



Analysis Appendix

Medicaid Provider Rate Review Quarterly Public Meeting

March 29, 2024

This document provides visuals for the March 29, 2024 MPRRAC meeting. Please refer to both this appendix and PowerPoint presentation throughout the meeting.

PLEASE NOTE: The PowerPoint presentation and Appendix for this meeting are in draft form and may be updated with new information up until the day of the meeting. Therefore, these materials did not have the time to undergo accessibility review before the meeting. New versions of these materials that have gone through a full ADA review will be posted on our website as soon as possible after the meeting.

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Emergency Medical Transportation (EMT)

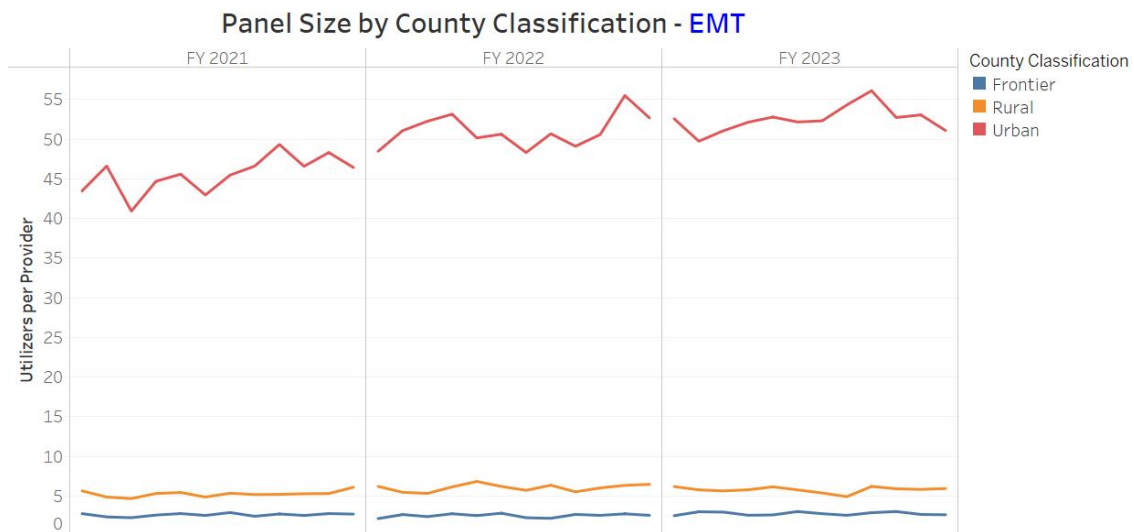
Service Description

EMT services provide emergency transportation to a facility and are available to all Colorado Medicaid members.

EMT services were compared to Medicare and 6 other states (Wisconsin, Oklahoma, Alabama, Arkansas, Montana, and California).

Panel Size

The Panel Size analysis considers the number of utilizers per provider for the EMT service category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023).



Provider Participation¹

The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the EMT service category. In the calendar year 2022, 13% statewide providers served Medicaid members.

¹ This metric was provided by the Center for Improving Value in Health Care (CIVHC) based on calendar year data (same as other service categories).

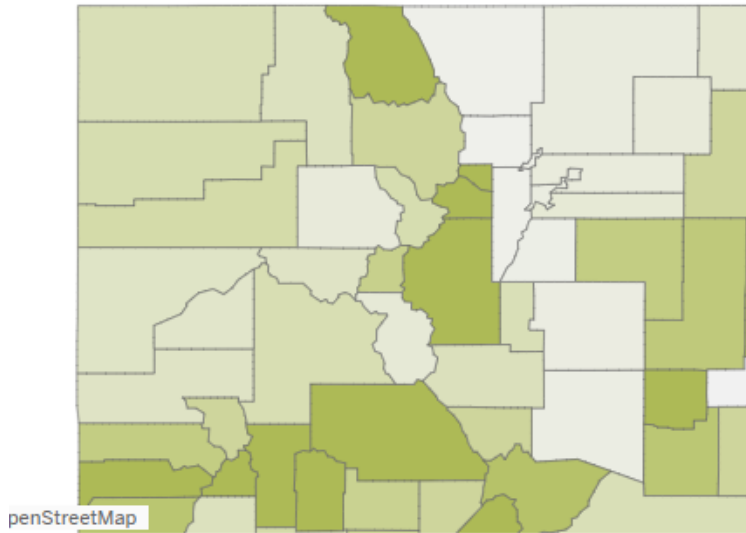


Provider Participation

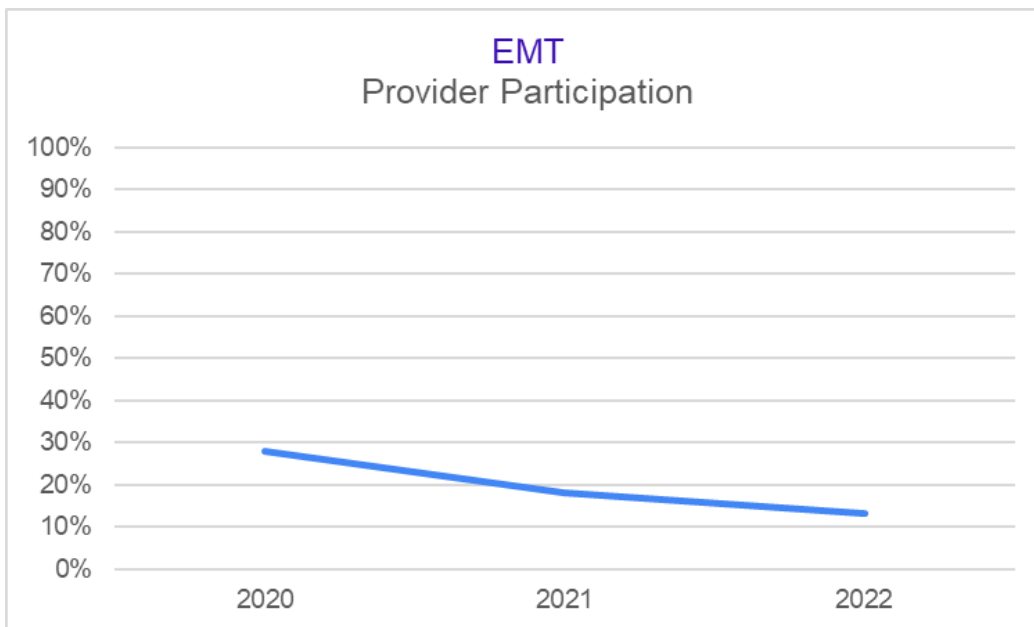
Emergency Medical Transportation

Statewide Rate:

13%



The statewide provider participation rate for the EMT service category decreased from 2020 to 2022.

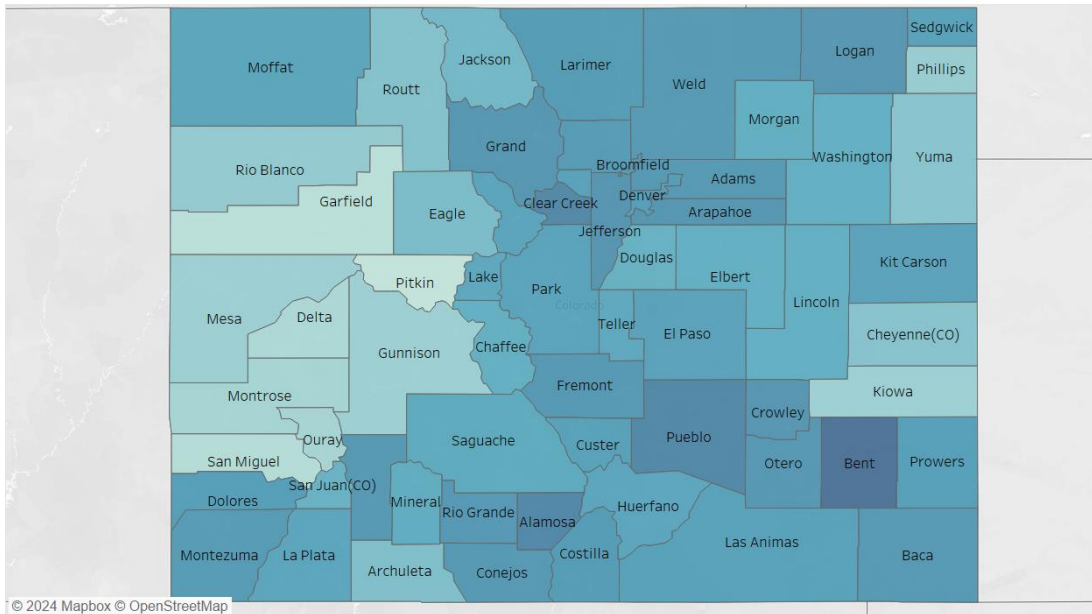




Penetration Rate

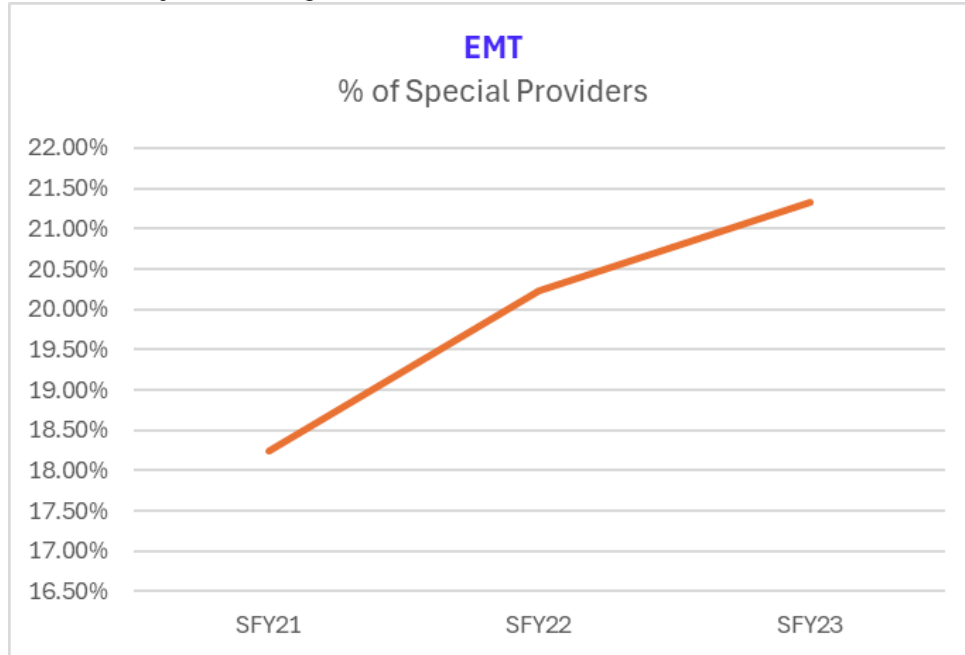
The Penetration Rate analysis considers the number of members that utilized services in the EMT category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

Penetration Rate (Utilization per 1000 members) - EMT



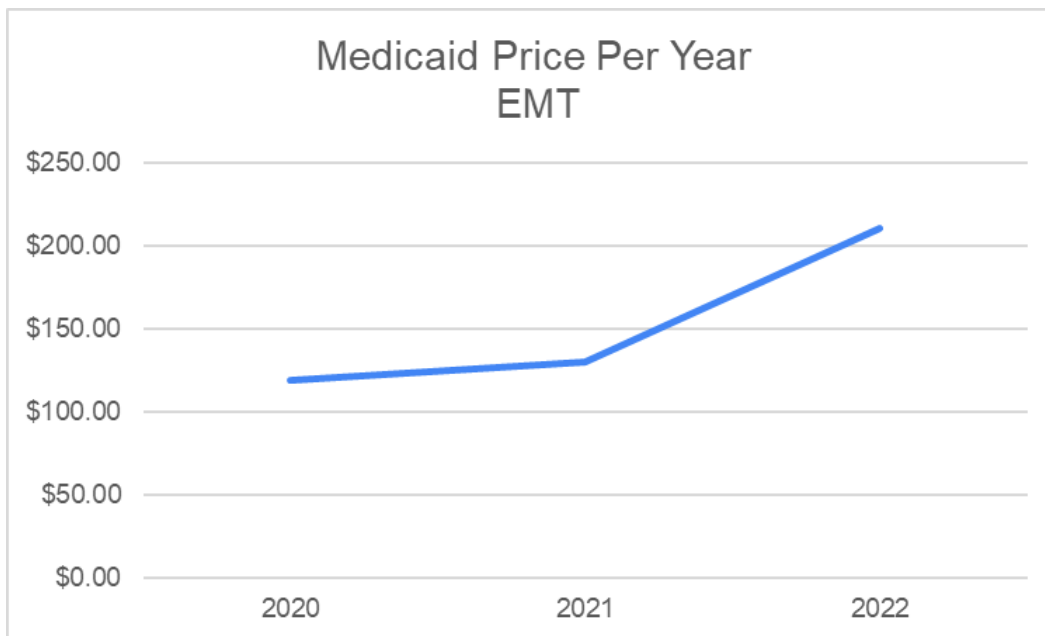
Special Provider

The Special Provider Analysis considers the percentage of Active Providers with only one Medicaid member for the EMT service category during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023.) The percentage of special providers has an increasing trend from FY21 to FY23. Two providers had a dramatic decrease in the number of members they served over these three fiscal years. One provider served 78 members in FY21, 40 in FY22, but only 1 in FY23. The other provider served 16 members in FY21, 4 in FY22, and also only 1 in FY23.



Price Per Service²

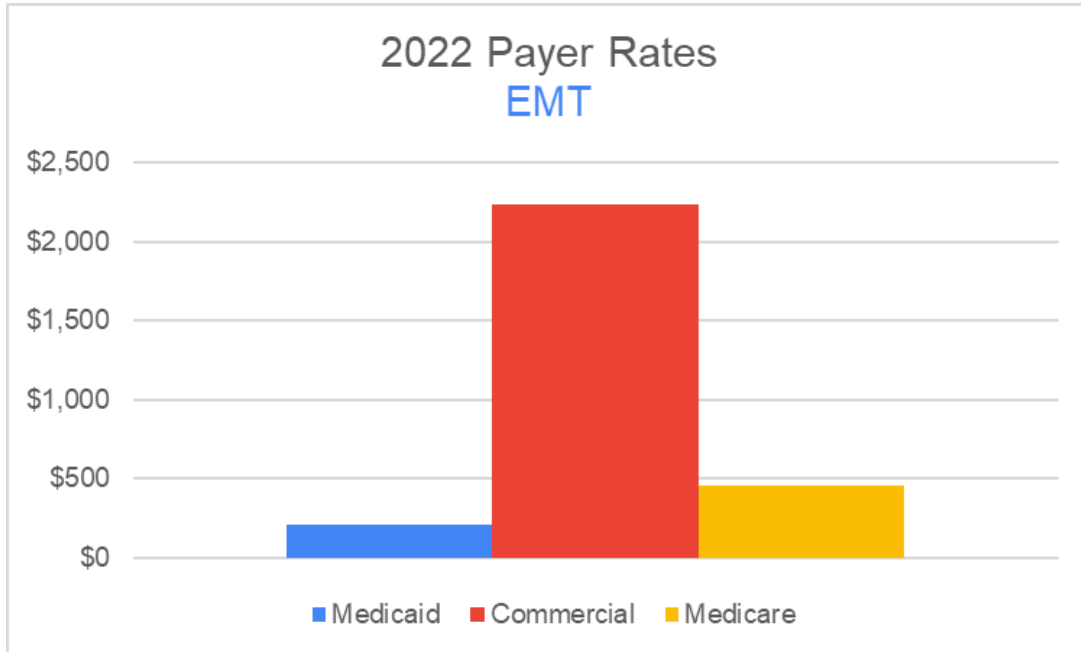
The Price per Service analysis shows the average allowed amount for the EMT service category during calendar years 2020-2022 (January 1, 2020 - December 31, 2022) based on the line level claim data for each procedure code and/or revenue code. Statewide Medicaid Price Per year for the EMT service category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



²This metric was provided by the Center for Improving Value in Health Care (CIVHC) based on calendar year data (same as other service categories). Suppression is used on this metric if there are less than 30 utilizing members or less than 11 claims.



Payer Rate refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid paid less than Medicare and commercial insurance companies for the EMT service category.



Non-Emergent Medical Transportation (NEMT)

Service Description

NEMT services provide transportation to and from Medicaid benefits and services and are available to all Medicaid members who receive full State Plan benefits.

NEMT services were compared to 14 other states (Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Illinois, Montana, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, Wisconsin) and Medicare.

Email to NEMT Providers Regarding Fraud Investigation

[Click here](#) to view the email that was sent out on October 26, 2023 to NEMT providers from HCPF.

Qualified Residential Treatment Programs (QRTP)

Service Description

QRTPs are facilities that provide residential trauma-informed treatment designed to address the needs, including clinical needs, of children with serious emotional or

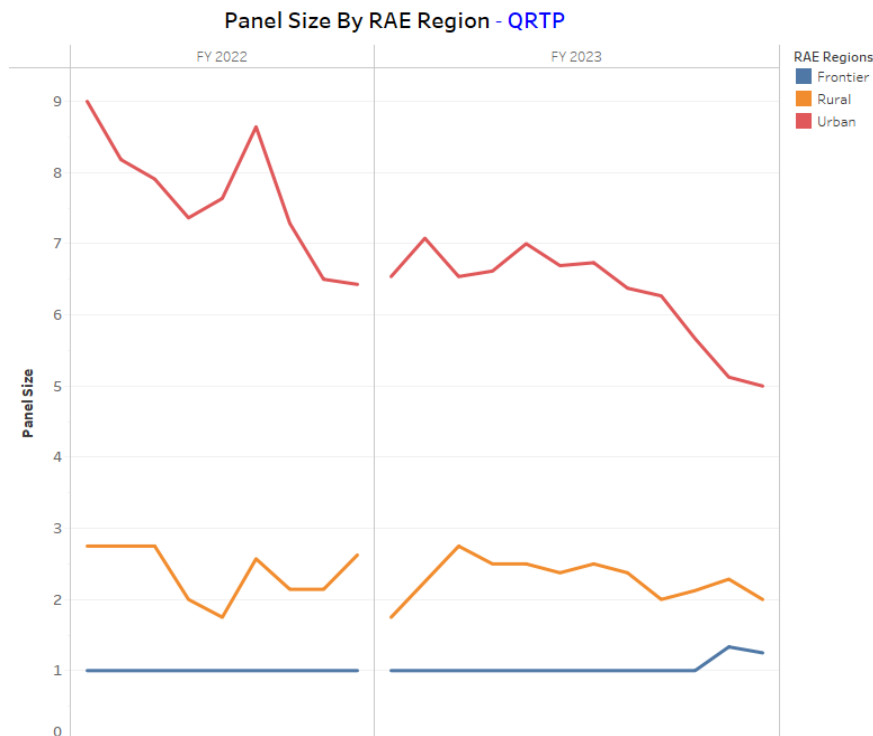


behavioral disorders or disturbances. When appropriate, QRTP treatment facilitates the participation of family members, including siblings, in the child’s treatment program and documents outreach to family members, including siblings. QRTP is a new service category as of 2021. Previously QRTPs fell into Residential Child Care Facilities (RCCFs) but were federally mandated to separate.

QRTP services were compared to 4 other states (Iowa, North Dakota, Kansas, and Nebraska).

Panel Size

The Panel Size analysis considers the number of utilizers per provider for the QRTP category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). This visual shows that the panel size in urban areas has a decreasing trend. This trend was caused by an increase in providers for this service category.

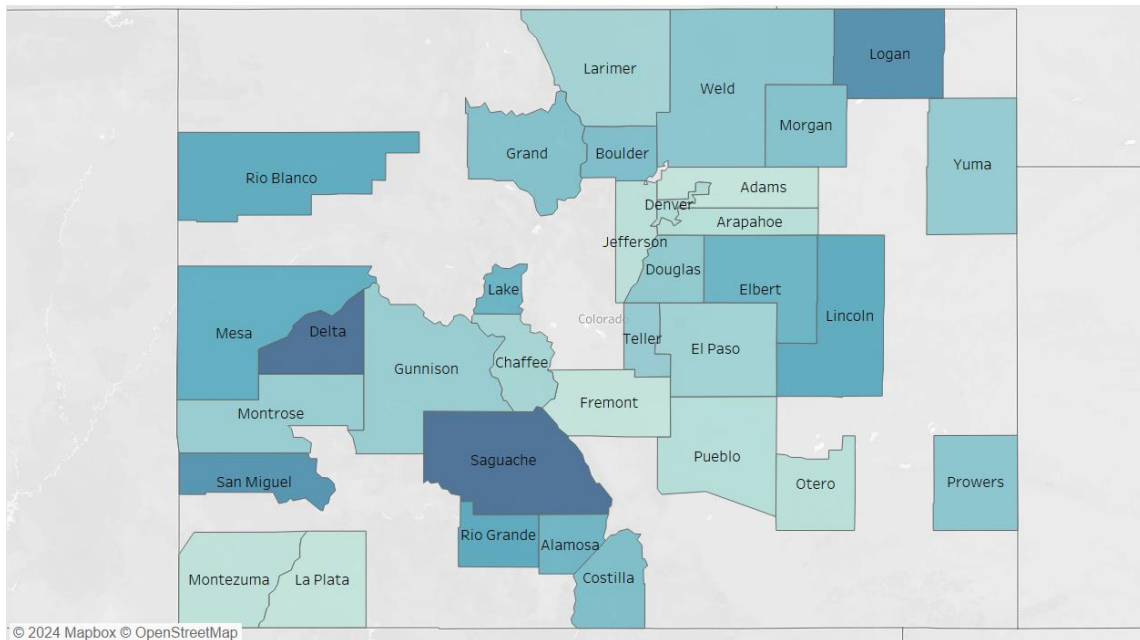


Penetration Rate

The Penetration Rate analysis considers the number of members that utilized services in the QRTP category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).



Penetration Rate (Utilization per 1000 members) - **QRTP**



Psychiatric Residential Treatment Programs (PRTF)

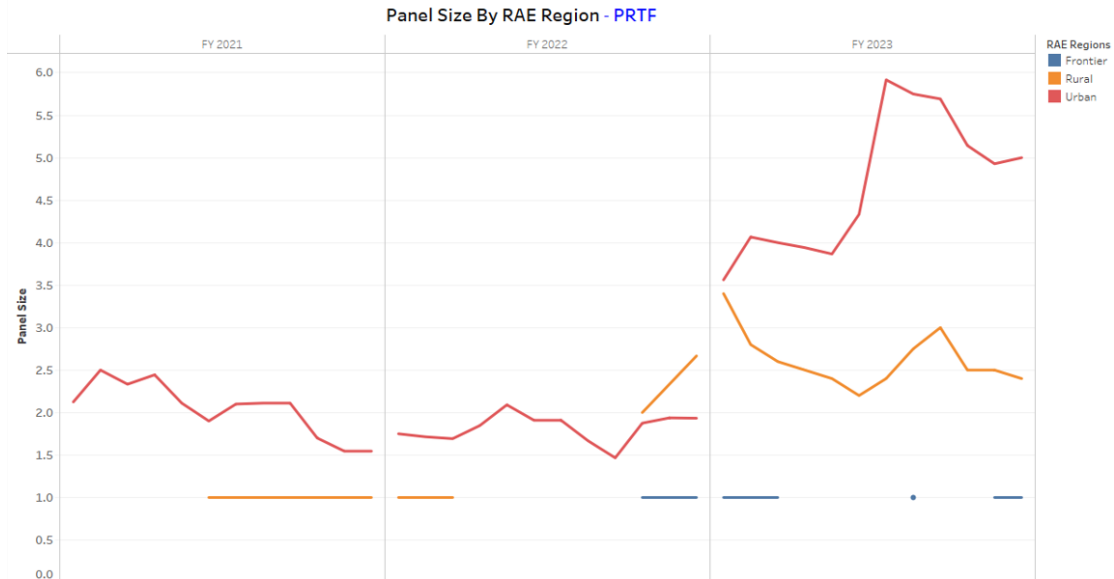
Service Description

PRTFs provide comprehensive mental health treatment to children and adolescents (youth) who, due to mental illness, substance abuse, or severe emotional disturbance, need treatment that can most effectively be provided in a residential treatment facility. PRTF services are provided under the direction of a physician.

PRTF services were compared to 6 other states (Arizona, Georgia, Ohio, Oklahoma, Oregon, Washington).

Panel Size

The Panel Size analysis considers the number of utilizers per provider for the PRTF category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). For PRTF, the panel size in both urban and rural areas experienced a large increase from FY22 to FY23. These increases were caused by increases in the numbers of utilizers in rural and urban areas, while the provider numbers remained consistent.



Provider Participation

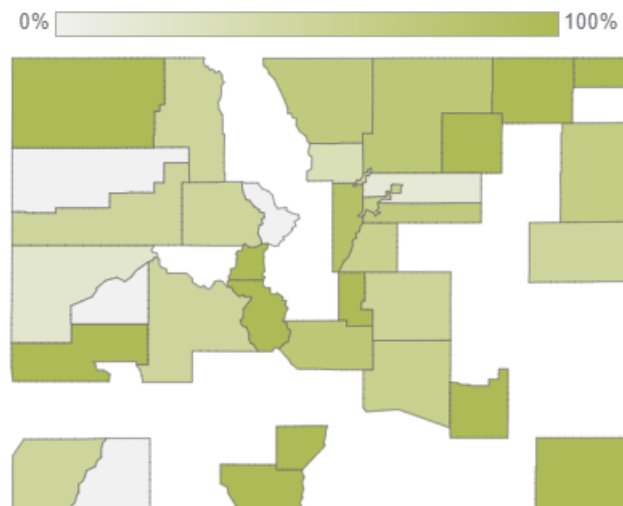
The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the PRTF service category. In the calendar year 2022, 52% of statewide providers served Medicaid members.

