



COLORADO

Department of Health Care
Policy & Financing

Appendix F - Glossary & County Reference Map

Appendix F provides explanations for common terms used throughout the 2024 Medicaid Provider Rate Review Analysis Report, as well as a reference map of counties in Colorado by classification.

Active Provider - Any provider who billed Medicaid at least once between State Fiscal Year (SFY) 2022- 2023 for one of the procedure codes under review.

Benchmark Rates - Rates to which Colorado Medicaid rates are compared.

Billing Provider - Based on the billing provider ID, which is generally associated with the entity enrolled with Medicaid. This can be agencies, large provider groups, or individuals.

Colorado Repriced - This amount represents the application of current Colorado Medicaid rates (FY 2023) to the most recent and complete Colorado utilization data, obtained from claims data.

Comparison Repriced - This amount represents the application of comparators' most recently- available fee schedule rates to the most recent and complete Colorado utilization data, obtained from claims data.

Cost of Living Adjustment - A method to normalize payment rates across benchmark states to more appropriately compare rates. The cost-of-living index (i.e., [C2ER Cost of Living Index](#)) indicates how the cost of living in that state compares to the average of the United States, which is set to 100. HCPF normalizes all state benchmarks, including Colorado, to a normalized cost of living level of 100 by dividing each state's rate by their cost-of-living index. The result is that all states would be on a comparable basis for cost of living.

County Classification - Three regional descriptors applied to counties by the Regional Accountable Entities (RAEs).

Panel Size Estimate - The average number of clients seen per rendering provider.

Penetration Rate - The total share of enrolled Colorado Medicaid members who utilized a service; calculated per 1,000 members.

¹ County classifications are defined as the following: urban counties are any county in the contractor's service area with a total population equal to or greater than 100,000 people; rural counties are any county in the contractor's service area with a total population of less than 100,000 people; and frontier counties are any county in the contractor's service area with a population density less than or equal to 6 persons per square mile.

Price Per Service - The Price per Service analysis shows the average allowed amount for a particular service category during calendar years 2020-2022 (January 1, 2020 - December 31, 2022) based on the line level claim data for each procedure code and/or revenue code.

Provider Count - A distinct count of the number of providers who billed for the service. Whether the provider is a billing provider or rendering provider is identified in the report.

Rate Benchmark Comparison - This percentage represents how Colorado Medicaid payments compare to other payers. It is calculated by dividing the Colorado Repriced amount by the Comparison Repriced amount.

Rate Ratio - For each service code, and relevant modifier, the rate ratio is the division of the corresponding Colorado rate to the Benchmark Rate. For example, if procedure code 99217 has a Colorado Medicaid rate of \$56.08 and Medicare has a rate of \$73.94 then the resulting rate ratio is $\$56.08/\$73.94 = 0.7585$, expressed as a percentage as 75.85%.

Rendering Provider - The provider who rendered, or directly provided, the service.

Special Provider - The Special Provider Analysis considers the percentage of Active Providers with only one Medicaid member for a particular service category during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023.).

Telemedicine Analysis - The first part of the telemedicine analysis considered the number of individual members that utilized services in a particular service category and what percentage of those members received at least one service through telemedicine. The second part of the telemedicine analysis considered the number of total visits in the service category and what percentage of those visits were delivered through telemedicine across fiscal years 2022 - 2023

Total Members - The total number of enrolled Colorado Medicaid members.

Units - Quantities associated with a procedure; they may vary depending on type of service. The most common unit is one and represents the delivery of one unit of a service. Other services, such as physician- administered drugs, have a denomination reflected by the drug dosage (e.g., 1 mL, 5 mL, etc.). Some therapy and radiology services define units by time (e.g., 15 minutes). Not all payers share the same unit definitions and adjustments are sometimes incorporated to account for payer differences.

Utilization - The total number of service units utilized for each specific procedure code.

Utilizer Density - The number of distinct utilizers of a service in each county.

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Utilizers per Provider - The average number of members seen per active provider, also called Panel Size.

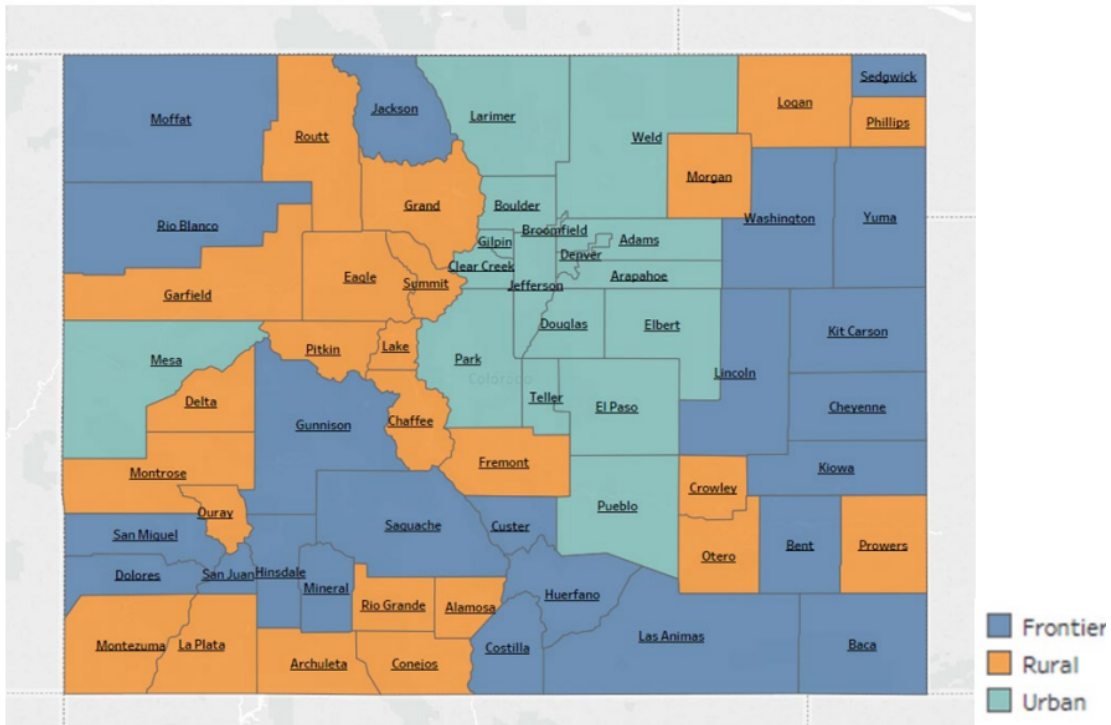


Figure 1. Colorado counties and RAE county classifications.

RAE County Classification					
Urban		Rural		Frontier	
Adams	Mesa	Alamosa	Logan	Baca	Las Animas
Arapahoe	Park	Archuleta	Montezuma	Bent	Lincoln
Broomfield	Pueblo	Chaffee	Montrose	Cheyenne	Mineral
Boulder	Teller	Conejos	Morgan	Costilla	Moffat
Clear Creek	Weld	Crowley	Otero	Custer	Rio Blanco
Denver		Eagle	Ouray	Dolores	Saguache
Douglas		Delta	Phillips	Gunnison	San Juan
Elbert		Fremont	Pitkin	Hinsdale	San Miguel
El Paso		Garfield	Prowers	Huerfano	Sedgwick
Gilpin		Grand	Rio Grande	Jackson	Washington
Jefferson		Lake	Routt	Kiowa	Yuma
Larimer		La Plata	Summit	Kit Carson	

Table 1. Colorado counties by RAE county classification.

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