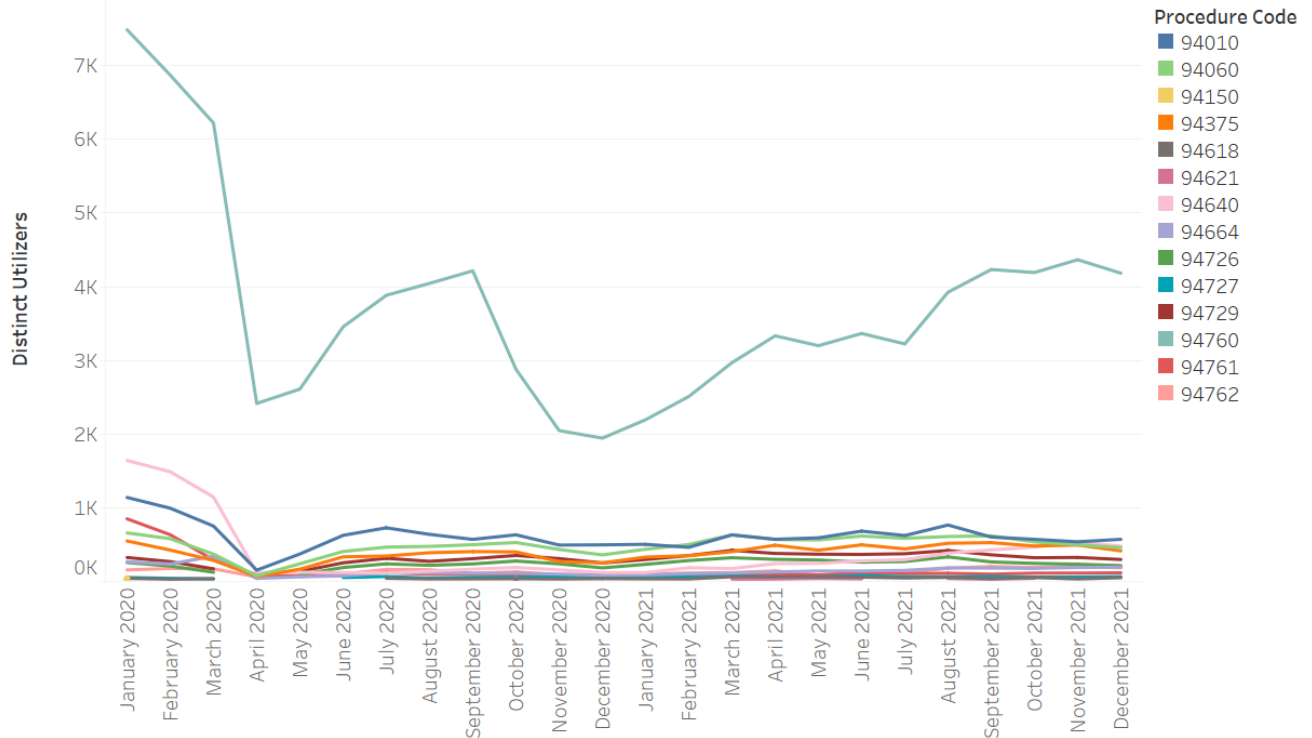


Figure F-4. Utilization broken down by procedure code for Respiratory services between January 2018 and December 2020

## Conclusions

While it is difficult to draw conclusions on limited data, the Department has noted these evolving trends and is currently investigating whether Respiratory services have been disproportionately impacted by the COVID-19 pandemic, and further impacted by the increasing use of telemedicine or telehealth services. The data shows there is a slight turnaround in both numbers of utilizers and providers at the beginning of CY 2021. These trends do not return to pre-COVID-19 trends but have shown a steady increase in utilization and number of active providers. Additional research, and stakeholder engagement, will help identify where there may be opportunities, if any, to improve access to care and provider retention, and ensure appropriate reimbursement of high value services.