Provider Participation

Psychiatric Residential Treatment Facilities

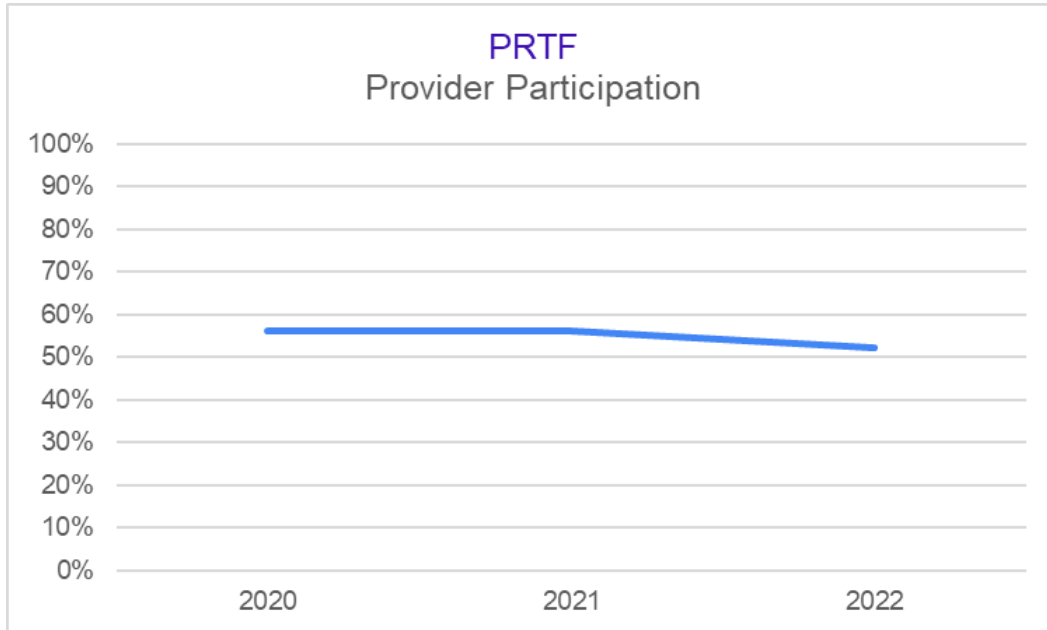
Statewide Rate:

52%





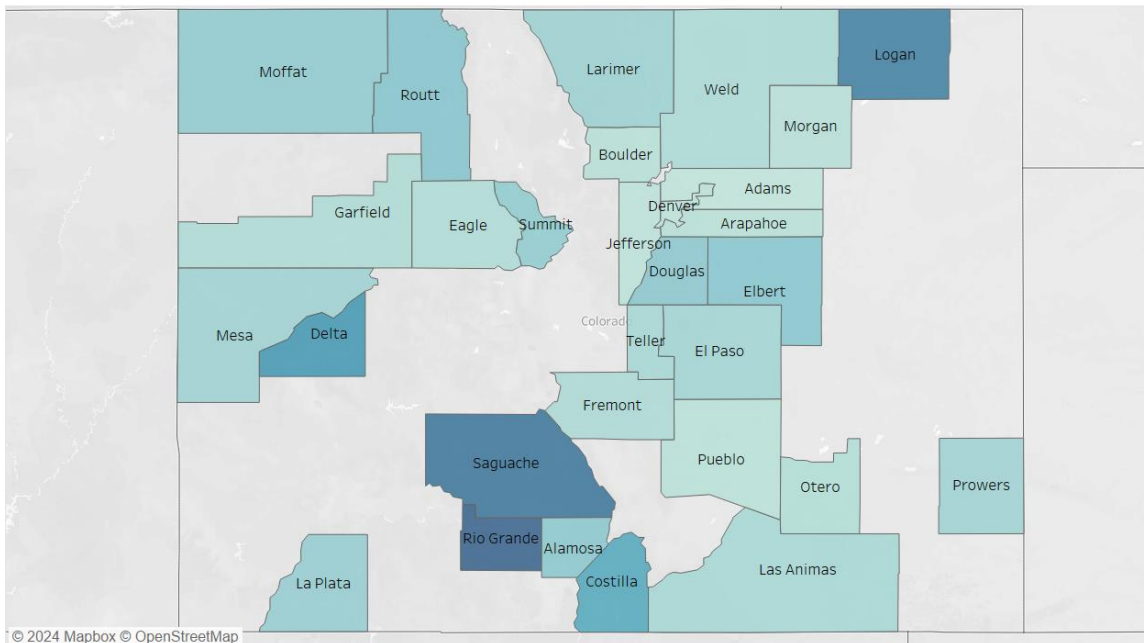
The statewide provider participation rate for the PRTF service category remained the same at 56% in 2020 and 2021, but had a slight drop to 52% in 2022.



Penetration Rate

The Penetration Rate analysis considers the number of members that utilized services in the PRTF category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

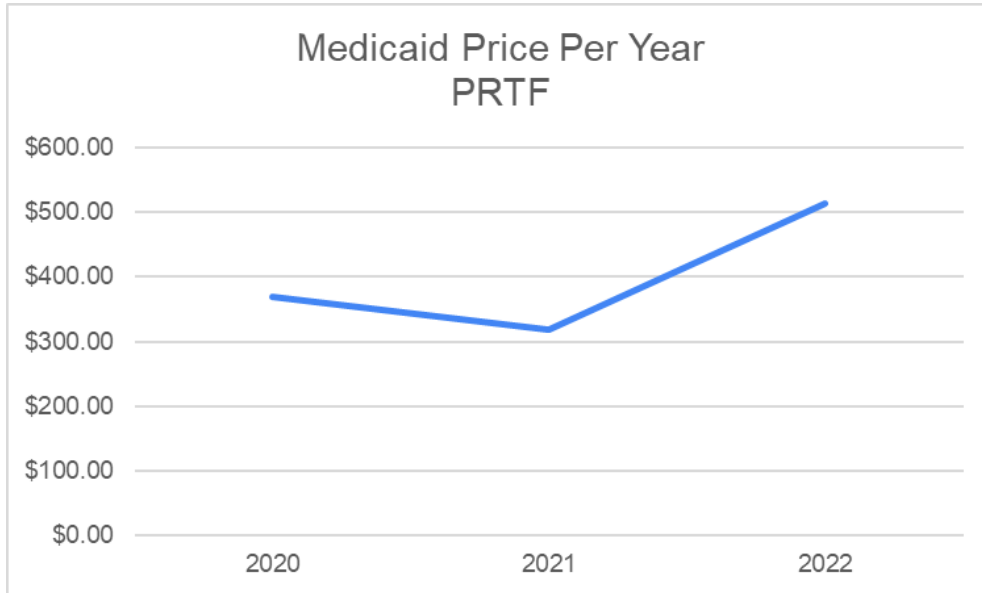
Penetration Rate (Utilization per 1000 members) - PRTF



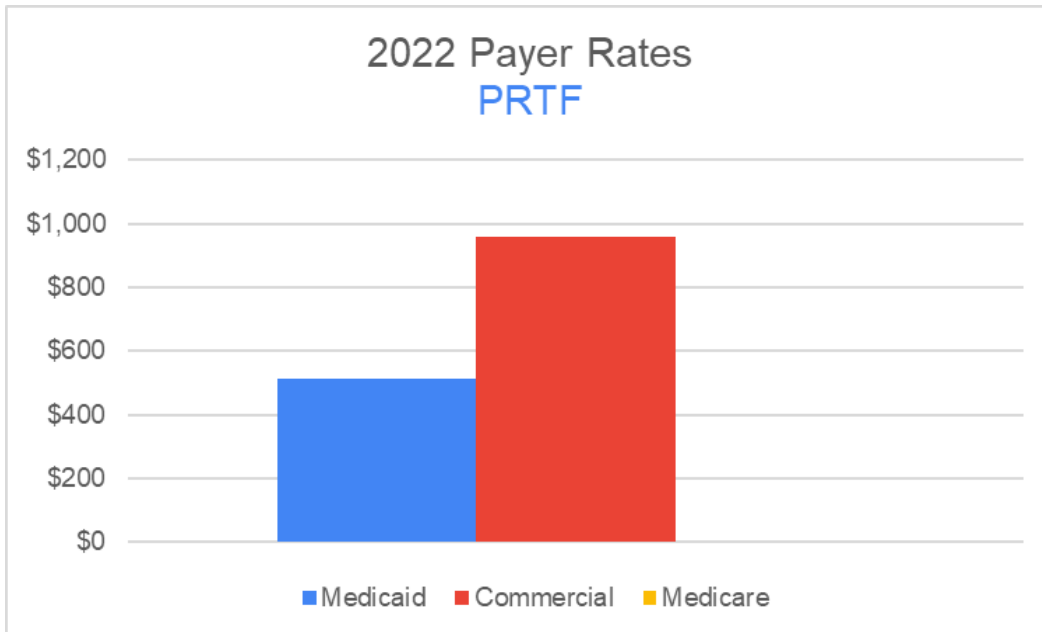


Price Per Service

The Price per Service analysis shows the average allowed amount for the PRTF 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. The Statewide Medicaid Price Per year for the PRTF service category underwent a slight decline from 2020 to 2021, followed by an increase from 2021 to 2022.



Payer Rate refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid paid less than commercial insurance companies emerged for the PRTF service category.





Physician Services - Sleep Studies

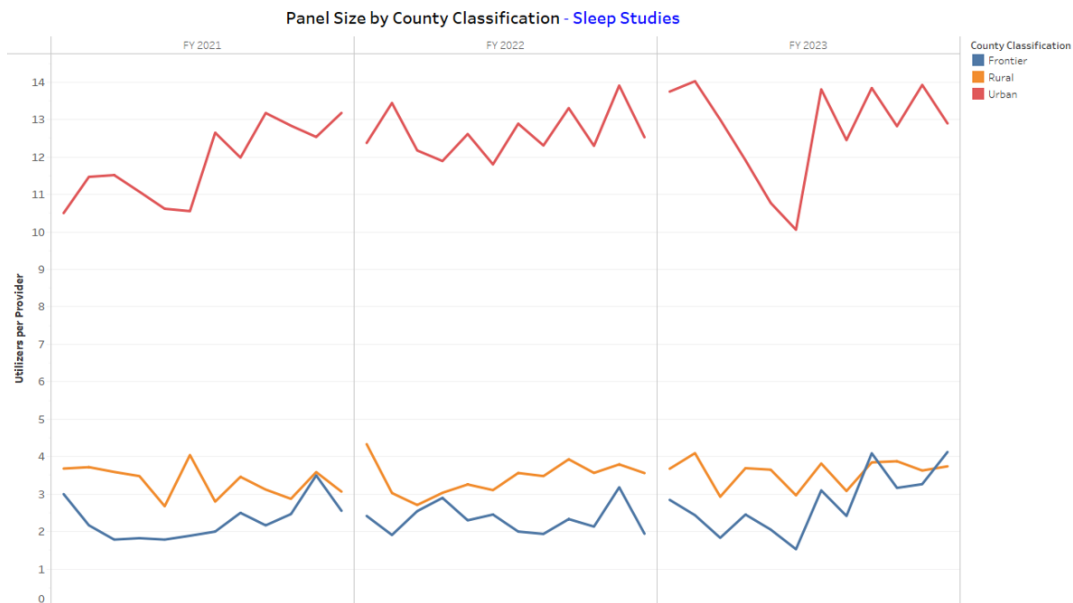
Service Description

Sleep studies and polysomnography refer to the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep with six or more hours of recording with physician review, interpretation and report. The studies are performed to diagnose a variety of sleep disorders and to evaluate a patient's response to therapies such as continuous positive airway pressure (CPAP). Polysomnography is distinguished from sleep studies by the inclusion of sleep staging. Sleep studies and polysomnography are typically provided by hospitals, clinics, independent laboratories, or Independent Diagnostic Testing Facilities (IDTF). IDTFs enroll with Colorado Medicaid as Provider Type 16 (Clinic) or Provider Type 25 (Non-physician practitioner - group). Sleep studies and polysomnography fall under Physician Services and are available, as medically necessary, to all Medicaid members who receive full State Plan benefits.

Sleep study services were compared to Medicare.

Panel Size

The Panel Size analysis considers the number of utilizers per provider for the sleep studies category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023).





Provider Participation

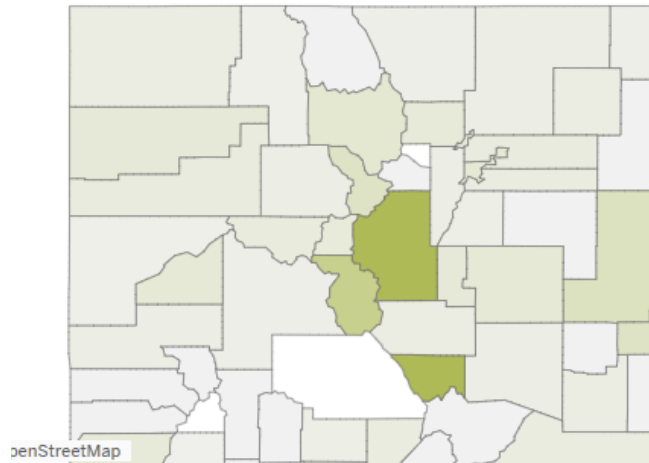
The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the Sleep Studies service category. In the calendar year 2022, 11% of statewide providers served Medicaid members.

Provider Participation

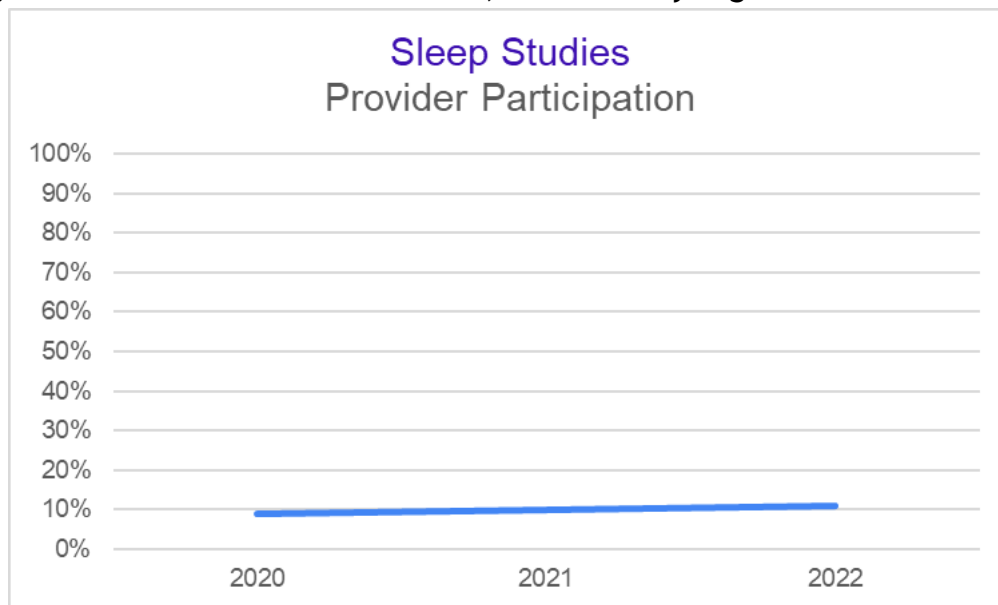
Physician - Sleep Study Service

Statewide Rate:

11%



Although the statewide provider participation rate for the Sleep Studies service category remained low from 2020 to 2022, it had a very slight increase.

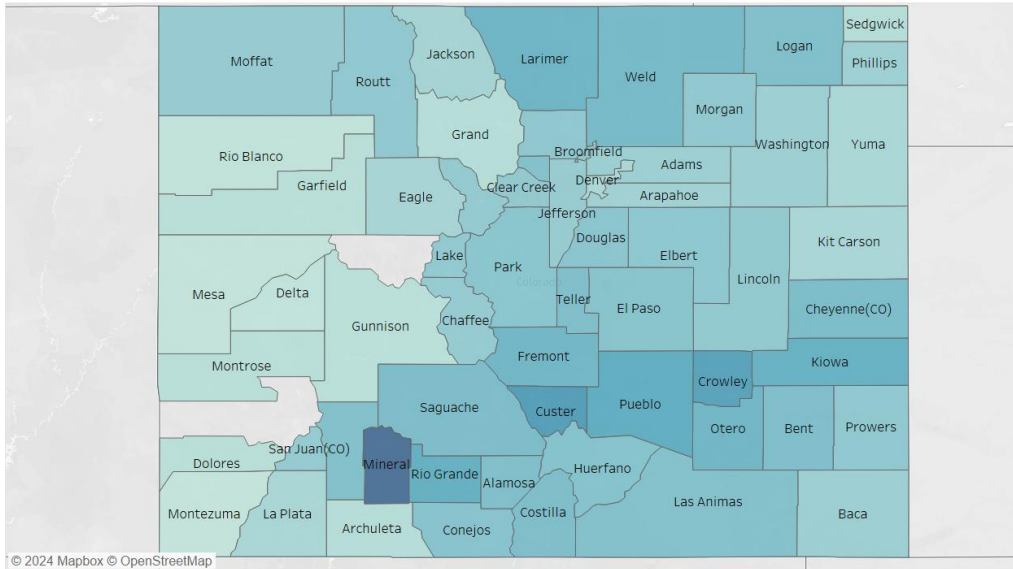




Penetration Rate

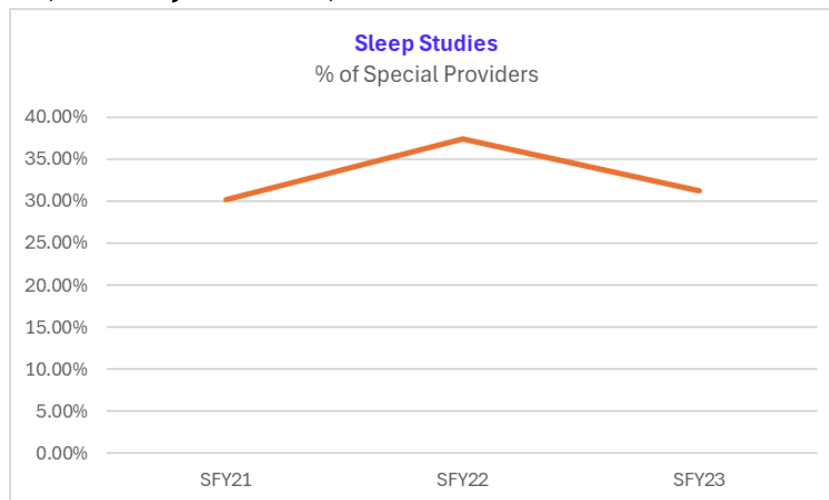
The Penetration Rate analysis considers the number of members that utilized services in the sleep studies category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

Penetration Rate (Utilization per 1000 members) - Sleep Studies



Special Provider

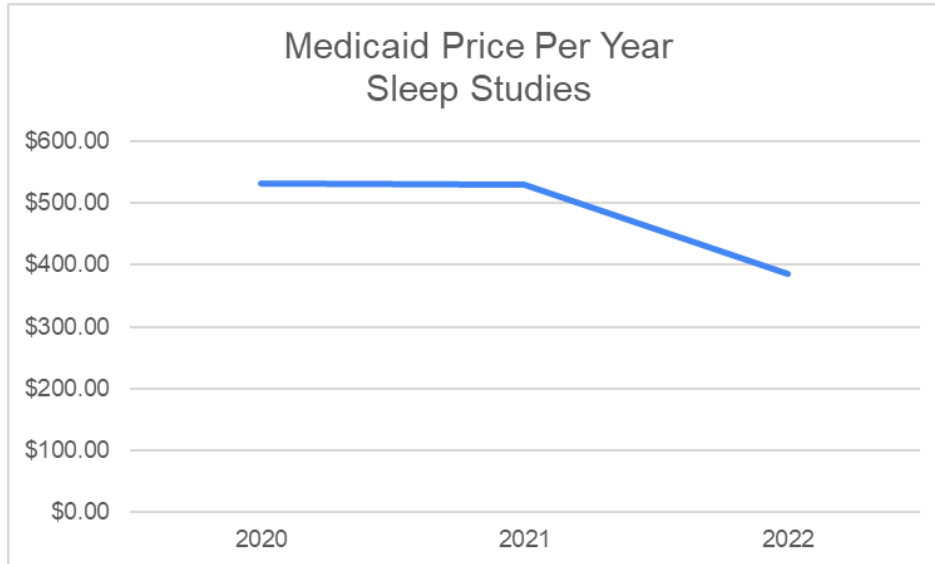
The Special Provider Analysis considers the percentage of Active Providers with only one Medicaid member for the Sleep Studies service category during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023.) The special provider percentage experienced a considerable increase in FY22 but a significant decline in FY23. One provider served 9 members in FY21, but only 1 in FY22, and 1 in FY23.



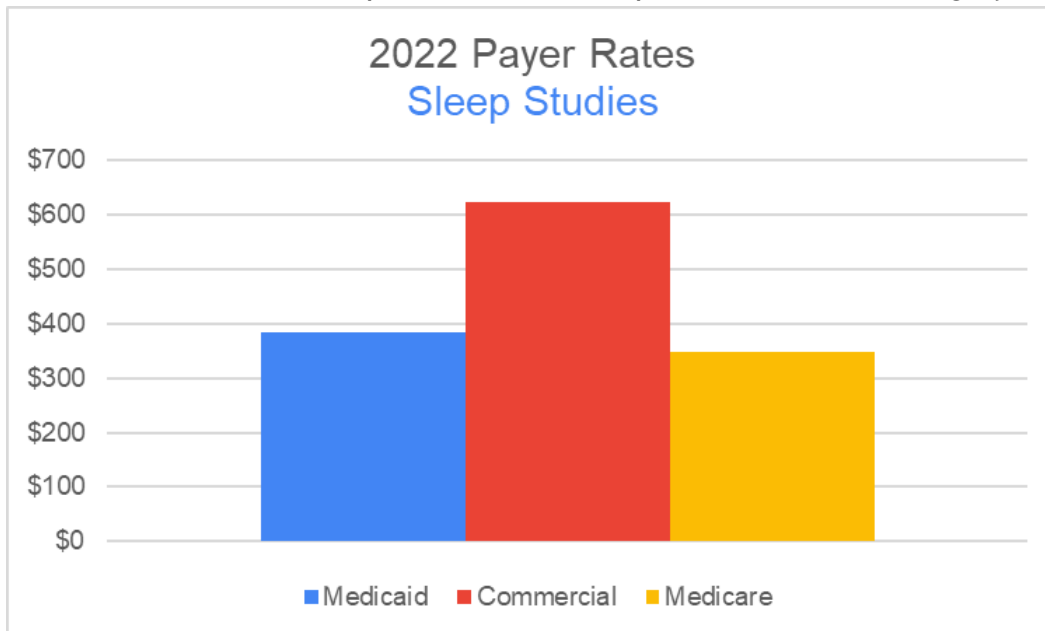


Price Per Service

The Price per Service analysis shows the average allowed amount for the Sleep Studies 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. The Statewide Medicaid Price Per year for the Sleep Studies service category remained stable from 2020 to 2021 but experienced a decline from 2021 to 2022.



Payer Rate refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid paid more than Medicare, but less than commercial insurance companies for the Sleep Studies service category.





Physician Services - EEG Ambulatory Monitoring Codes

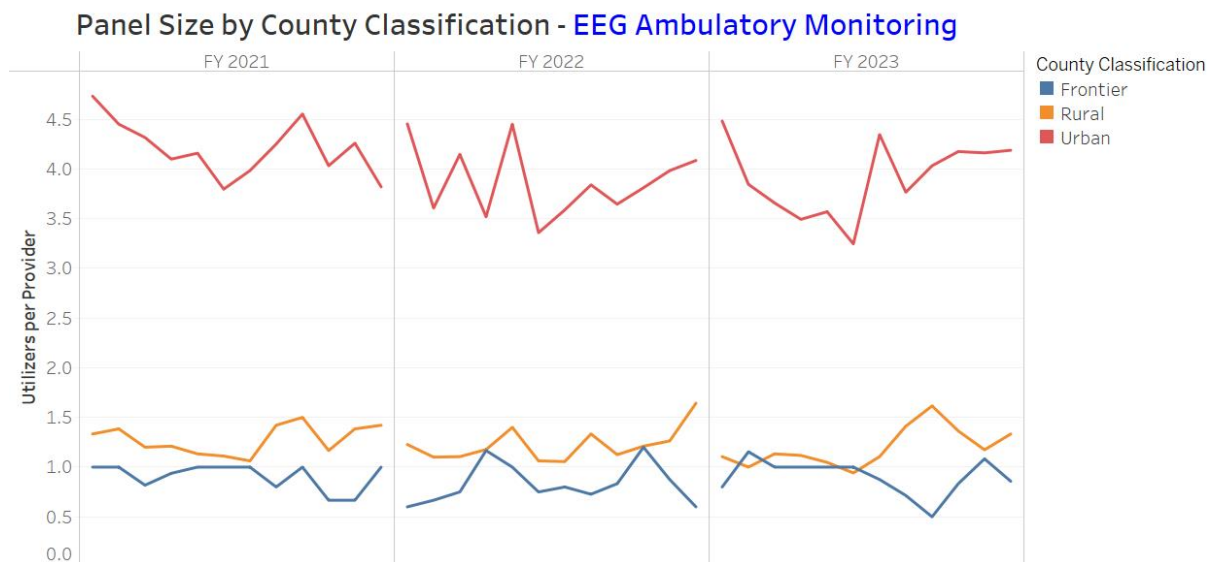
Service Description

Electroencephalogram (EEG) is a test that measures the electrical activity in the brain using small, metal discs. EEGs can help diagnose brain disorders, especially epilepsy or other seizure disorders. Ambulatory EEG monitoring is an EEG that is recorded at home. Ambulatory EEGs are typically provided by hospitals, clinics, or Independent Diagnostic Testing Facilities (IDTF). IDTFs enroll with Colorado Medicaid as Provider Type 16 (Clinic) or Provider Type 25 (Non-physician practitioner - group). Ambulatory EEGs fall under Physician Services and are available, as medically necessary, to all Medicaid members who receive full State Plan benefits.

EEG Ambulatory Monitoring services were compared to Medicare.

Panel Size

The Panel Size analysis considers the number of utilizers per provider for the EEG Ambulatory Monitoring category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023).



Provider Participation

The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the EEG Ambulatory Monitoring service category. In the calendar year 2022, 32% of statewide providers served Medicaid members.

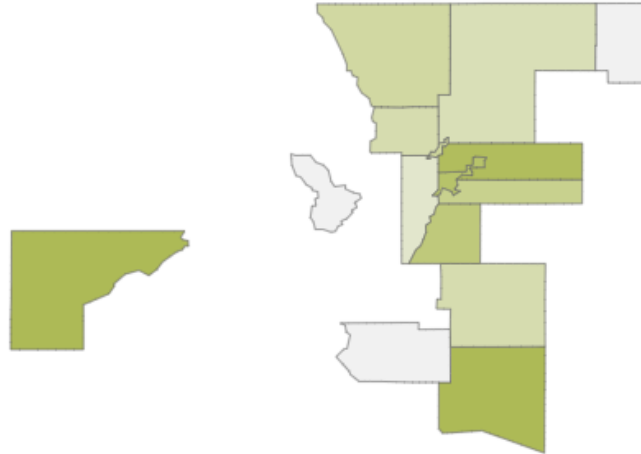
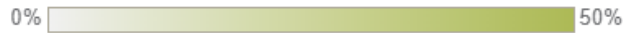


Provider Participation

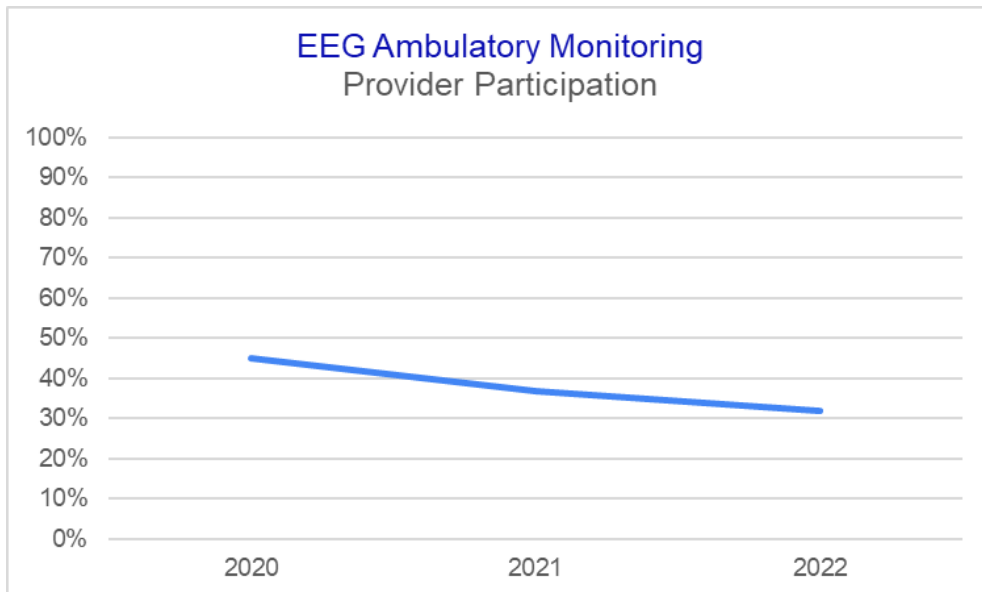
Physician - EEG Ambulatory Monitoring

Statewide Rate:

32%



The statewide provider participation rate for the EEG Ambulatory Monitoring service category decreased from 2020 to 2022.

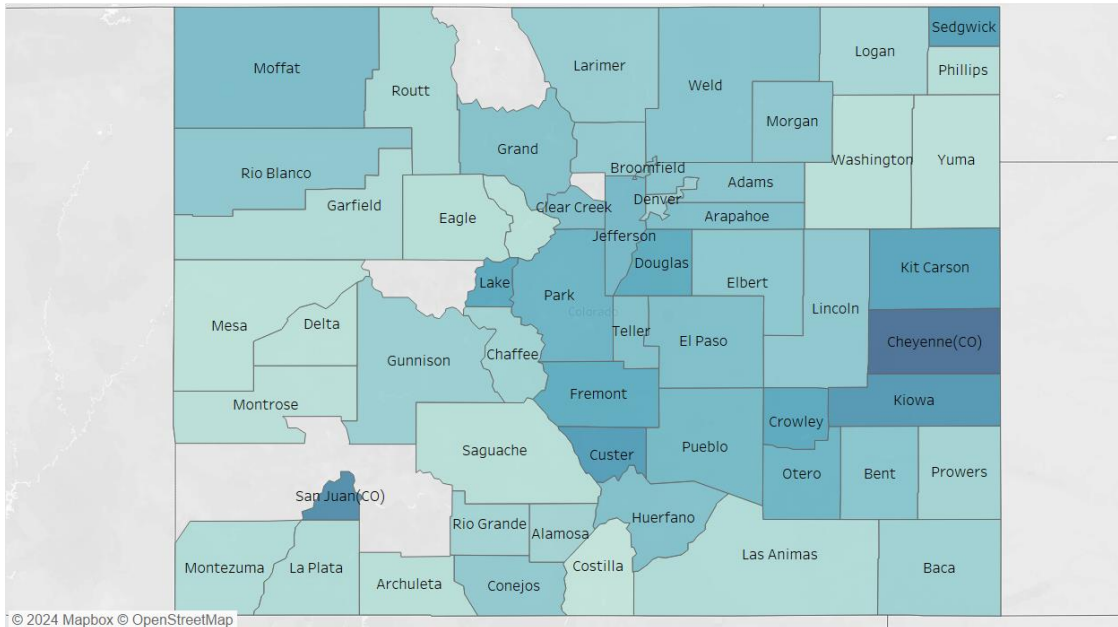




Penetration Rate

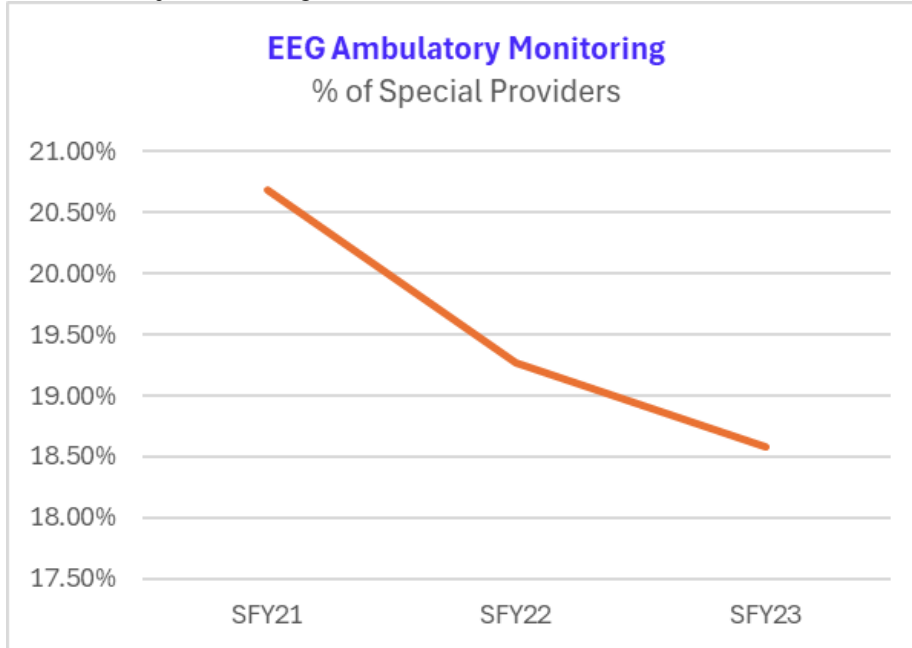
The Penetration Rate analysis considers the number of members that utilized services in the EEG Ambulatory Monitoring category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

Penetration Rate (Utilization per 1000 members) - EEG Ambulatory Monitoring



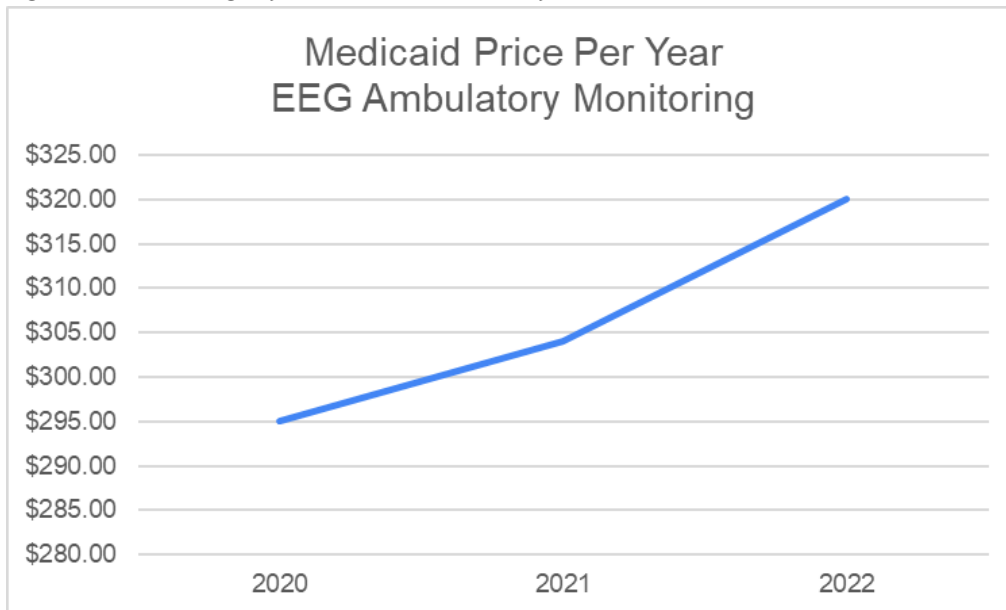
Special Provider

The Special Provider Analysis considers the percentage of Active Providers with only one Medicaid member for the EEG Ambulatory Monitoring service category during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023.). The special provider percentage experienced a continuous decrease from FY21 to FY23. Despite the declining trend, one provider had a non-negligible drop in the number of members it served over these three fiscal years. This provider served 9 members in FY21, 4 in FY22, but only 1 in FY23.



Price Per Service

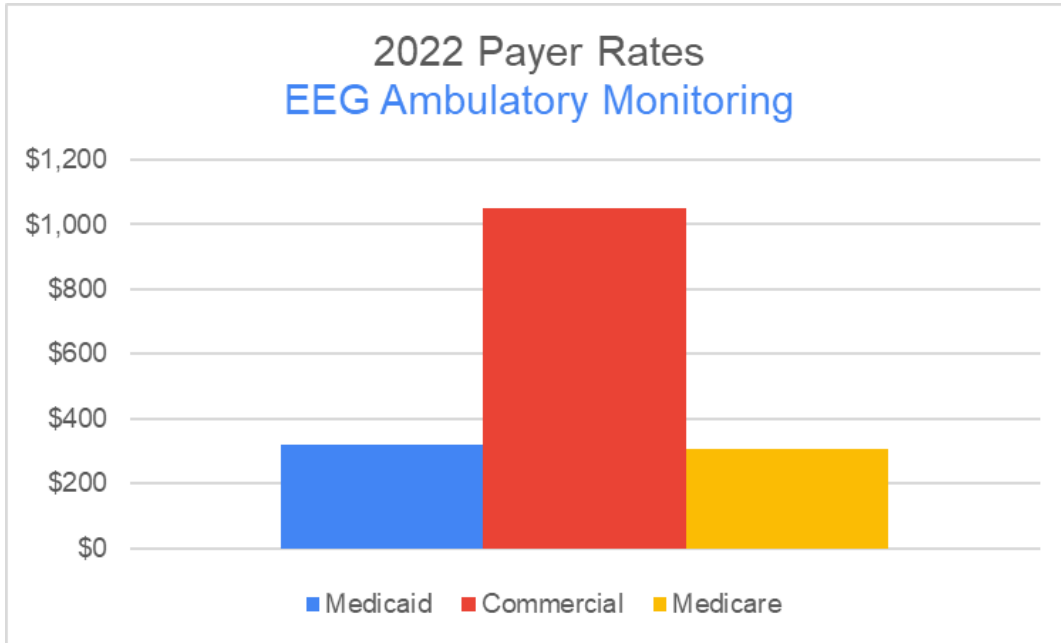
The Price per Service analysis shows the average allowed amount for the EEG Ambulatory Monitoring service category during calendar years 2020-2022 (January 1, 2020 - December 31, 2022) based on the line level claim data for each procedure code and/or revenue code. Statewide Medicaid Price per Year for the EEG Ambulatory Monitoring service category increased steadily from 2020 to 2022.



Payer Rate refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service



category. In the calendar year of 2022, Medicaid paid less than Medicare and commercial insurance companies for the EEG Ambulatory Monitoring service category.



Fee-for-service (FFS) Behavioral Health Substance Use Disorder (SUD) Codes

Service Description

Substance Use Disorder (SUD) coverage includes the continuum of care services delivered in accordance with ASAM (American Society of Addiction Medicine) criteria. This continuum includes preventative care; outpatient care; high intensity outpatient care; residential and inpatient hospital care; and Medication Assisted Treatment (MAT), Screening, and Assessments.

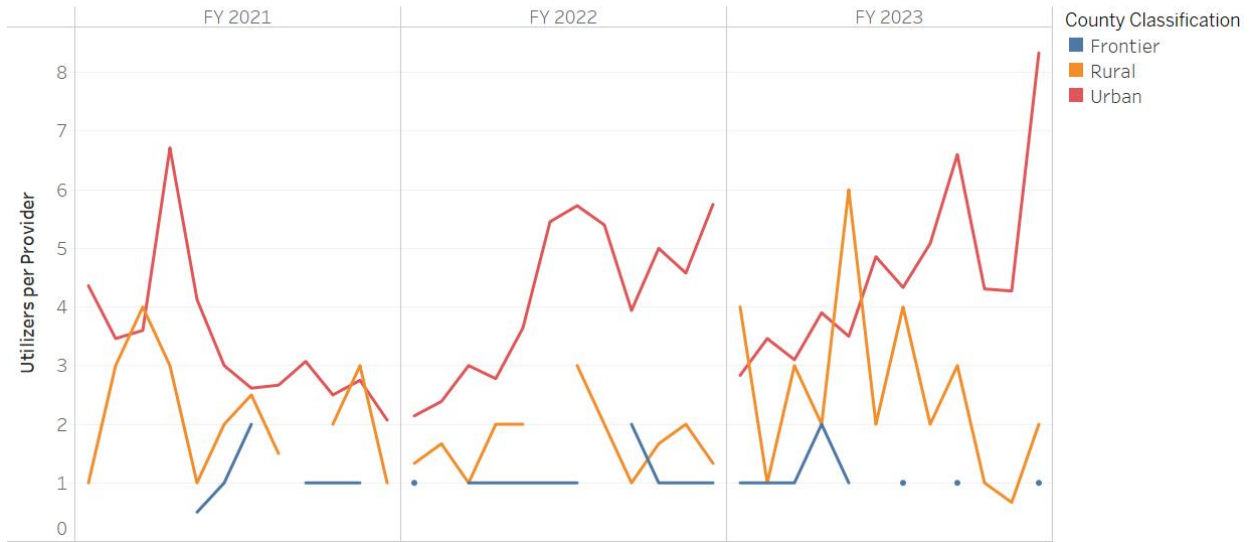
SUD codes were compared to 6 other states (Washington DC, Maryland, Massachusetts, Missouri, Ohio, Washington).

Panel Size

The Panel Size analysis considers the number of utilizers per provider for the FFS behavioral health SUD category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023).



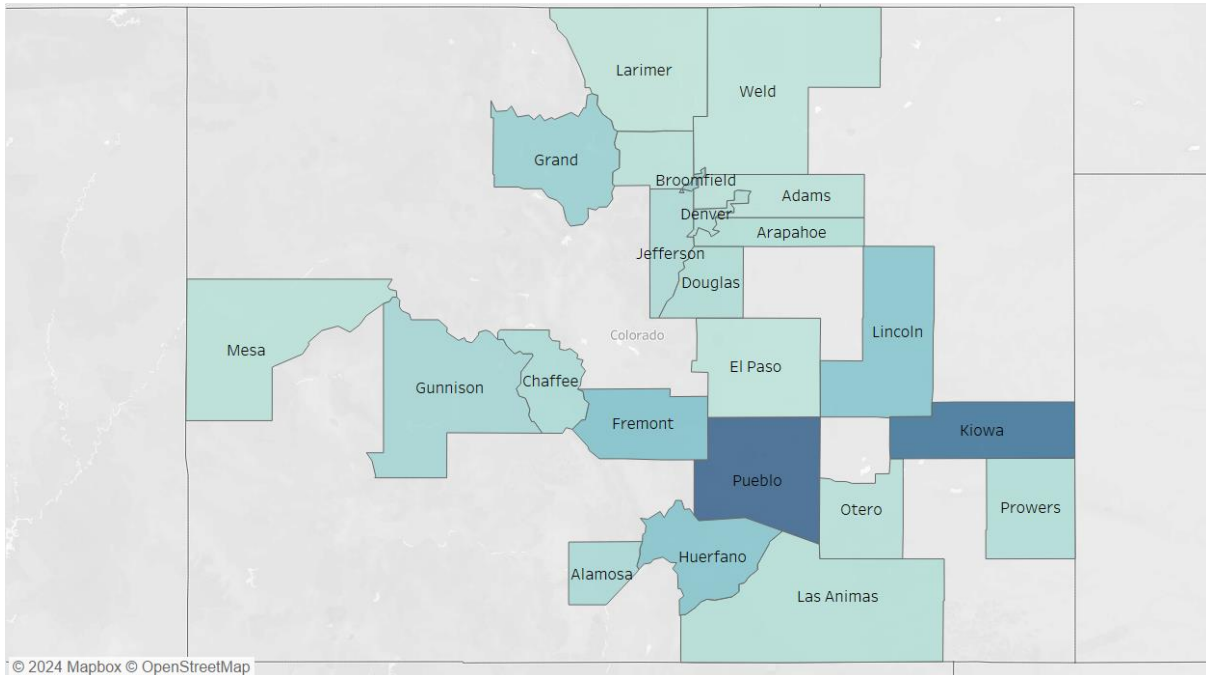
Panel Size by County Classification - BH FFS SUD



Penetration Rate

The Penetration Rate analysis considers the number of members that utilized services in the FFS behavioral health SUD category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

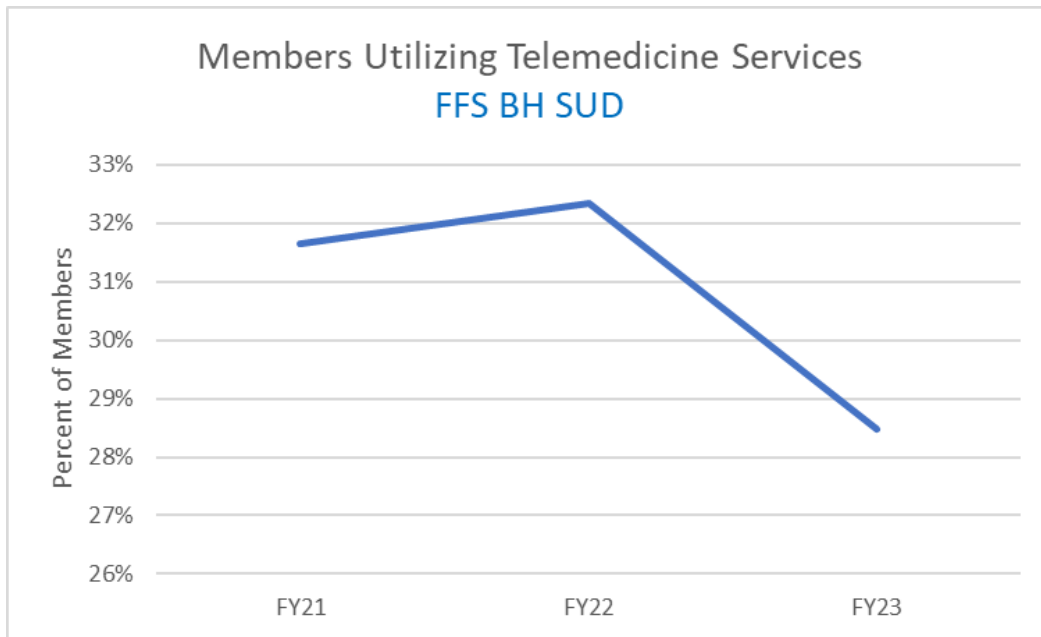
Penetration Rate (Utilization per 1000 members) - BH FFS SUD



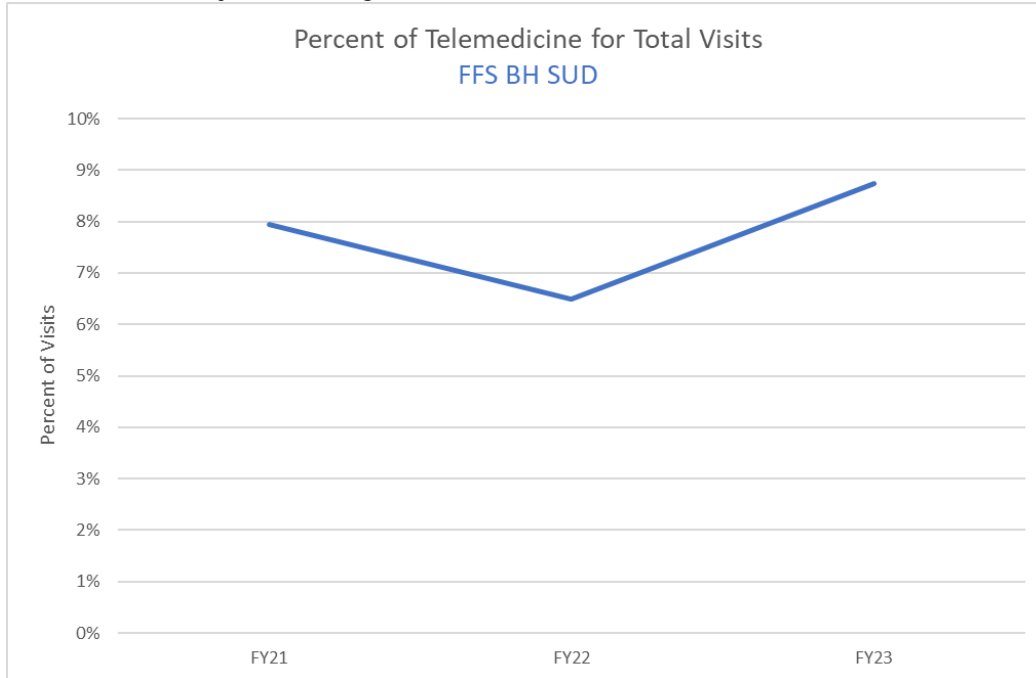


Telemedicine Accessibility

The first part of the telemedicine analysis considered the number of individual members that utilized services in the FFS BH SUD service category and what percentage of those members received at least one service through telemedicine. From fiscal year 2021-2023, the percentage of individual members that utilized telemedicine FFS BH SUD services was moderately high. This percentage increased from FY21 - FY22, then decreased from FY22 - FY23.



The second part of the telemedicine analysis considered the number of total visits in the FFS BH SUD service category and what percentage of those visits were delivered through telemedicine across fiscal years 2022 - 2023. From fiscal year 2021-2023, the percentage of total visits that were delivered through telemedicine for FFS BH SUD services was moderately high. This percentage increased from FY21 - FY22, then decreased from FY22 - FY23.



Across fiscal years 2021 - 2023, the percentage of individual members utilizing at least one telemedicine FFS BH SUD service had an inverse relationship with the overall percentage of telemedicine visits. For FY21 - FY22, members utilizing telemedicine, total visits and telemedicine visits all increased. However, total visits increased at a faster rate than telemedicine visits. Thus, the percentage of telemedicine visits decreased in the second chart, although the percentage of members utilizing telemedicine in the first chart increased. From FY22 - FY23, members utilizing telemedicine, total visits and telemedicine visits all decreased. However, total visits decreased at a faster rate than telemedicine visits. Thus, the percentage of telemedicine visits increased during FY22 - FY23, although the percentage of individual members utilizing telemedicine in the first chart decreased.

Home Health Services

Service Description

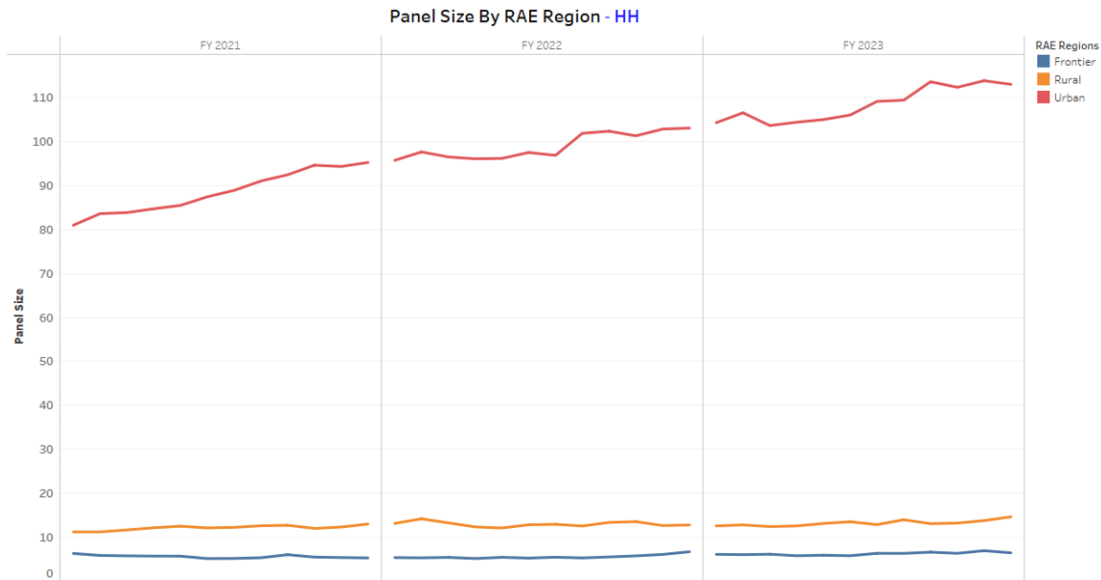
Home health services consist of skilled nursing, certified nurse aide (CNA) services, physical (PT) and occupational therapy (OT) services and speech/language pathology (SLP) services. Home health services are a mandatory State Plan benefit offered to Colorado Medicaid members who need intermittent skilled care. Providers that render home health services must be employed by a class A licensed home health agency. Home health services are provided in home and community settings.

Home health services were compared to 8 other states (Idaho, Illinois, Louisiana, North Carolina, Nebraska, Ohio, Washington, Wisconsin).



Panel Size

The Panel Size analysis considers the number of utilizers per provider for the home health category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). The panel size visual for Home Health shows a noticeable increase in urban areas. This was caused by an increase in utilization, while the number of providers remained consistent.



Provider Participation

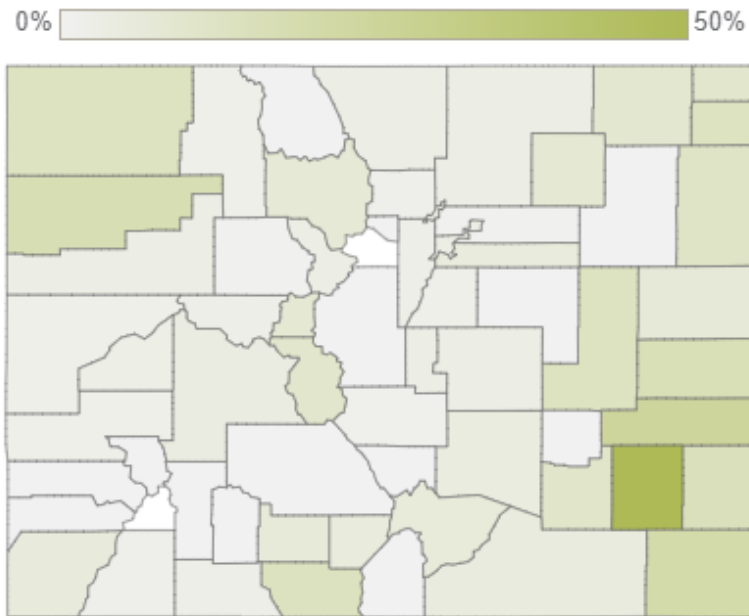
The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the Home Health Services service category. In the calendar year 2022, 3% of statewide providers served Medicaid members.



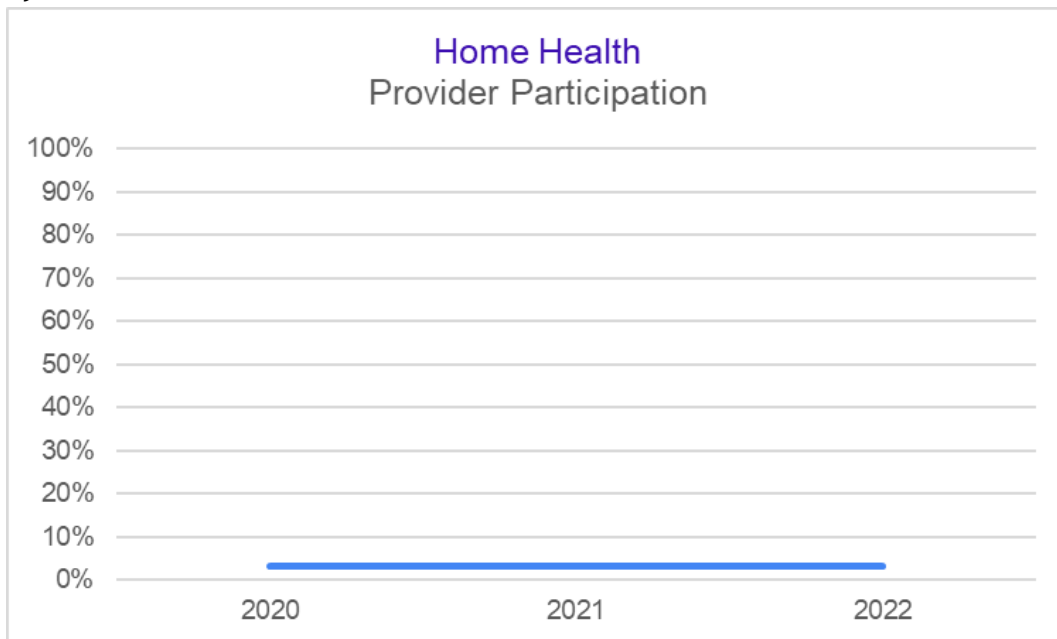
Provider Participation

Home Health Services

Statewide Rate:
3%



The statewide provider participation rate for the Home Health Services service category remained constant at 3% from 2020 to 2022.

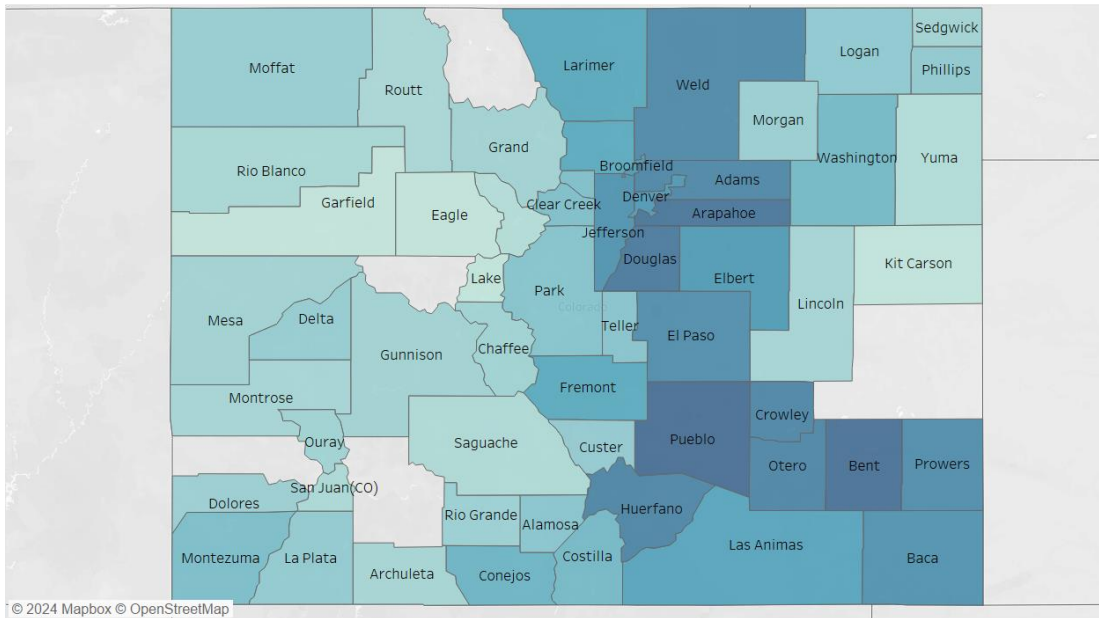




Penetration Rate

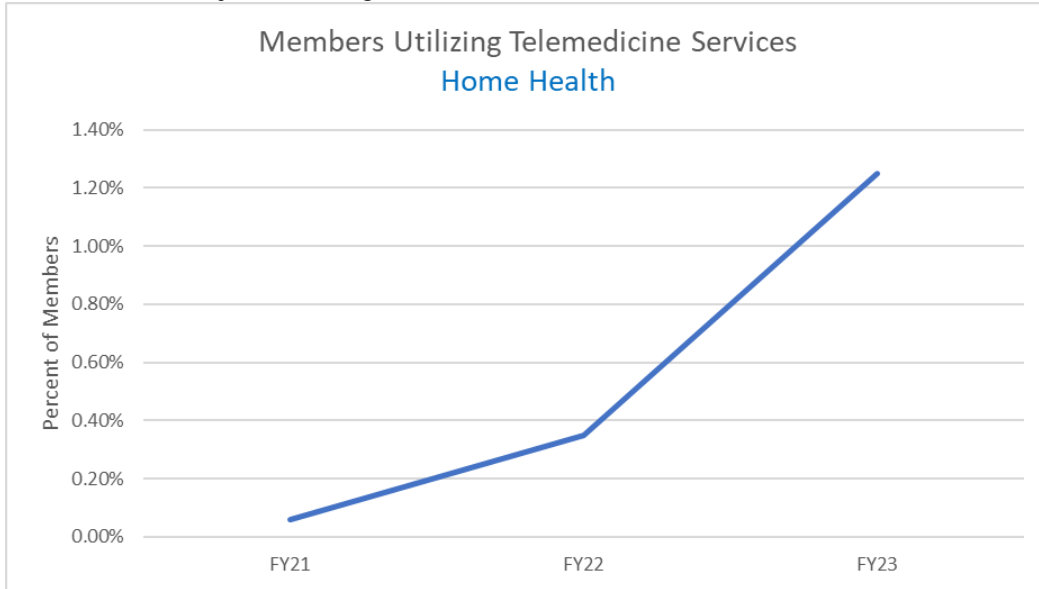
The Penetration Rate analysis considers the number of members that utilized services in the home health category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

Penetration Rate (Utilization per 1000 members) - HH

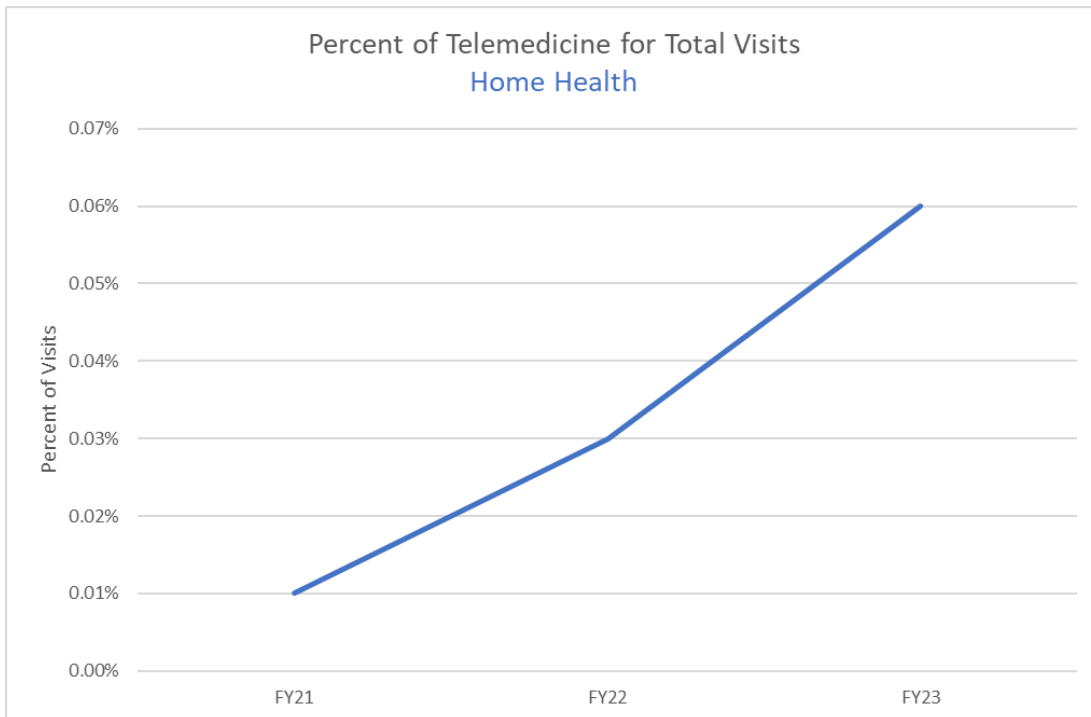


Telemedicine Accessibility

The first part of the telemedicine analysis considered the number of individual members that utilized services in the HH service category and what percentage of those members received at least one service through telemedicine. From fiscal year 2021-2023, the percentage of individual members that utilized telehealth HH services was very low. This percentage increased from FY21 - FY22, and then increased again from fiscal year FY22 - FY23.



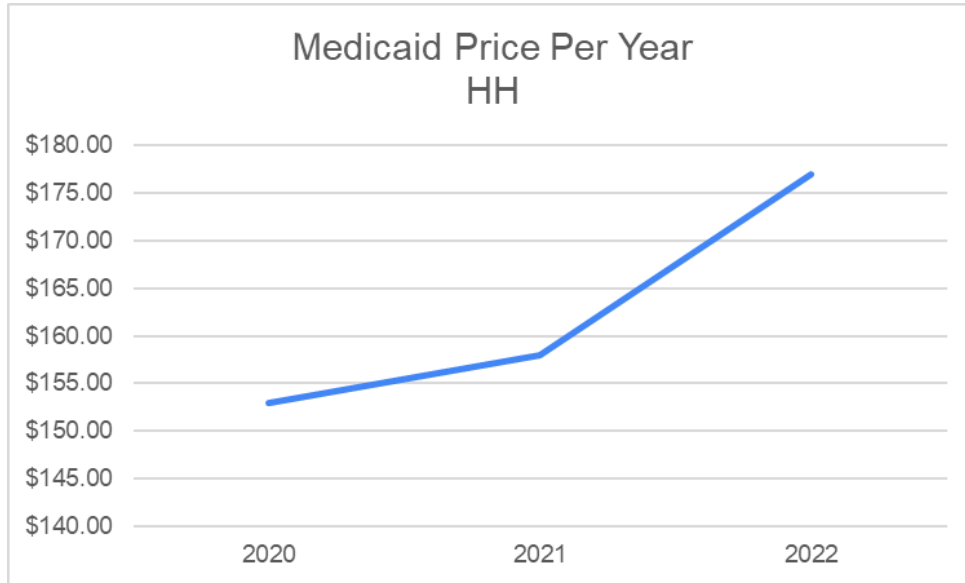
The second part of the telemedicine analysis considered the number of total visits in the HH service category and what percentage of those visits were delivered through telemedicine across fiscal years 2022 - 2023. From fiscal year 2021-2023, the percentage of total visits that were delivered through telemedicine for HH was very low. This percentage increased from FY21 - FY22, then increased again from FY22 - FY23.



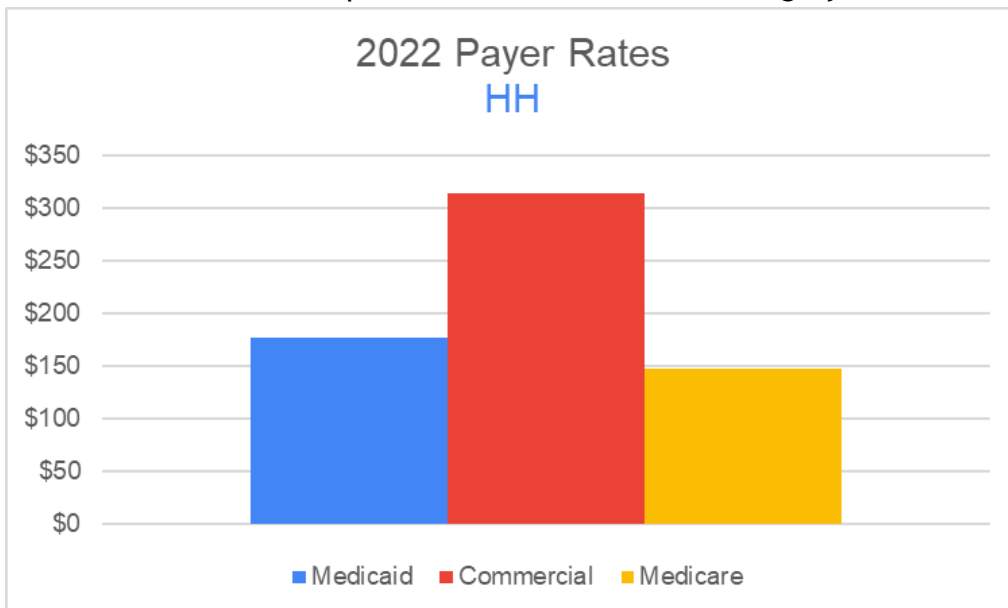


Price Per Service

The Price per Service analysis shows the average allowed amount for the Home Health 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. Statewide Medicaid Price Per year for the HH service category increased slightly from 2020 to 2022.



Payer Rate refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid paid more than Medicare, but less than commercial insurance companies for the HH service category.





Pediatric Personal Care (PPC)

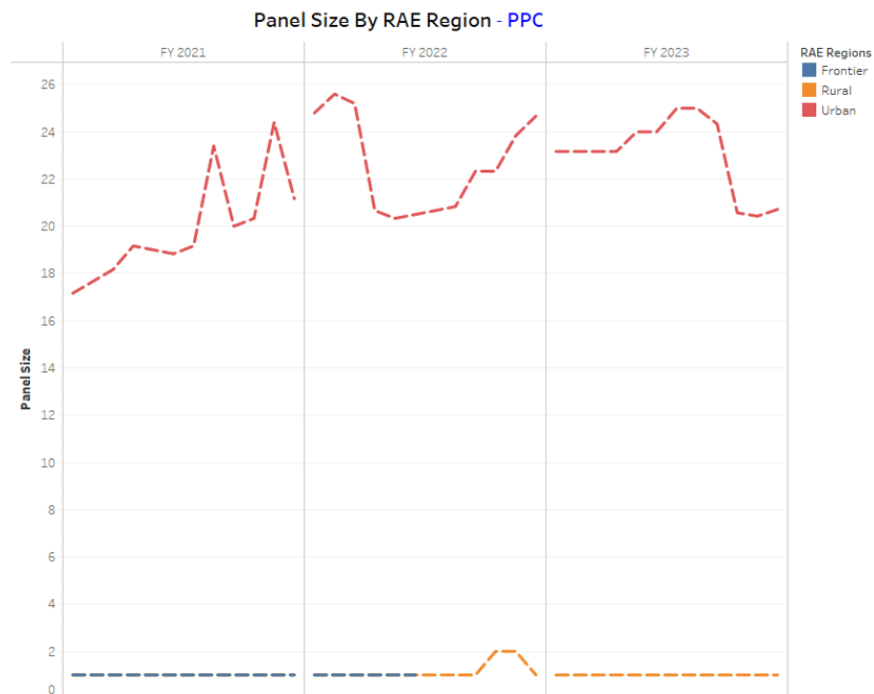
Service Description

PPC services consist of 17 personal care tasks performed by a non-medically trained caregiver for children ages 0-20 and provided in the member’s home. The PPC benefit was implemented in October 2015. PPC services are the lowest level of care in the home health care continuum for children. Colorado is one of three states that provides pediatric personal care services outside of waiver benefits.

PPC services were compared to 6 other states (Washington, Pennsylvania, Arizona, Wisconsin, Nevada, Utah).

Panel Size

The Panel Size analysis considers the number of utilizers per provider for the PPC category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023).



Provider Participation

The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the Pediatric Personal Care service category. In the calendar year 2022, 99% of statewide providers served Medicaid members.

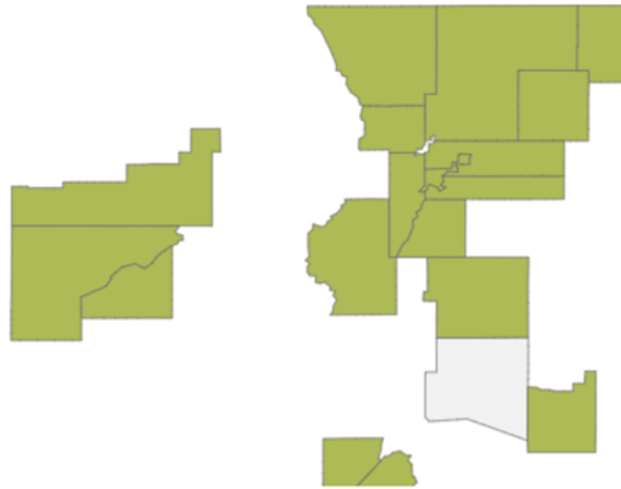


Provider Participation

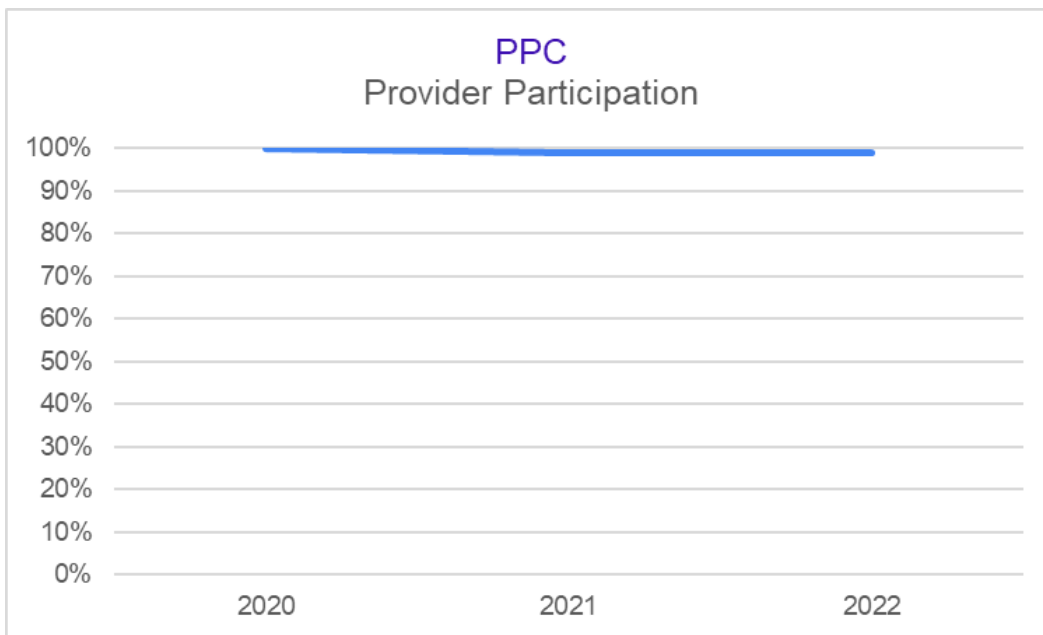
Pediatric Personal Care

Statewide Rate:

99%



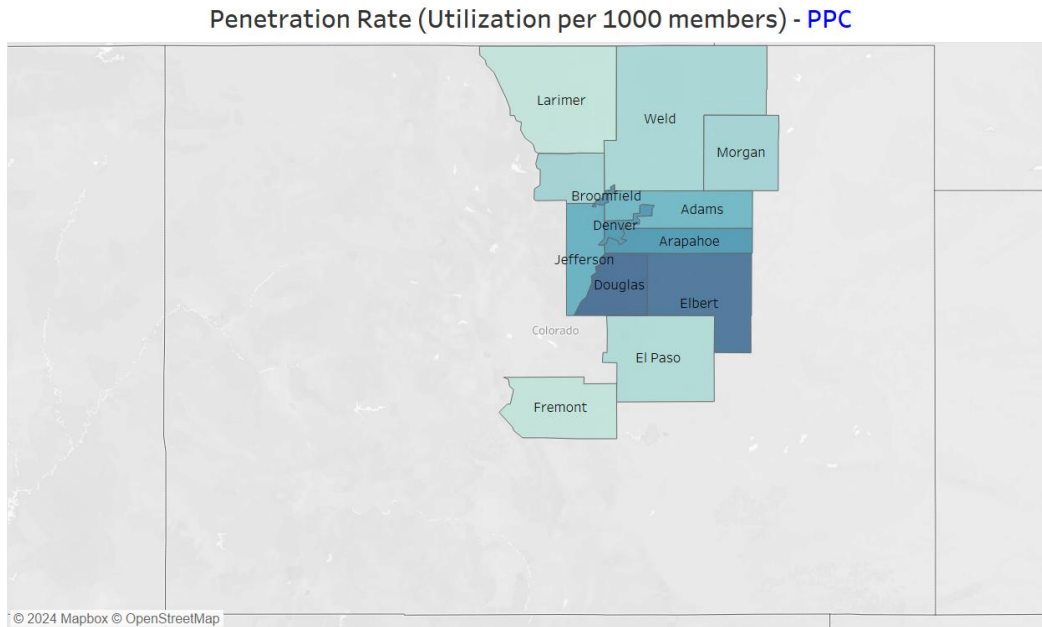
The statewide provider participation rate for the Pediatric Personal Care service category remained relatively stable from 2020 to 2022, consistently ranging between 99% and 100%.





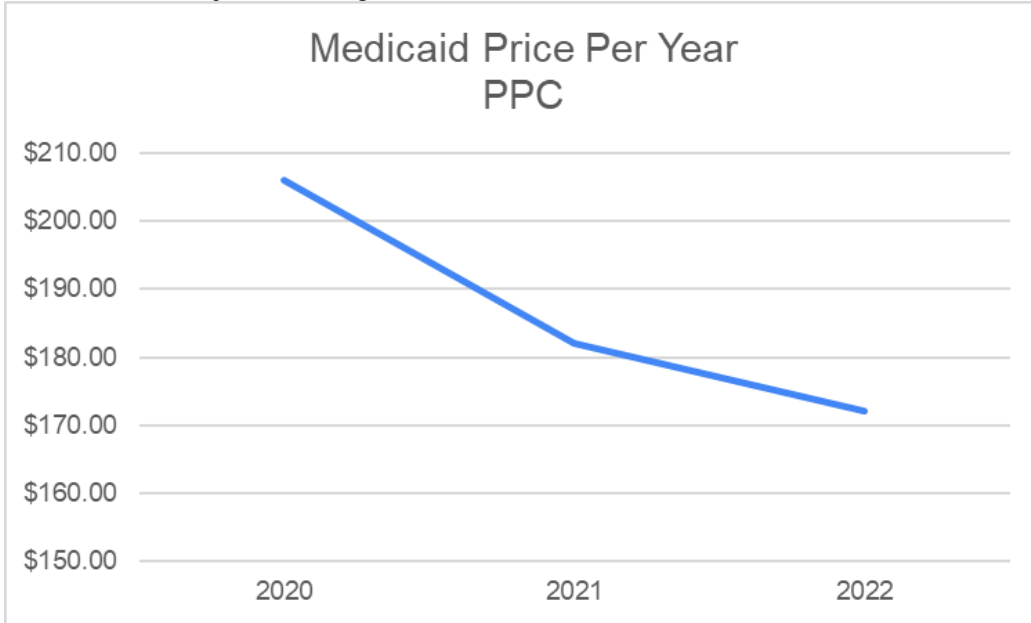
Penetration Rate

The Penetration Rate analysis considers the number of members that utilized services in the PPC category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

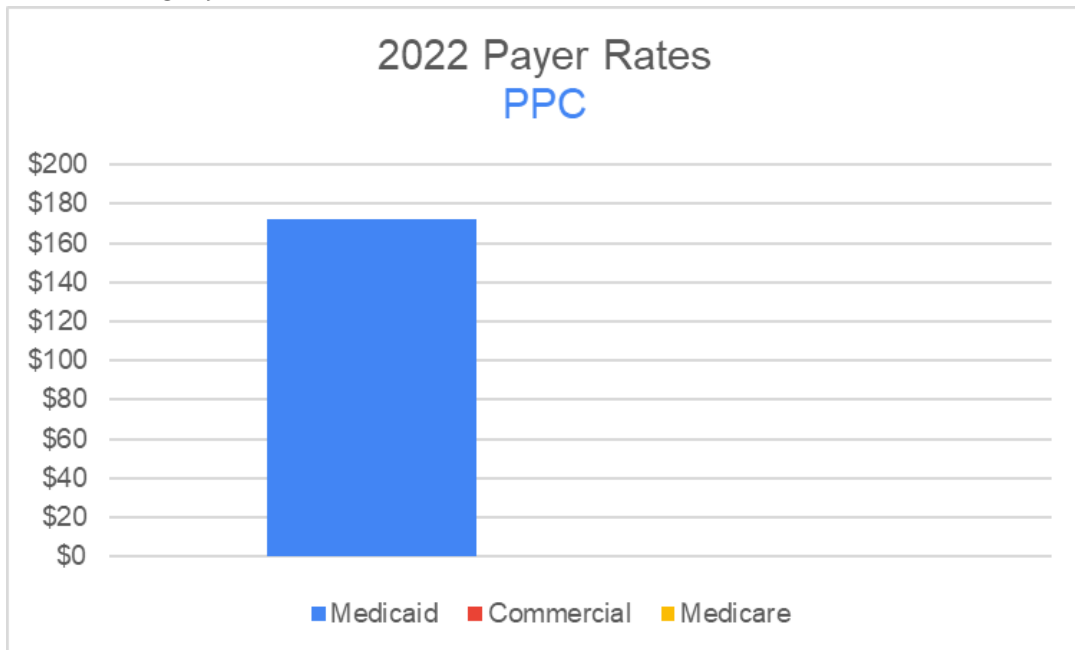


Price Per Service

The Price per Service analysis shows the average allowed amount for the PPC 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. Statewide Medicaid Price Per year for the PPC service category decreased Steadily from 2020 to 2022.



Payer Rate refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid stood out as the sole payer for the PPC service category.



Private Duty Nursing (PDN)

Service Description

PDN services consist of continuous skilled nursing care provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) for Colorado Medicaid members who are

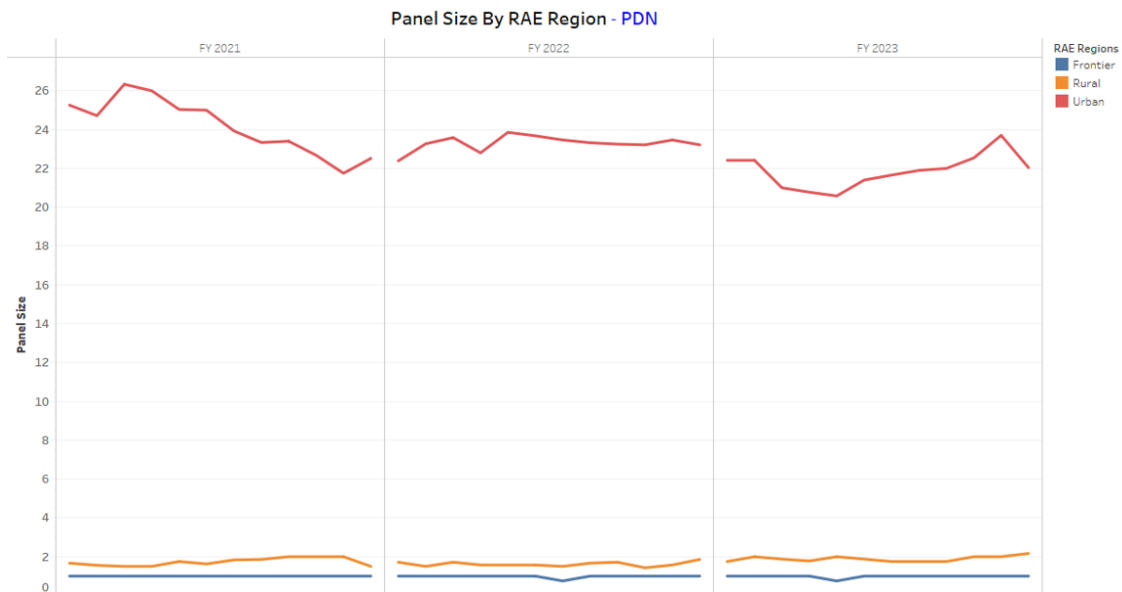


dependent on medical technology. PDN services are meant to provide care to members who need a higher level of care than is available in the home health benefit. PDN services are performed by an RN or LPN in the member’s home. The PDN benefit is an optional benefit provided through Medicaid agencies; Colorado is one of 25 states that reimburses for PDN services.

PDN services were compared to 7 other states (California, Illinois, Louisiana, North Carolina, Nebraska, Washington, Massachusetts).

Panel Size

The Panel Size analysis considers the number of utilizers per provider for the PDN category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023).



Provider Participation

The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the Private Duty Nursing service category. In the calendar year 2022, 23% of statewide providers served Medicaid members.

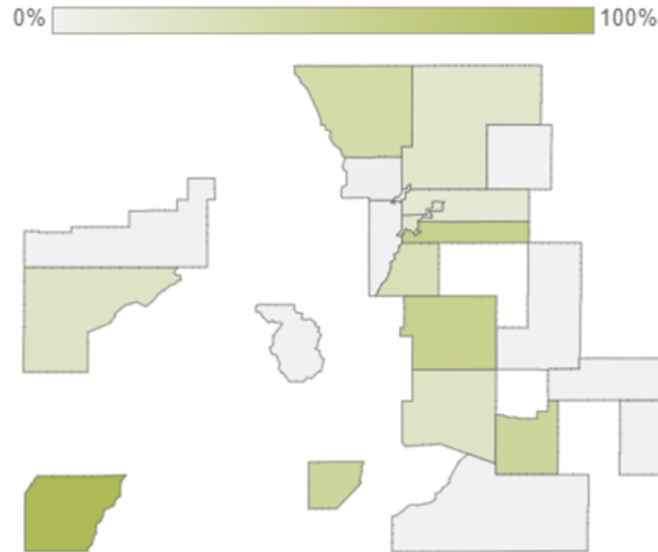


Provider Participation

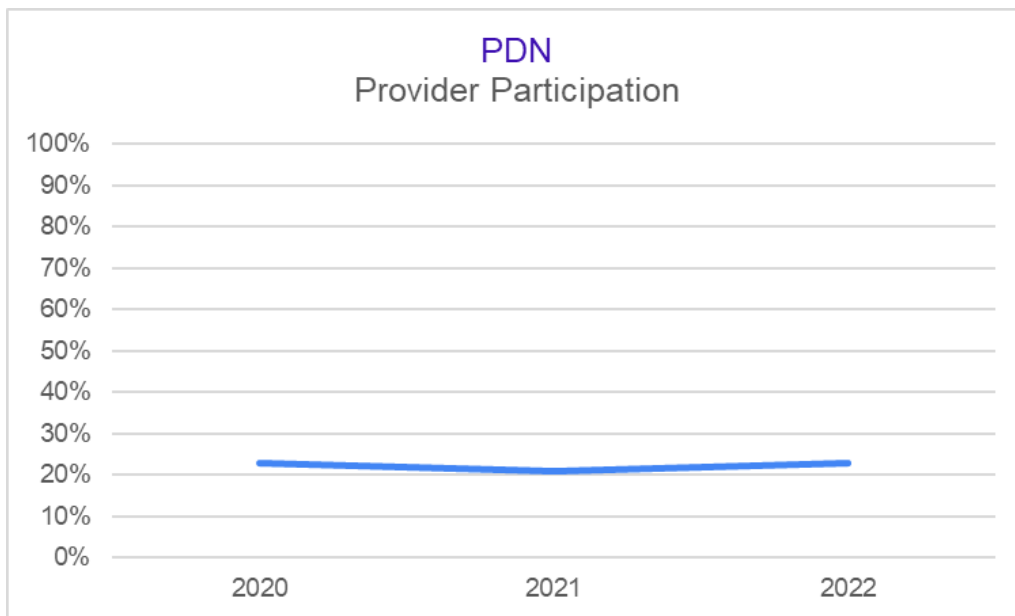
Private Duty Nursing

Statewide Rate:

23%



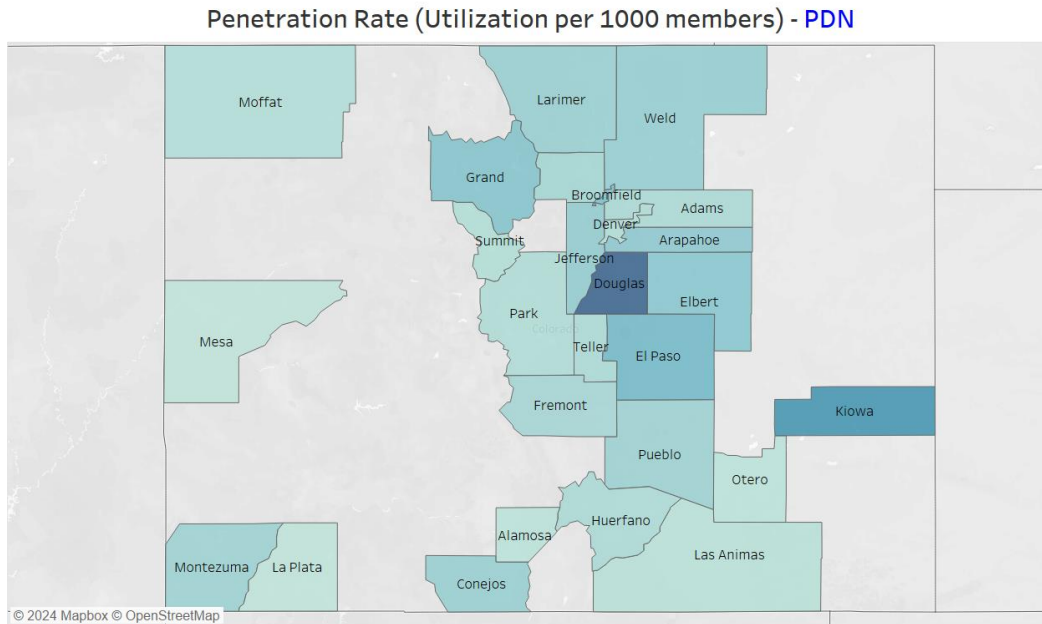
The statewide provider participation rate for the Private Duty Nursing service category remained relatively stable from 2020 to 2022, consistently ranging between 21% and 23%.





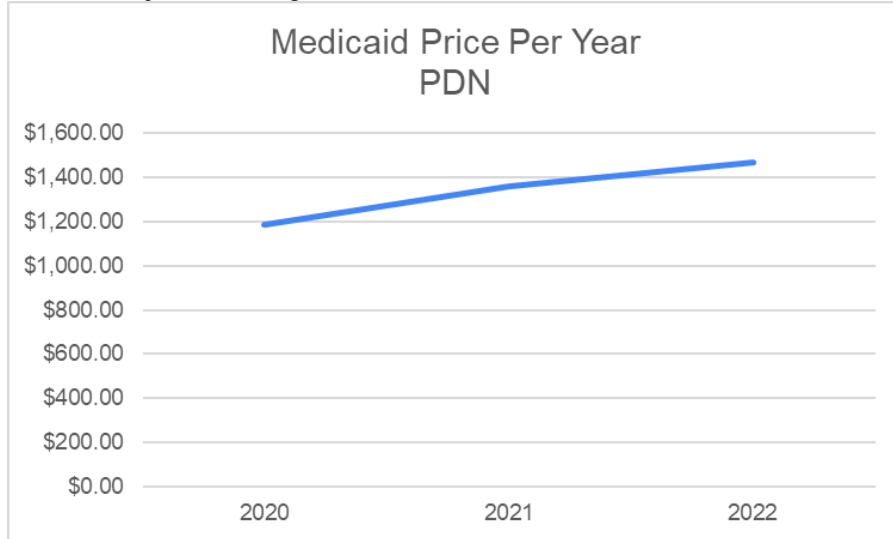
Penetration Rate

The Penetration Rate analysis considers the number of members that utilized services in the PDN category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).



Price Per Service

The Price per Service analysis shows the average allowed amount for the PDN 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. Statewide Medicaid Price Per year for the PDN service category increased slightly from 2020 to 2022.



Home & Community Based Services - ADL Assistance and Delivery Models

Service Description

This service provides personal assistance in personal functional activities required by an individual for continued wellbeing which are essential for health and safety, such as help with bathing, dressing, toileting, eating, housekeeping, meal preparation, laundry, and shopping.

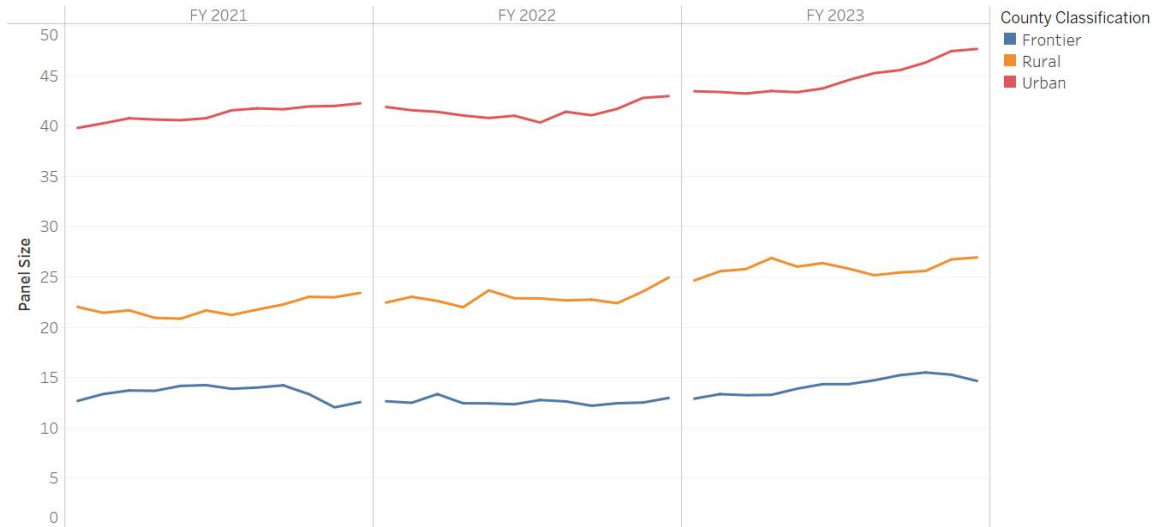
- Homemaker (Basic/Enhanced/Remote Supports)
- In Home Support Services (Health Maintenance/Homemaker/Personal Care/Relative Personal Care)
- Personal Care
- Personal Care (Relative/Remote Supports)
- Consumer Directed Attendant Support Services (CDASS)
- Medication Reminder
- Respite
- Protective Oversight

Panel Size

The Panel Size analysis considers the number of utilizers per provider for the HCBS ADL Assistance and Delivery Models category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023).



Panel Size by County Classification - HCBS ADL Assistance and Delivery Models



Provider Participation

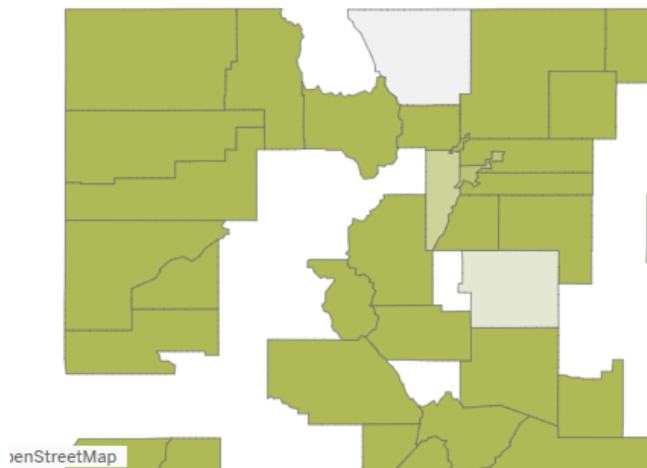
The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS ADL Assistance and Delivery Models service category. In the calendar year 2022, 99% statewide providers served Medicaid members.

Provider Participation

HCBS ADL Assistance and Delivery Models

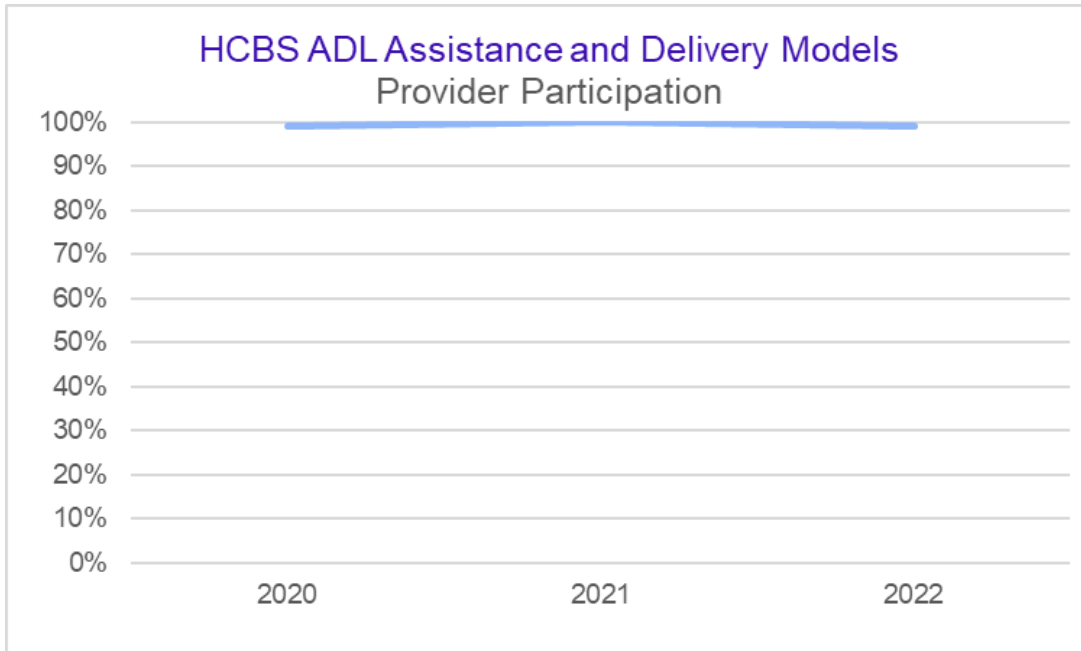
Statewide Rate:

99%





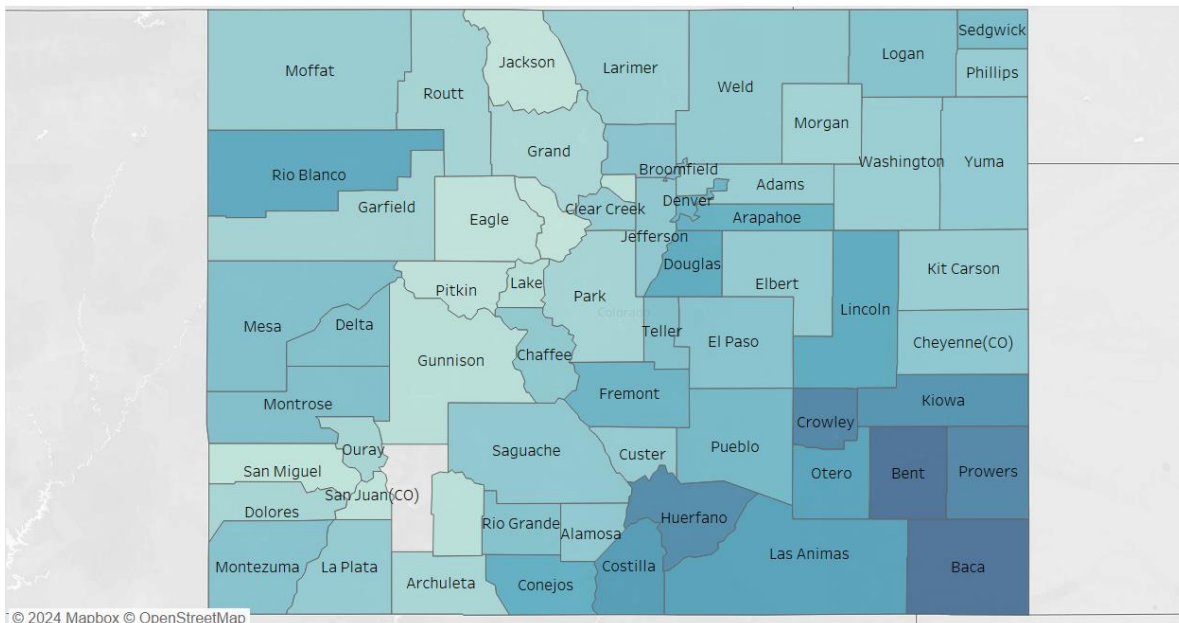
The statewide provider participation rate for the HCBS ADL Assistance and Delivery Models service category remained relatively stable from 2020 to 2022, consistently ranging between 99% and 100%.



Penetration Rate

The Penetration Rate analysis considers the number of members that utilized services in the HCBS ADL Assistance and Delivery Models category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

Penetration Rate (Utilization per 1000 members) - **HCBS ADL Assistance and Delivery Models**

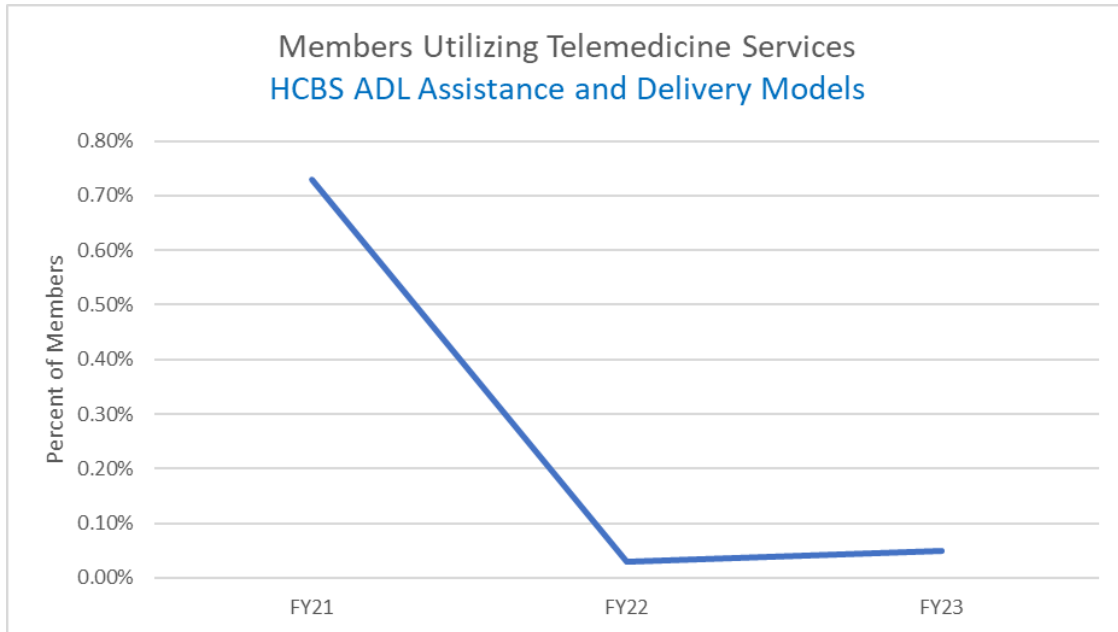


© 2024 Mapbox © OpenStreetMap

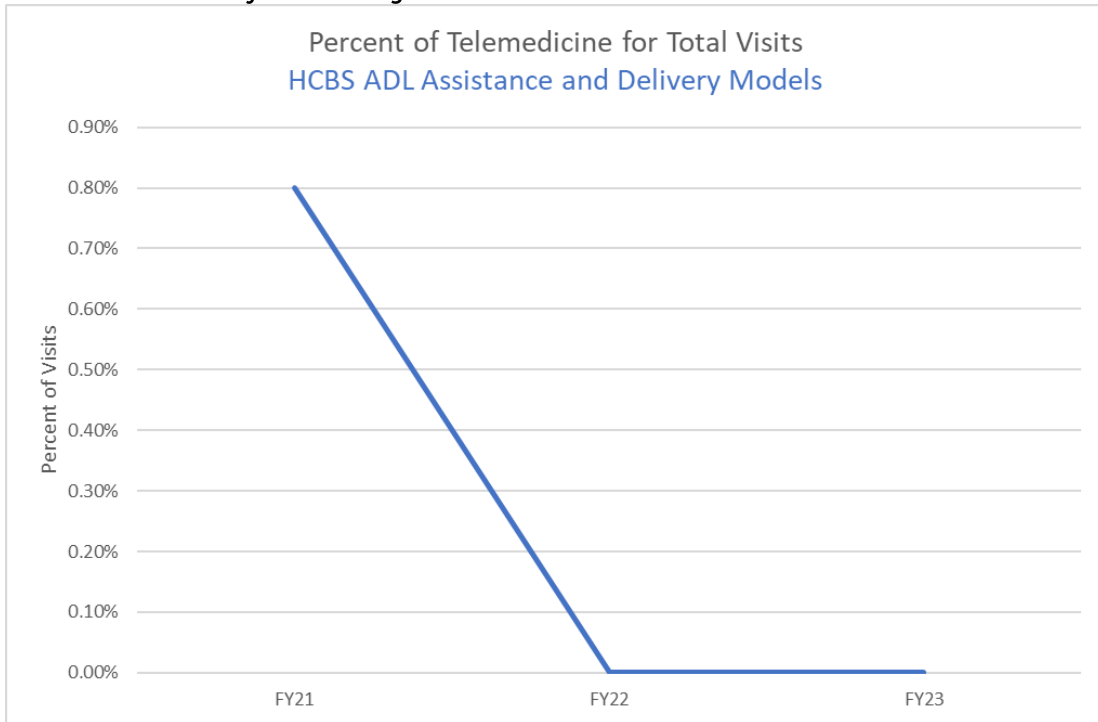


Telemedicine Accessibility

The first part of the telemedicine analysis considered the number of individual members that utilized services in the HCBS ADL Assistance and Delivery Models service category and what percentage of those members received at least one service through telemedicine. From fiscal year 2021-2023, the percentage of individual members that utilized telemedicine HCBS ADL Assistance and Delivery Models services was very low. This percentage decreased from FY21-FY22, and then increased slightly from FY22 - FY23.



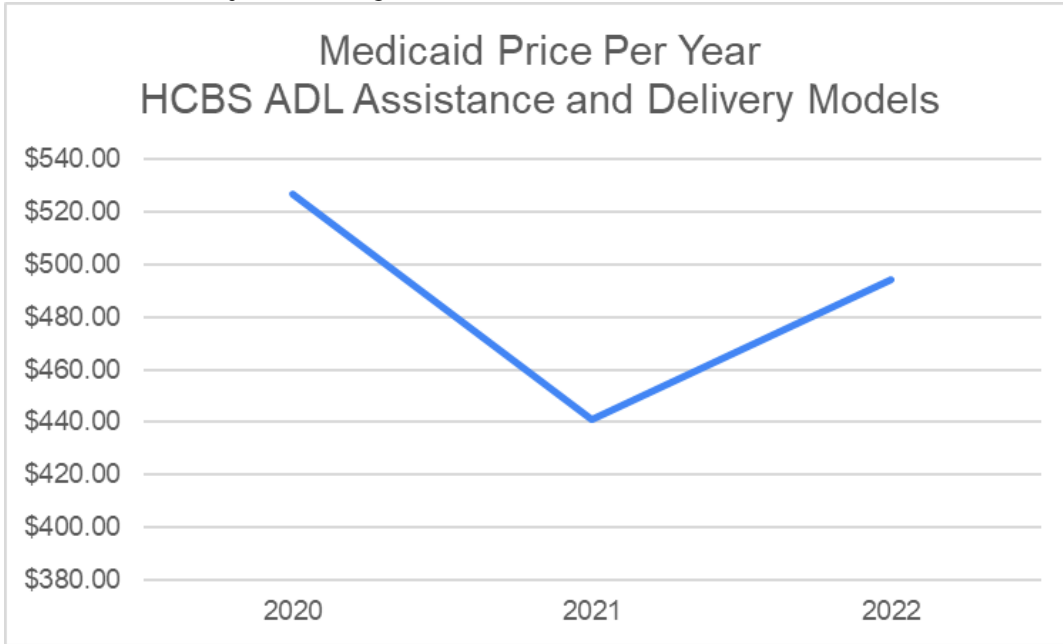
The second part of the telemedicine analysis considered the number of total visits in the HCBS ADL Assistance and Delivery Models service category and what percentage of those visits were delivered through telemedicine across fiscal years 2022 - 2023. From fiscal year 2021-2023, the percentage of individual members that utilized telemedicine HCBS ADL Assistance and Delivery Models services was very low. This percentage decreased from FY21-FY22, and then increased slightly from FY22 - FY23.



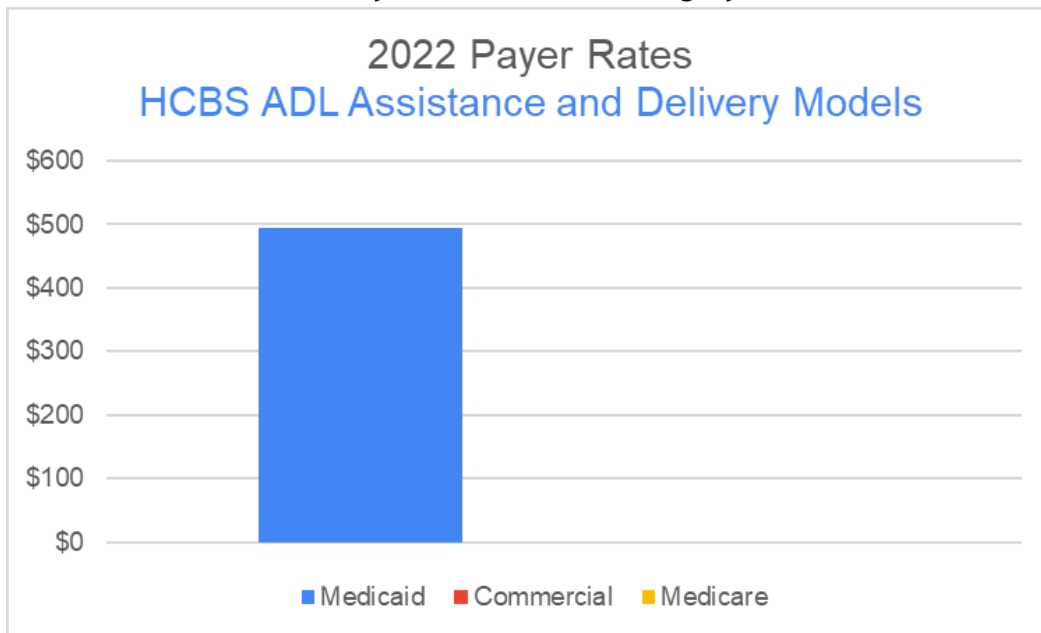
The dramatic decrease in telemedicine service utilization for this service category can be explained by a transition away from the greater flexibility for remote service delivery that was seen during the COVID-19 pandemic and an increased immunization rate among members (i.e., more members were willing and able to visit their providers on-site).

Price Per Service

The Price per Service analysis shows the average allowed amount for the HCBS ADL Assistance and Delivery Models 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. The Statewide Medicaid Price Per year for the HCBS ADL Assistance and Delivery Models service category witnessed a notable decrease from 2020 to 2021, followed by a modest increase from 2021 to 2022.



Payer Rate refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid stood out as the sole payer for the HCBS ADL Assistance and Delivery Models service category.





Home & Community Based Services - Behavioral Services

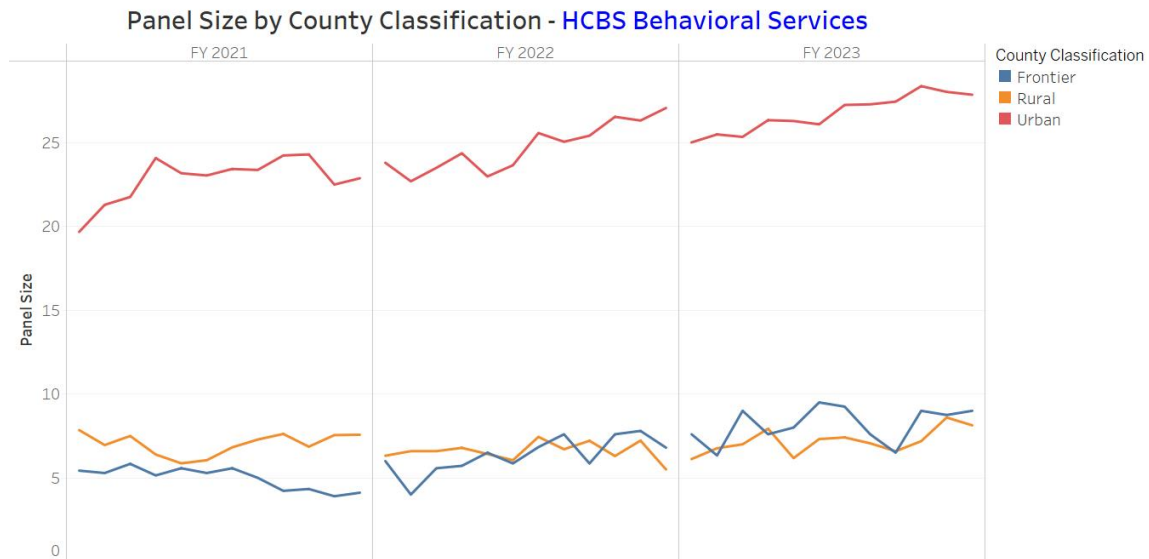
Service Description

These services provide assistance to people with a mental illness or who need behavior support and require long-term support and services in order to remain in a community setting. This includes assessment, behavior support plans, and interventions.

- Behavioral Plan Assessment
- Behavioral Services
- Behavioral Services (Consultation/Counseling/Counseling Group/Line Staff)
- Peer Mentorship
- Consumer Directed Attendant Support Services (CDASS)
- Mental Health Counseling
- Substance Use Counseling

Panel Size

The Panel Size analysis considers the number of utilizers per provider for the HCBS behavioral services category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023).



Provider Participation

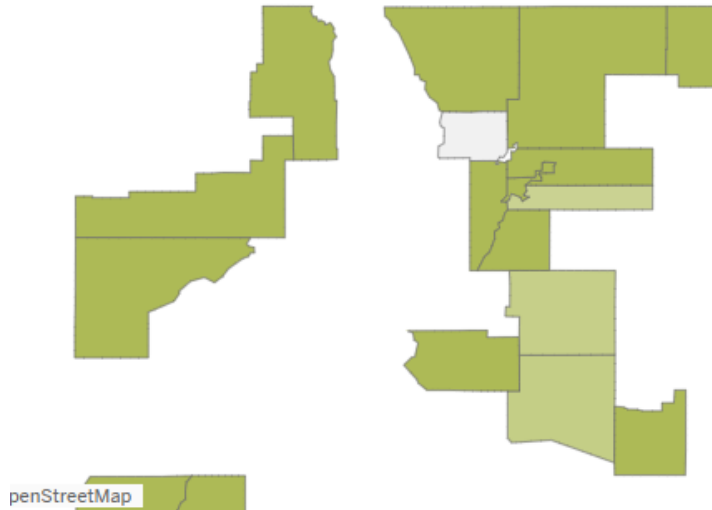
The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS Behavioral Services service category. In the calendar year 2022, 95% of statewide providers served Medicaid members.



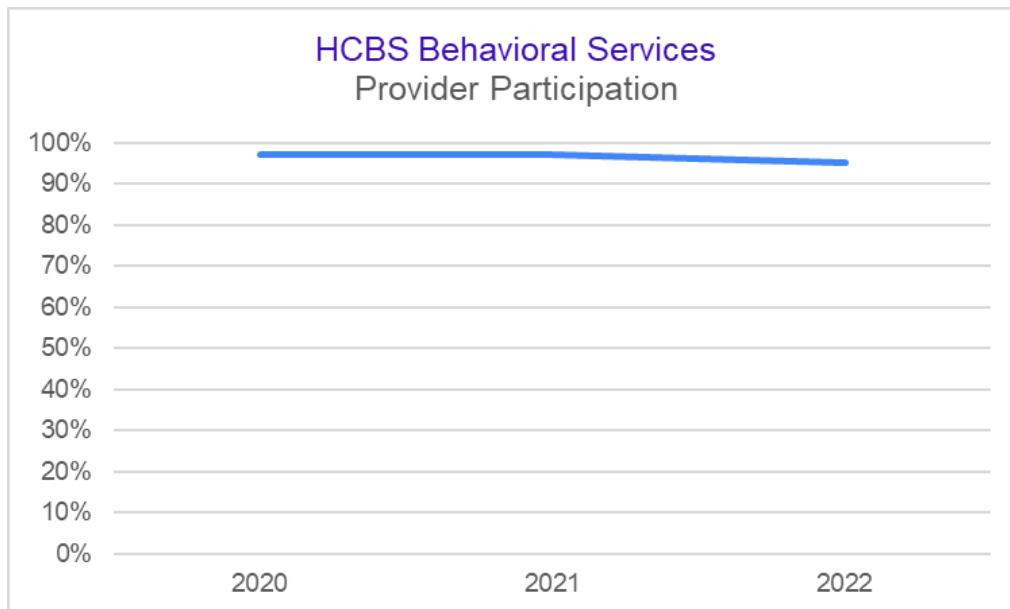
Provider Participation
HCBS Behavioral Services

Statewide Rate:

95%



The statewide provider participation rate for the HCBS Behavioral Services service category remained relatively stable from 2020 to 2022, consistently ranging between 97% and 95%.

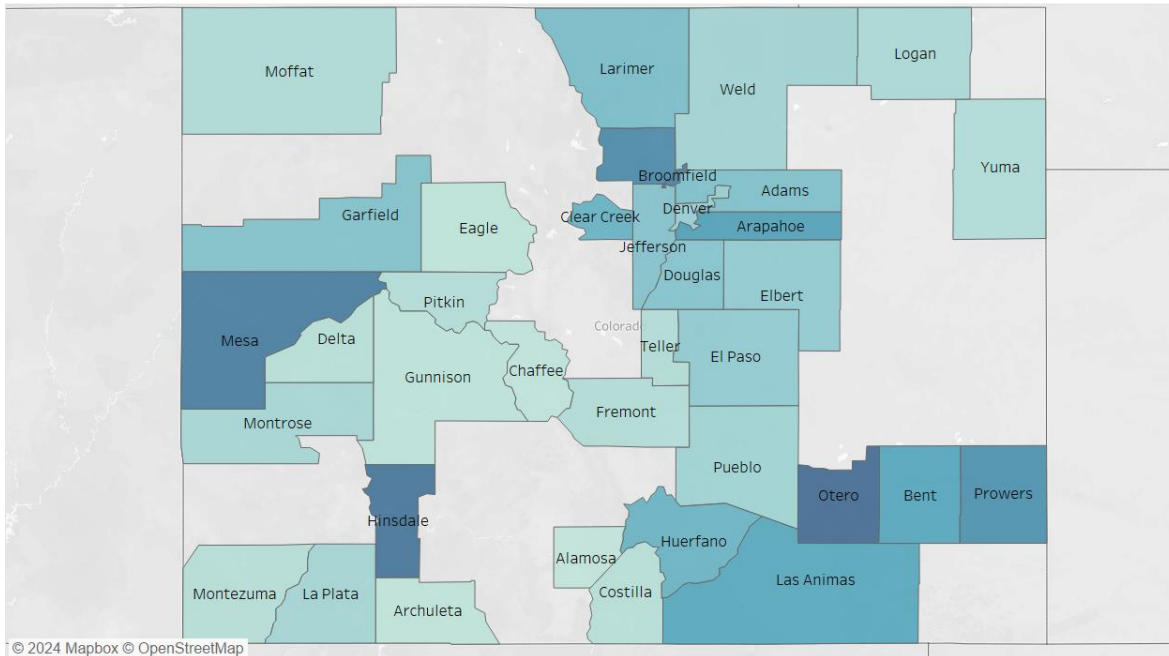




Penetration Rate

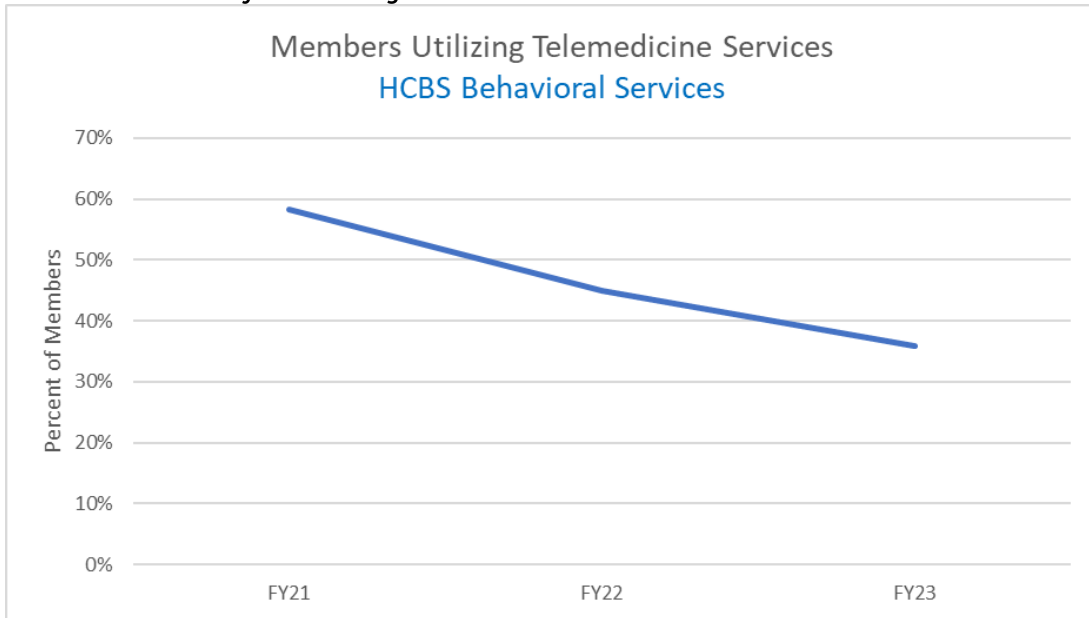
The Penetration Rate analysis considers the number of members that utilized services in the HCBS behavioral services category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

Penetration Rate (Utilization per 1000 members) - HCBS Behavioral Services

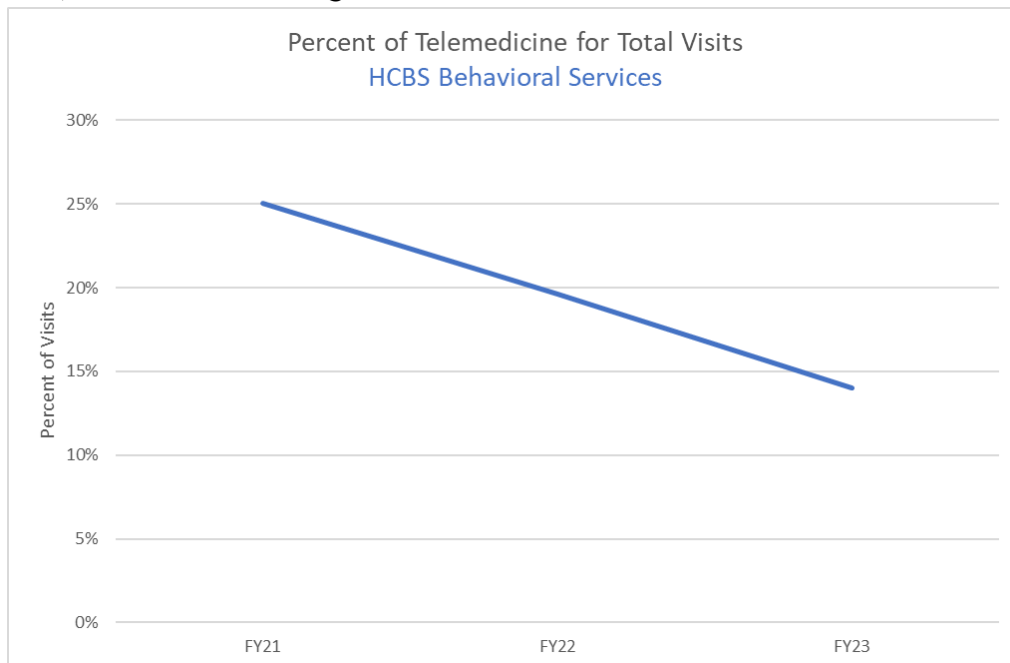


Telemedicine Accessibility

The first part of the telemedicine analysis considered the number of individual members that utilized services in the HCBS Behavioral Services category and what percentage of those members received at least one service through telemedicine. From fiscal year 2021-2023, the percentage of individual members that utilized telemedicine HCBS Behavioral Services was considerably high. This percentage decreased from FY21-FY22, and then decreased again from FY22 - FY23.



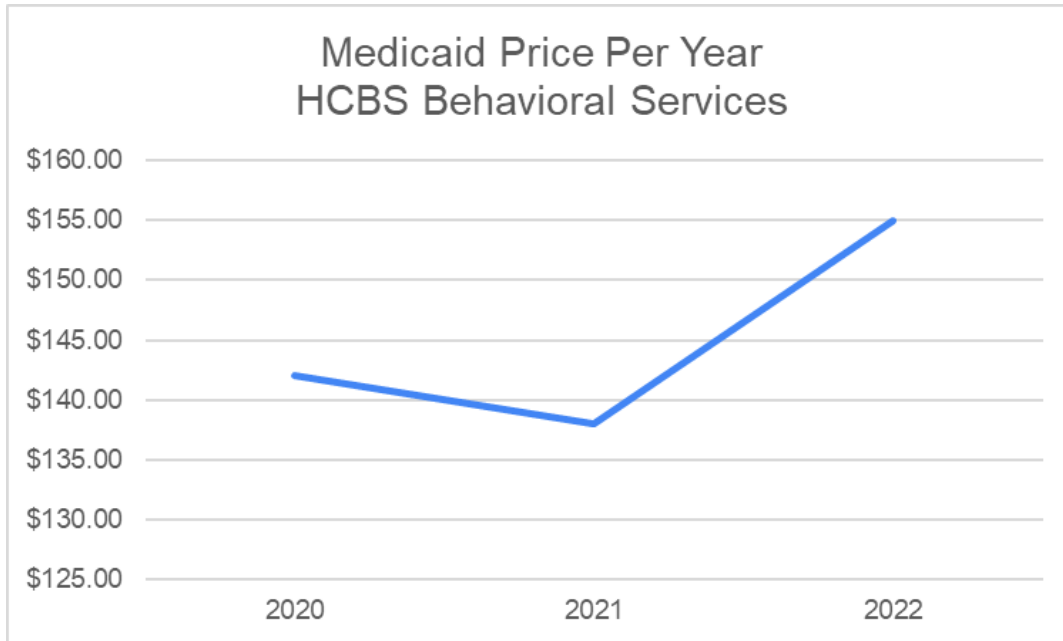
The second part of the telemedicine analysis considered the number of total visits in the HCBS Behavioral Services service category and what percentage of those visits were delivered through telemedicine across fiscal years 2022 - 2023. From fiscal year 2021-2023, the percentage of total visits that were delivered through telemedicine for HCBS Behavioral Services was considerably high. This percentage decreased from FY21 - FY22, then decreased again from FY22 - FY23.



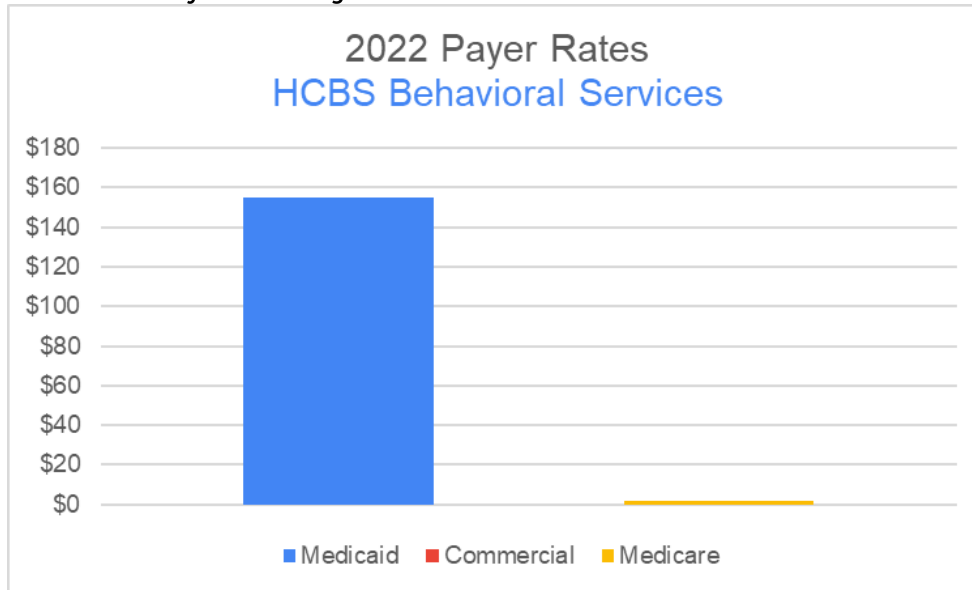


Price Per Service

The Price per Service analysis shows the average allowed amount for the HCBS Behavioral Services 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. The Statewide Medicaid Price Per year for the HCBS Behavioral Services service category experienced a slight decrease from 2020 to 2021, followed by a more notable increase from 2021 to 2022.



Payer Rate refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid stood out as the sole payer for the HCBS Behavioral Services service category.



Home & Community Based Services - Community Access and Integration

Service Description

These services ensure that HCBS participants have access to the benefits of community living and live and receive services in integrated, non-institutional settings.

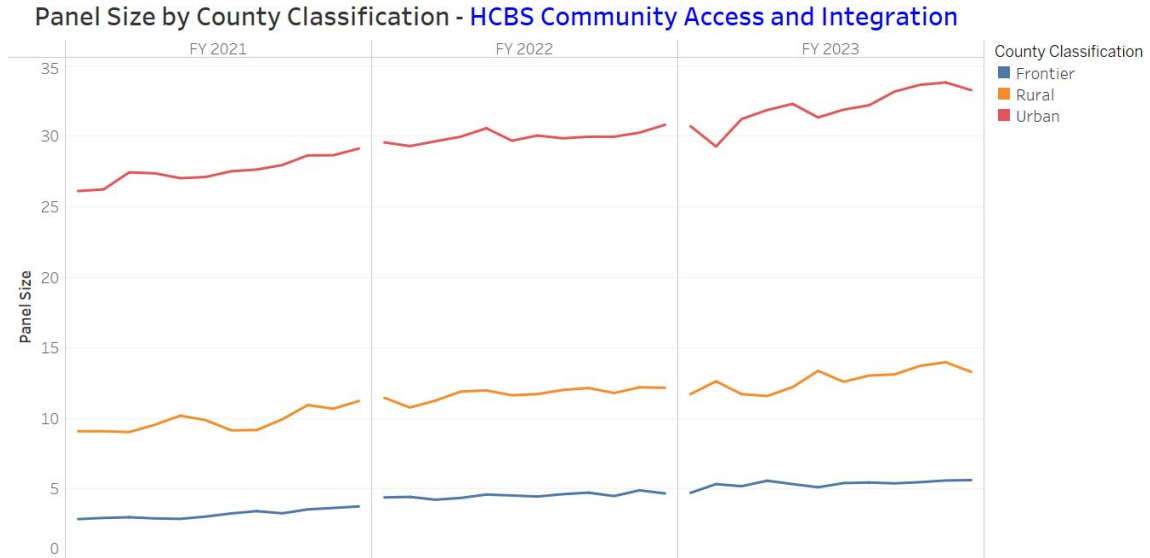
- Adult Day Service Transportation (Mileage/Mobility Van/Taxi/Wheelchair Van)
- Benefits Planning
- Case Management
- Child and Youth Mentorship (Intensive/Transition Support Services)
- Community Connector
- Independent Living Skills Training
- Life Skills Training
- Mentorship
- Non Medical Transportation, (Mileage/Mobility Van/Taxi/Wheelchair Van/Other)
- Parent Education
- Prevention and Monitoring Intensive/Transition Support Services
- Supported Employment, Job Coaching (Group/Individual)
- Supported Employment, Job Development (Group/Individual)
- Supported Employment, Job Placement (Group/Individual)
- Supported Employment, Workplace Assistance
- Wraparound Plan Intensive/Transition Support Services
- Residential Habilitation Services and Supports (RHSS)
- Individual Residential Services and Supports (IRSS)



- Group Residential Services and Supports (GRSS)
- Supported Living Program (SLP)

Panel Size

The Panel Size analysis considers the number of utilizers per provider for the HCBS community access and integration category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023).



Provider Participation

The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS Community Access and Integration service category. In the calendar year 2022, 99% of statewide providers served Medicaid members.

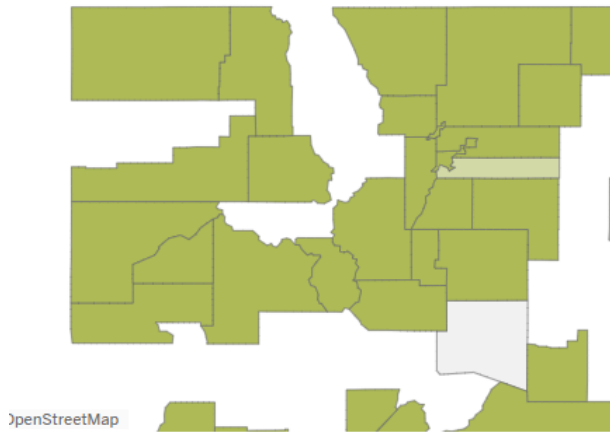


Provider Participation

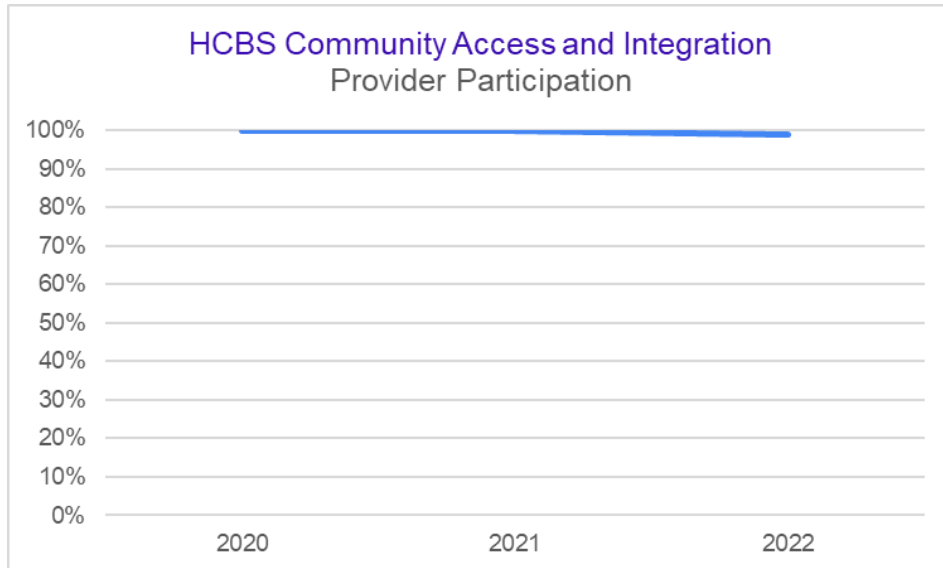
HCBS Community Access and Integration

Statewide Rate:

99%



The statewide provider participation rate for the HCBS Community Access and Integration service category remained relatively stable from 2020 to 2022, consistently ranging between 99% and 100%.

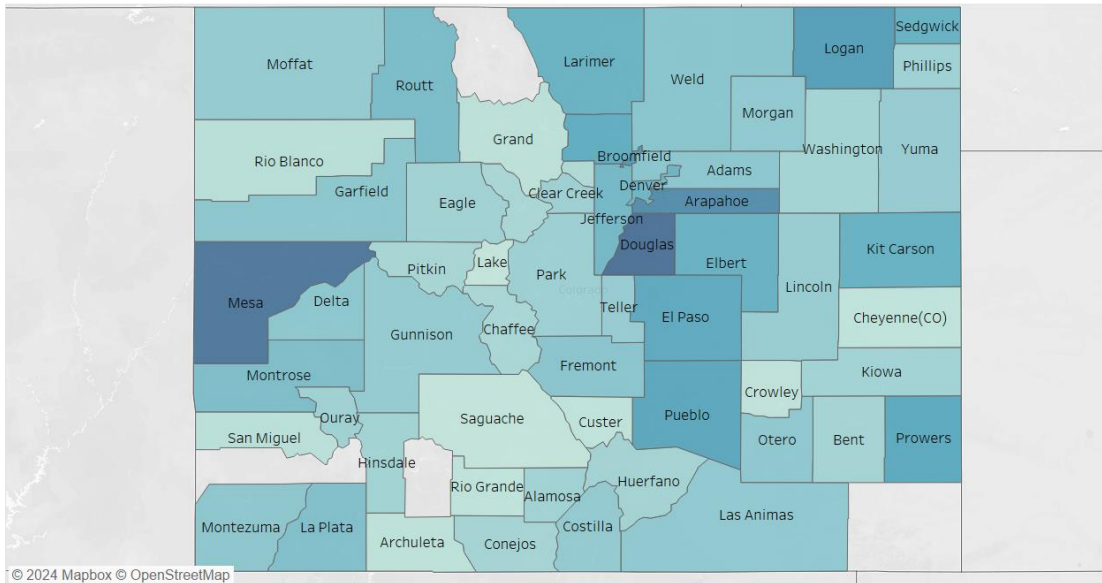


Penetration Rate

The Penetration Rate analysis considers the number of members that utilized services in the HCBS community access and integration category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

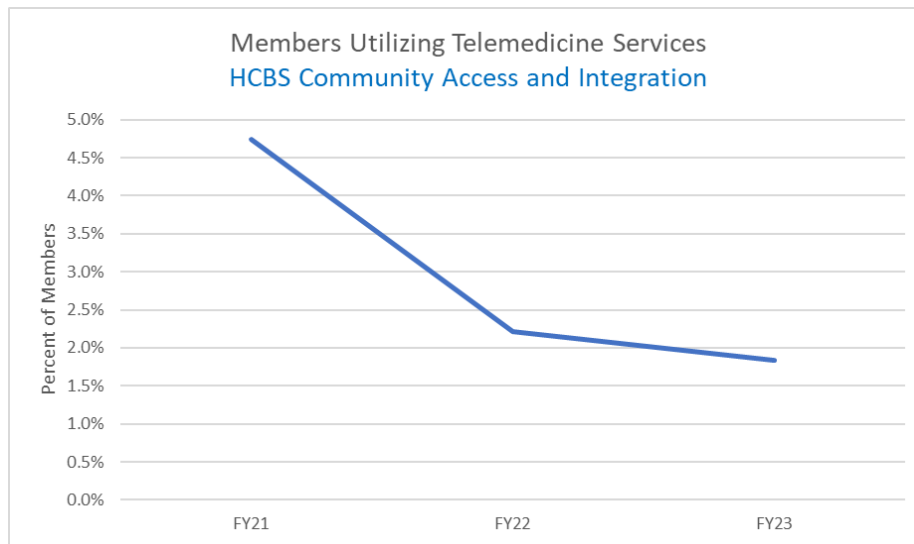


Penetration Rate (Utilization per 1000 members) - HCBS Community Access and Integration



Telemedicine Accessibility

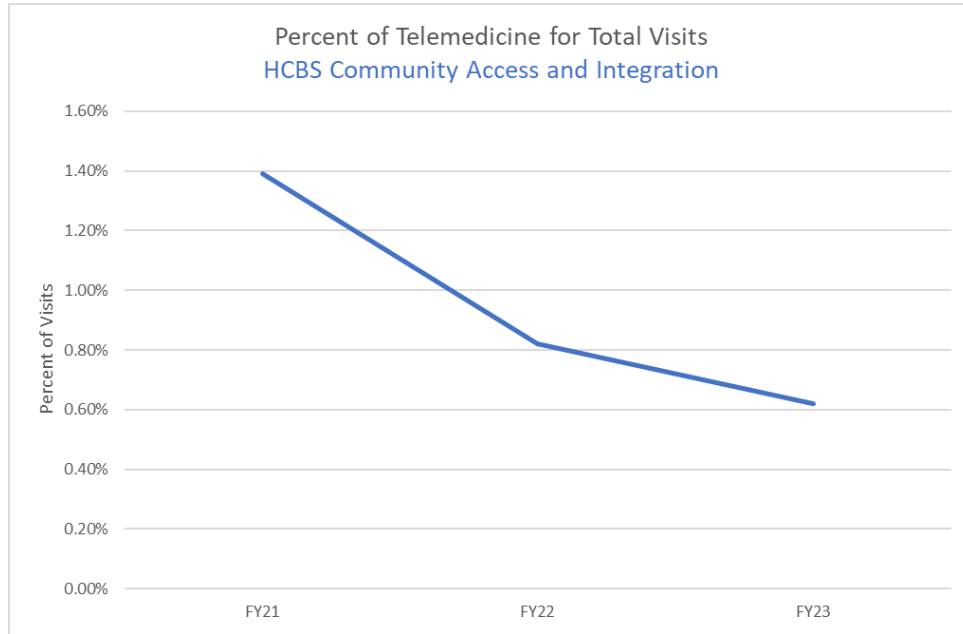
The first part of the telemedicine analysis considered the number of individual members that utilized services in the HCBS Community Access and Integration service category and what percentage of those members received at least one service through telemedicine. From fiscal year 2021-2023, the percentage of individual members that utilized telemedicine HCBS Community Access and Integration services was low. This percentage decreased from FY21-FY22, and then decreased again from FY22 - FY23.



The second part of the telemedicine analysis considered the number of total visits in the HCBS Community Access and Integration service category and what percentage of

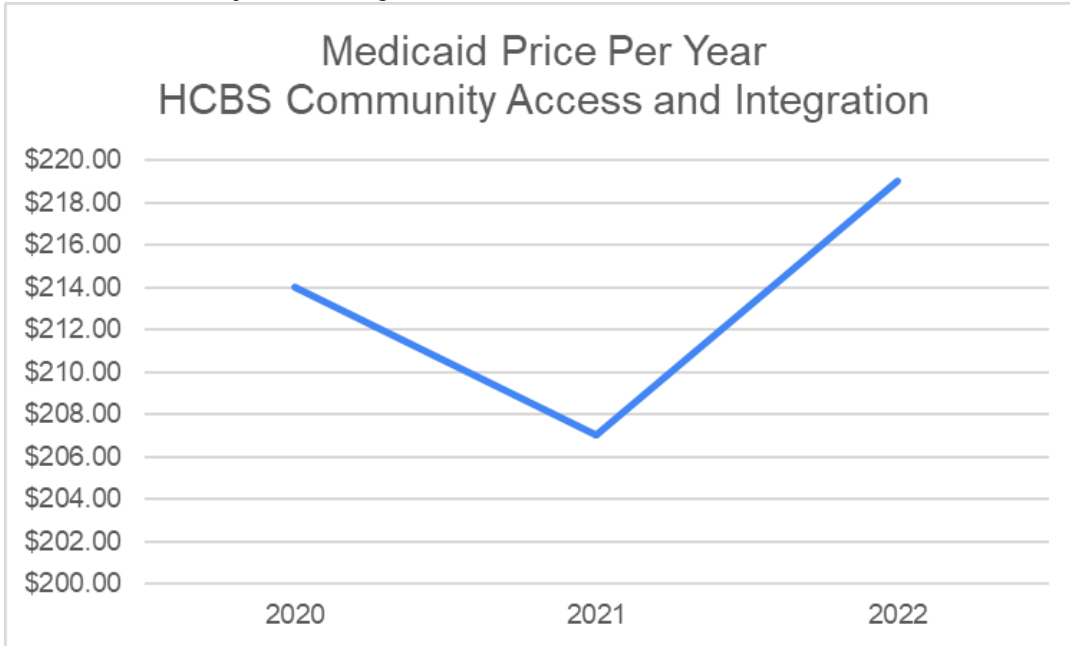


those visits were delivered through telemedicine across fiscal years 2022 - 2023. From fiscal year 2021-2023, the percentage of total visits that were delivered through telemedicine for HCBS Community Access and Integration was low. This percentage decreased from FY21 - FY22, then decreased again from FY22 - FY23.

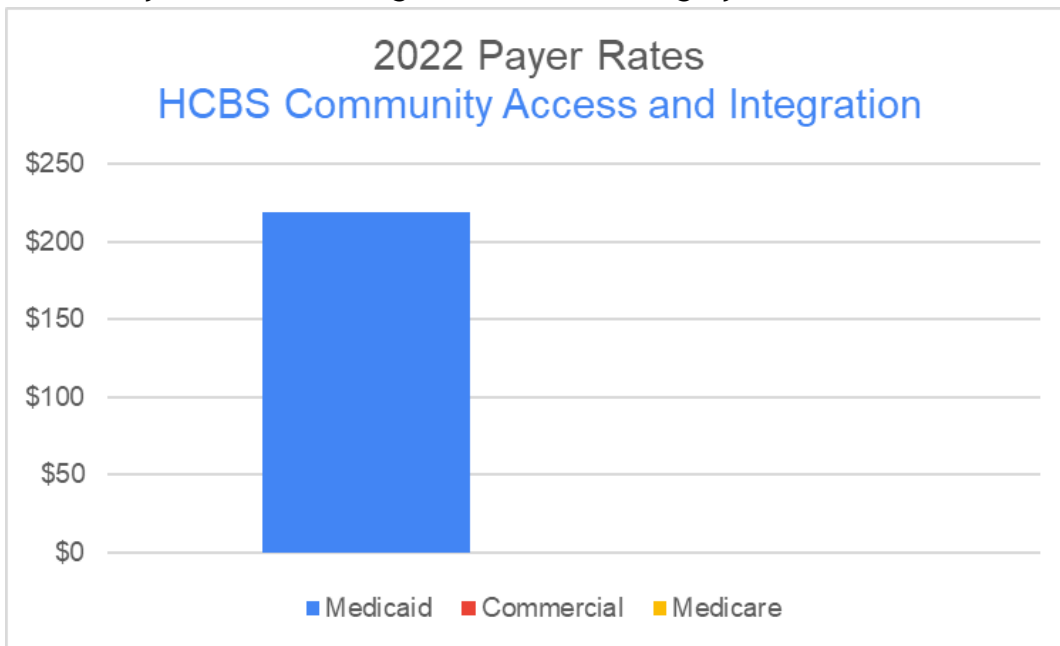


Price Per Service

The Price per Service analysis shows the average allowed amount for the HCBS Community Access and Integration 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. The Statewide Medicaid Price Per year for the HCBS Community Access and Integration service category experienced a decrease from 2020 to 2021, followed by an increase from 2021 to 2022.



Payer Rate refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid stood out as the sole payer for the HCBS Community Access and Integration service category.





Home & Community Based Services - Consumer Directed Attendant Support Services (CDASS)

Service Description

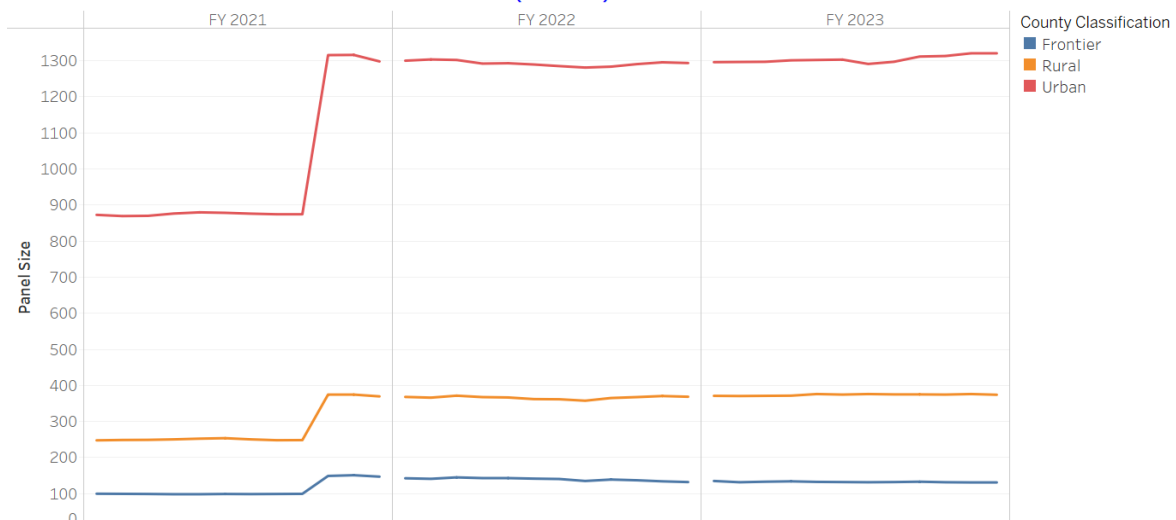
This is a service-delivery option that allows HCBS waiver participants to direct and manage the attendants who provide their personal care, homemaker, and health maintenance services, rather than working through an agency. Through CDASS, participants are empowered to hire, train and manage attendants of their choice to best fit their unique needs or they may delegate these responsibilities to an authorized representative.

- Enhanced Homemaker
- Health Maintenance
- Homemaker
- Personal Care

Panel Size

The Panel Size analysis considers the number of utilizers per provider for the HCBS CDASS category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). A sharp increase for all RAE regions can be observed in the panel size visual for HCBS CDASS. This panel size increase occurred in April, 2021 because the number of billing providers (CDASS case management agencies) dropped from 3 to 2 while the number of utilizers remained stable.

Panel Size by County Classification - HCBS Consumer Directed Attendant Support Services (CDASS)

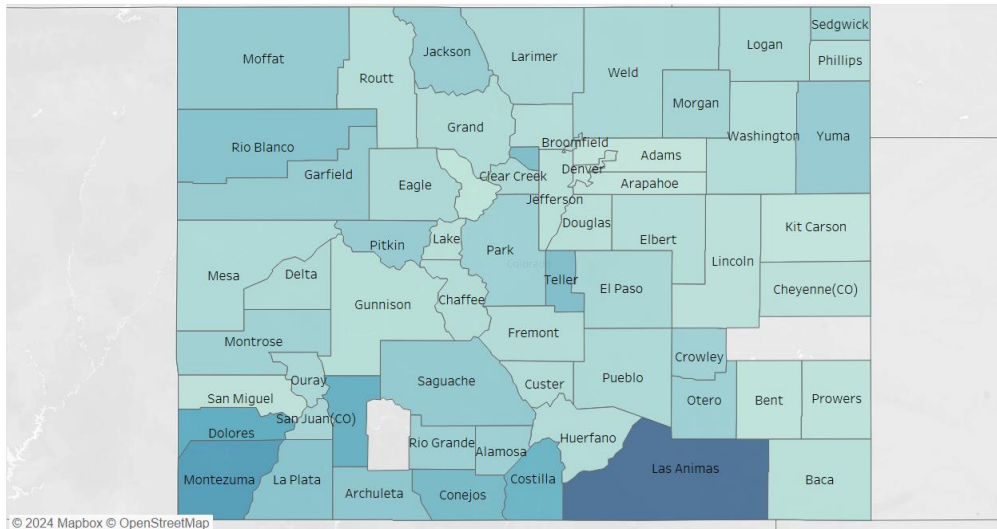




Penetration Rate

The Penetration Rate analysis considers the number of members that utilized services in the HCBS CDASS category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

Penetration Rate (Utilization per 1000 members) - HCBS Consumer Directed Attendant Support Services (CDASS)



Home & Community Based Services - Day Program

Service Description

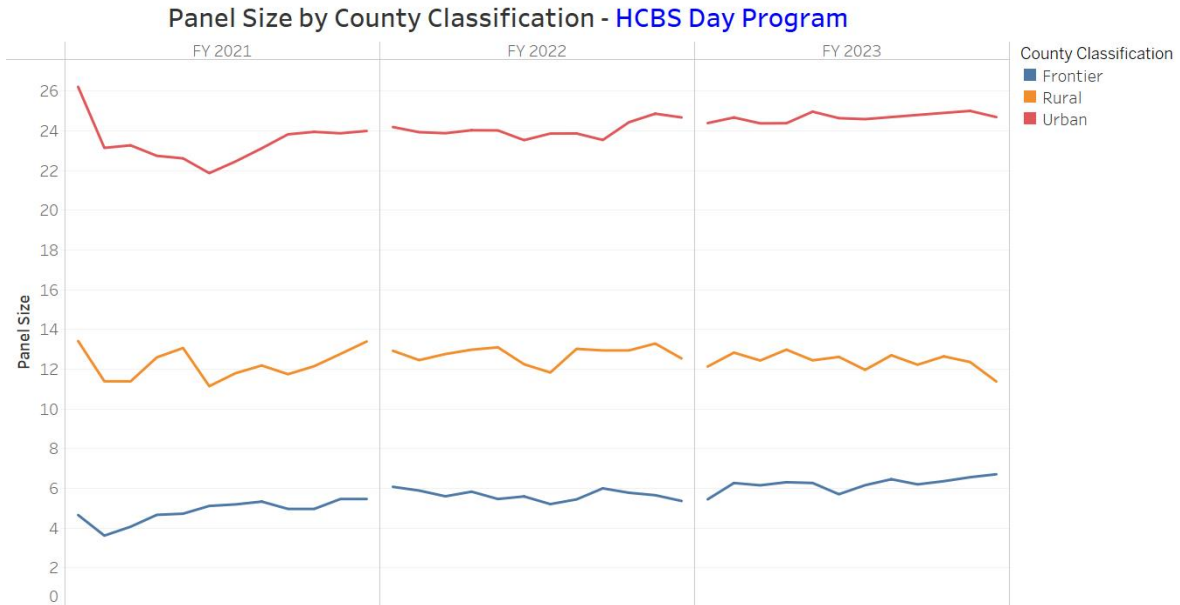
Services that provide daily support and activities for HCBS waiver participants, allowing them to participate in community life while receiving necessary assistance. Programs often focus on enhancing independence, social integration, and skill development that take place in a non-residential setting separate from the member's private residence or residential arrangement.

- Adult Day Basic (1/2 Day, 15 min)
- Adult Day Services (15 min, Day)
- Adult Day Specialized
- Day Habilitation, Specialized Habilitation
- Day Habilitation, Supported Community Connections
- Day Habilitation, Supported Community Connections, Individual, All Support Levels Tier 3
- Prevocational Services
- Telehealth Day Habilitation
- Day Treatment



Panel Size

The Panel Size analysis considers the number of utilizers per provider for the HCBS day program category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023).



Provider Participation

The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS Day Program service category. In the calendar year 2022, 99% of statewide providers served Medicaid members.

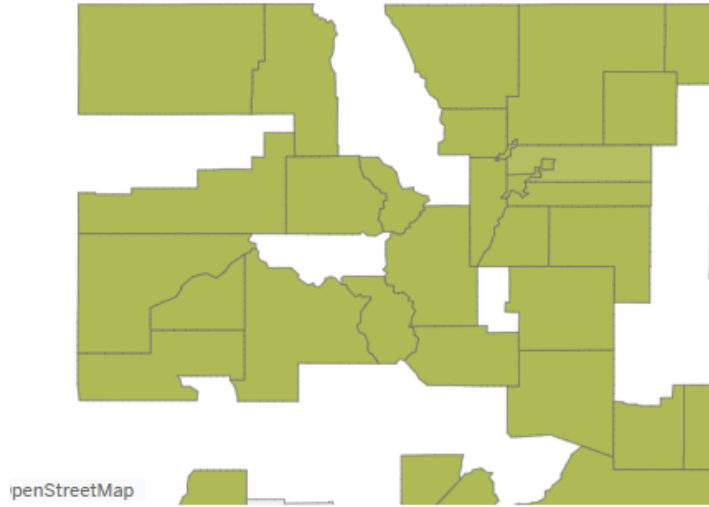


Provider Participation

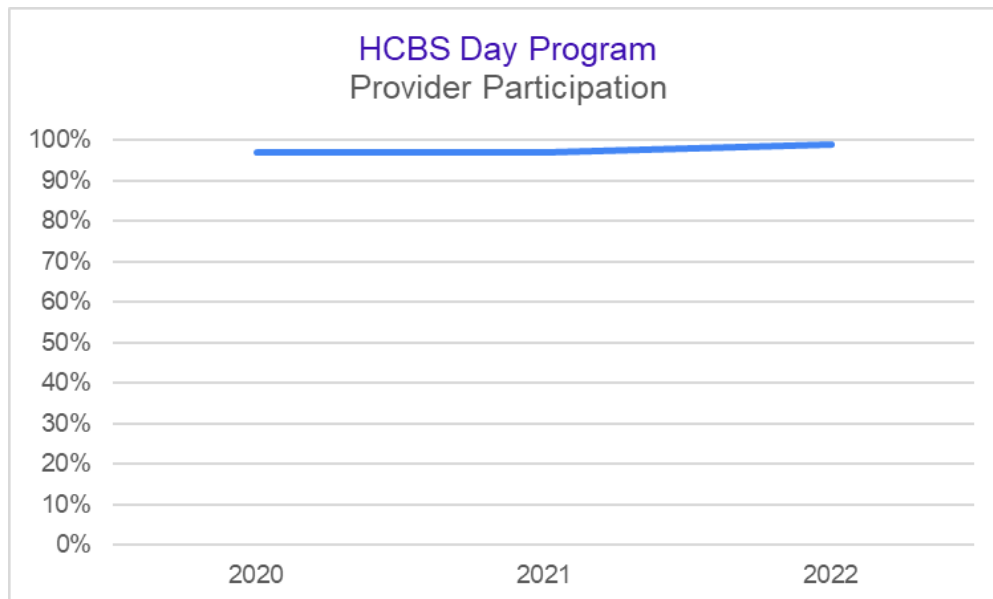
HCBS Day Program

Statewide Rate:

99%



The statewide provider participation rate for the HCBS Day Program service category remained relatively stable from 2020 to 2022, consistently ranging between 97% and 99%.

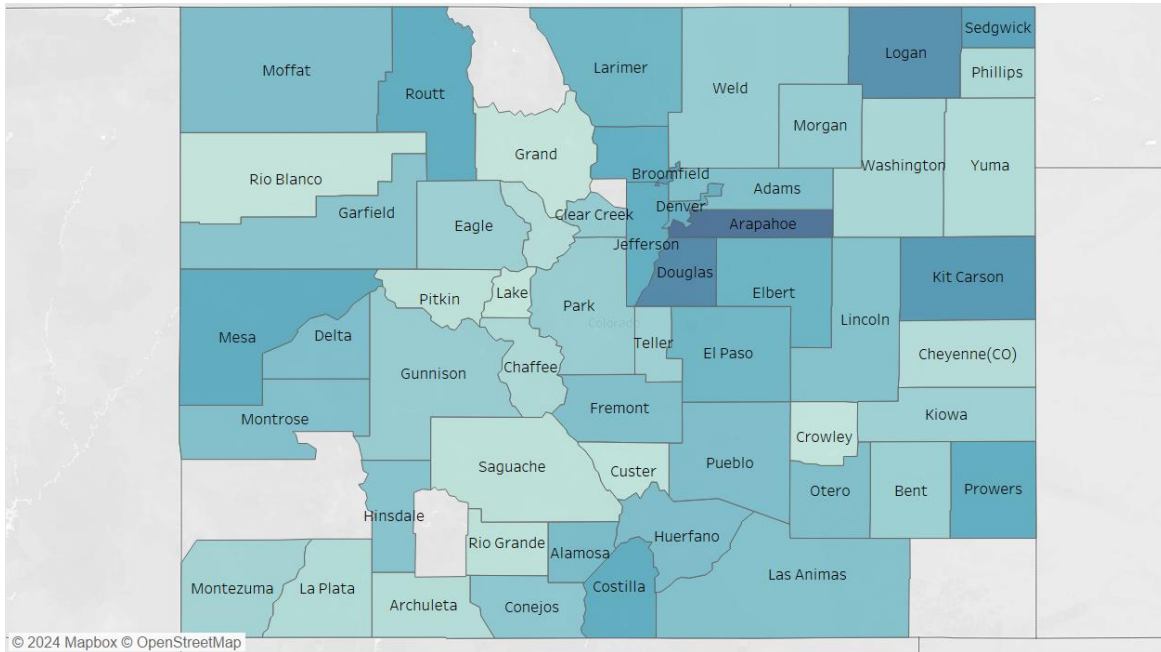




Penetration Rate

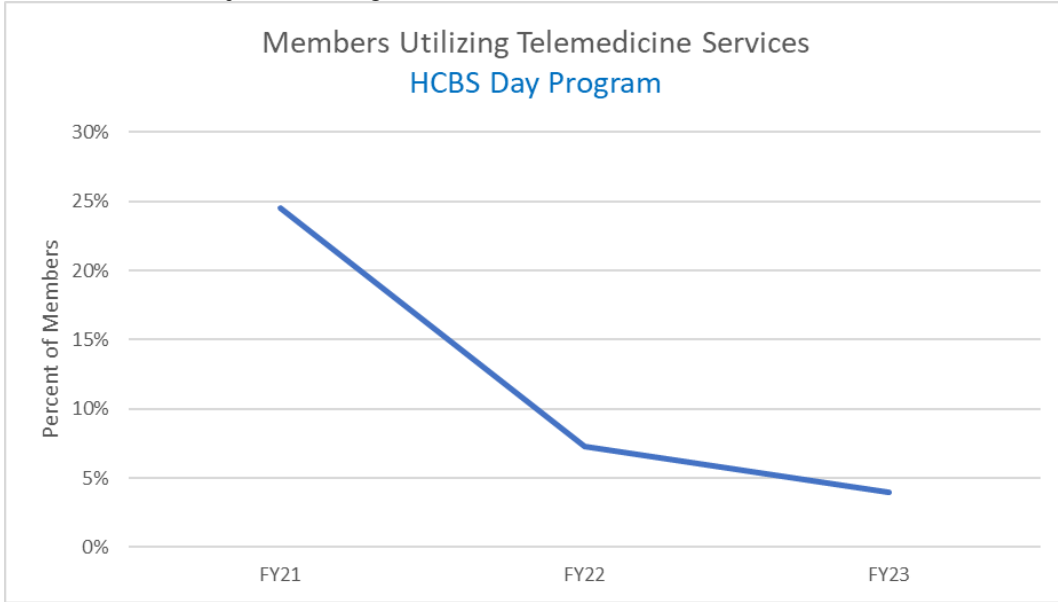
The Penetration Rate analysis considers the number of members that utilized services in the HCBS day program category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

Penetration Rate (Utilization per 1000 members) - HCBS Day Program

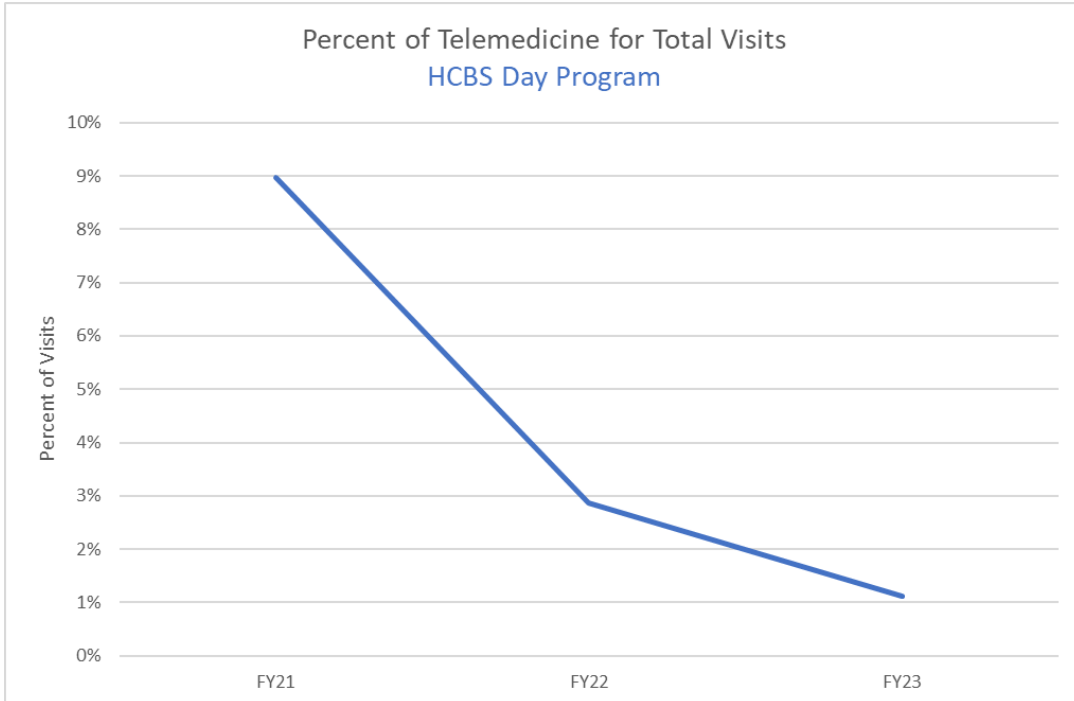


Telemedicine Accessibility

The first part of the telemedicine analysis considered the number of individual members that utilized services in the HCBS Day Program service category and what percentage of those members received at least one service through telemedicine. In fiscal year 2021, the percentage of individual members that utilized telemedicine HCBS Day Program services was moderate. However, it experienced a significant and continued decrease during FY22 - FY23. The significant drop can be explained by a transition away from the greater flexibility for remote service delivery that was seen during the COVID-19 pandemic and an increased immunization rate among members (i.e., more members were willing and able to visit their providers on-site).



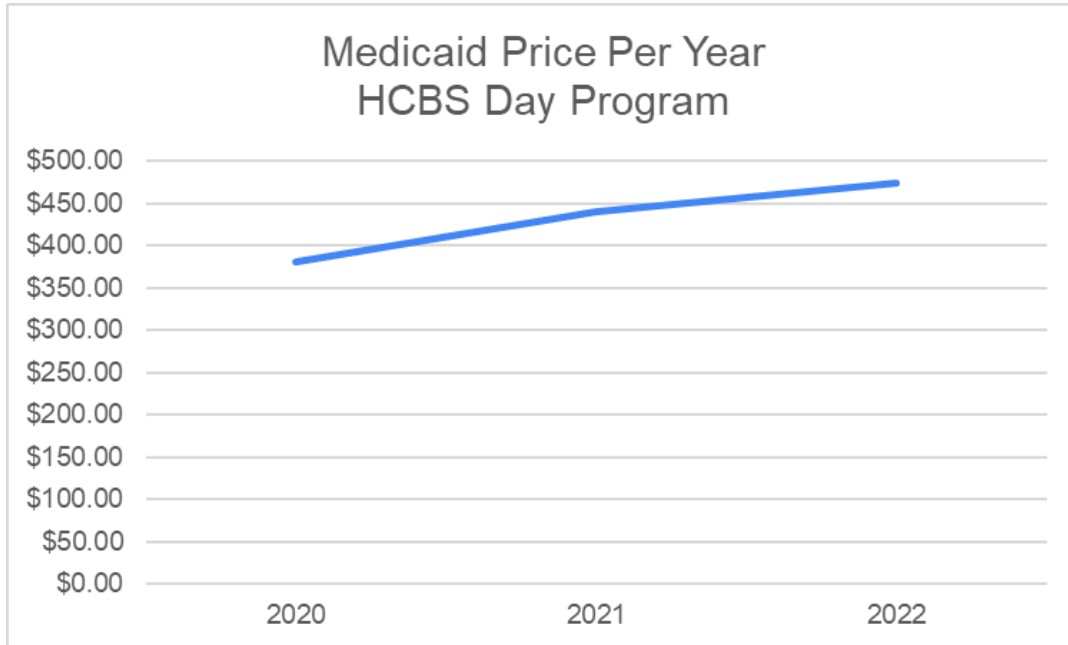
The second part of the telemedicine analysis considered the number of total visits in the HCBS Day Program service category and what percentage of those visits were delivered through telemedicine across fiscal years 2022 - 2023. From fiscal year 2021-2023, the percentage of total visits that were delivered through telemedicine for HCBS Day Program was low. This percentage decreased from FY21 - FY22, then decreased again from FY22 - FY23.



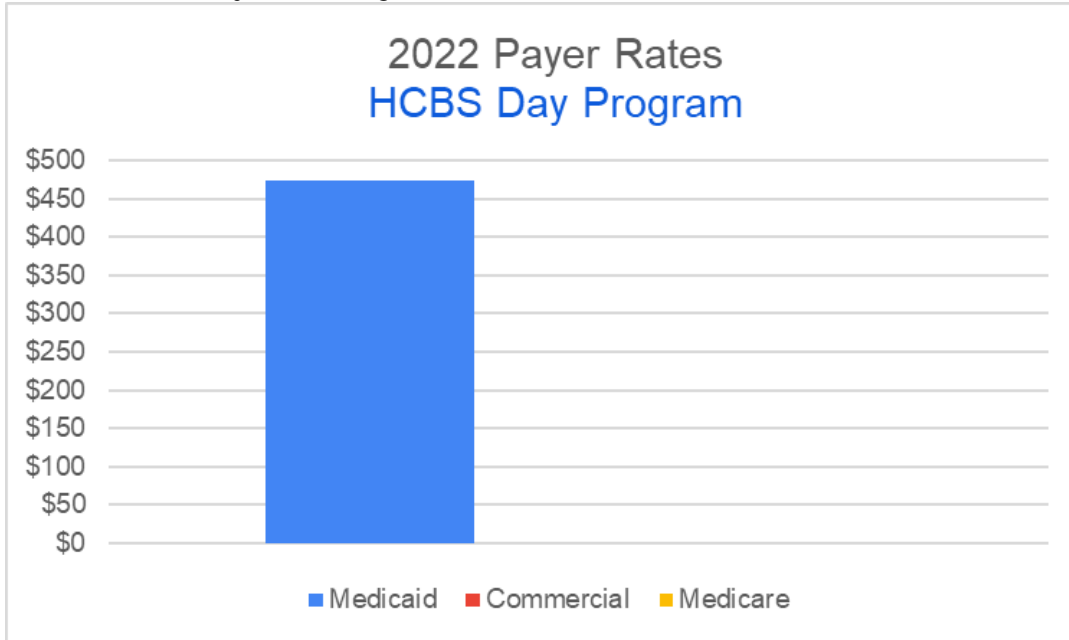


Price Per Service

The Price per Service analysis shows the average allowed amount for the HCBS Day Program 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. Statewide Medicaid Price Per year for the HCBS Day Program service category increased slightly from 2020 to 2022.



Payer Rate refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid stood out as the sole payer for the HCBS Day Program service category.



Home & Community Based Services - Professional Services

Service Description

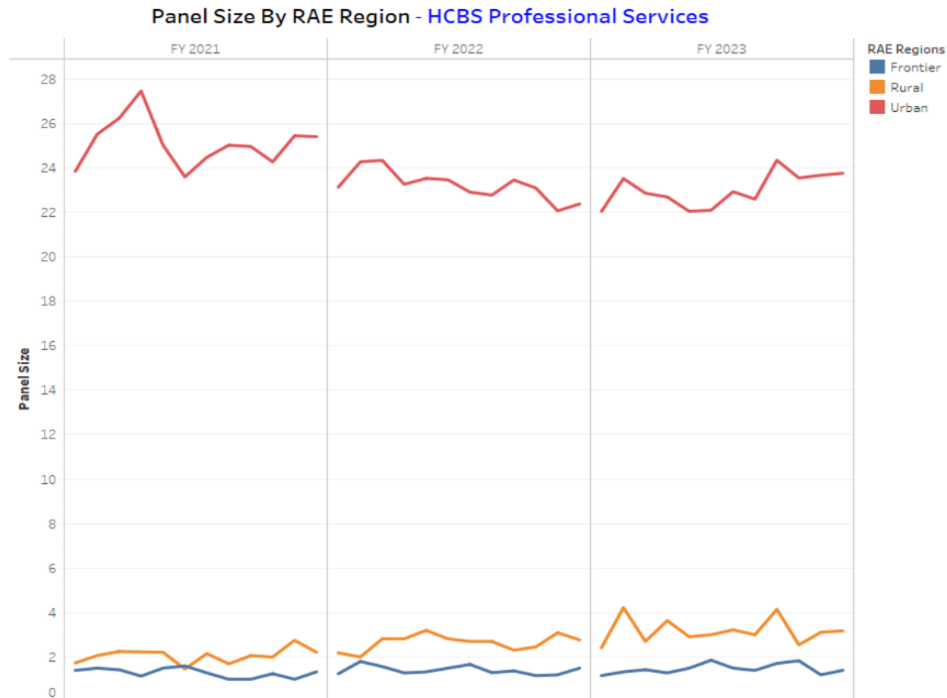
These services refer to a range of support services provided to waiver participants that cover various aspects of care, therapy, and assistance to enhance the individual's well-being and independence.

- Acupuncture
- Art and Play Therapy
- Art and Play Therapy Group
- Chiropractic
- Dental Services (Basic/Major)
- Hippotherapy (Group/Individual)
- Massage Therapy
- Mental Health Counseling (Family/Group/Individual)
- Movement Therapy (Bachelors/Masters)
- Music Therapy
- Music Therapy Group
- Palliative/Supportive Care Skilled, Care Coordination
- Palliative/Supportive Care Skilled, Pain and Symptom Management
- Substance Abuse Counseling (Family/Group/Individual)
- Therapeutic Services, Bereavement Counseling
- Therapeutic Services, Therapeutic Life Limiting Illness Support (Family/Group/Individual)
- Vision



Panel Size

The Panel Size analysis considers the number of utilizers per provider for the HCBS professional services category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). The panel size visual shows that urban areas experienced a noticeable decrease from FY21 to FY22 and FY23; this occurred because the number of providers for this service increased.



Provider Participation

The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS Professional Services service category. In the calendar year 2022, 99% of statewide providers served Medicaid members.

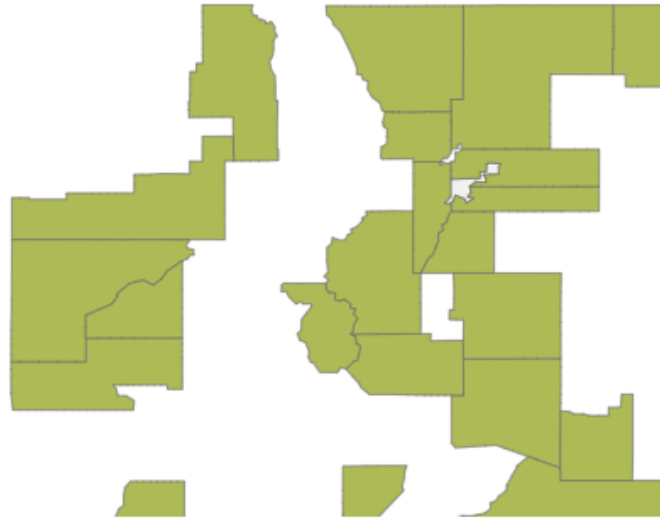
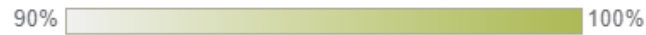


Provider Participation

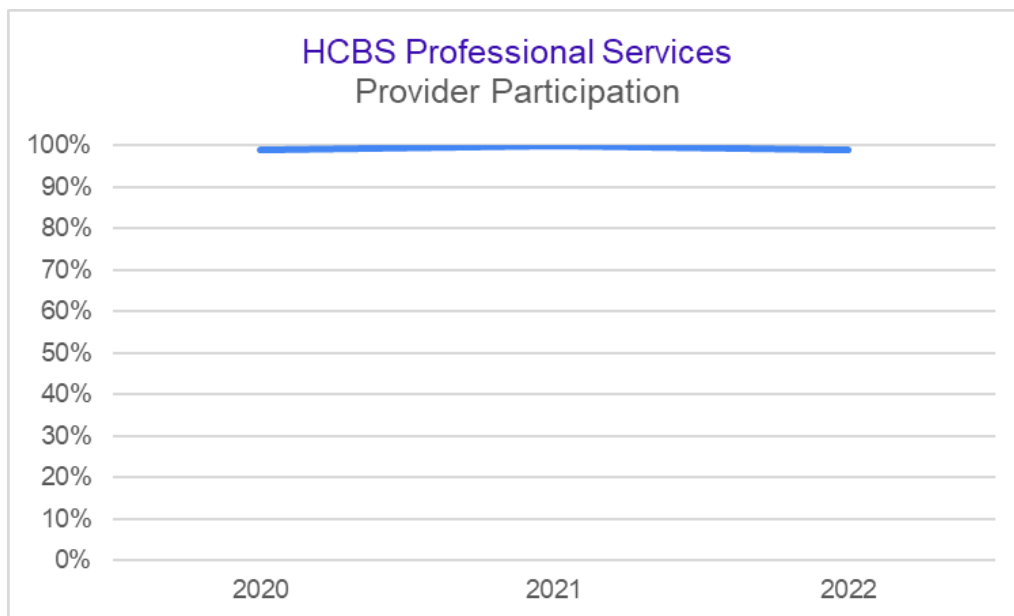
HCBS Professional Services

Statewide Rate:

99%



The statewide provider participation rate for the HCBS Professional Program service category remained relatively stable from 2020 to 2022, consistently ranging between 99% and 100%.

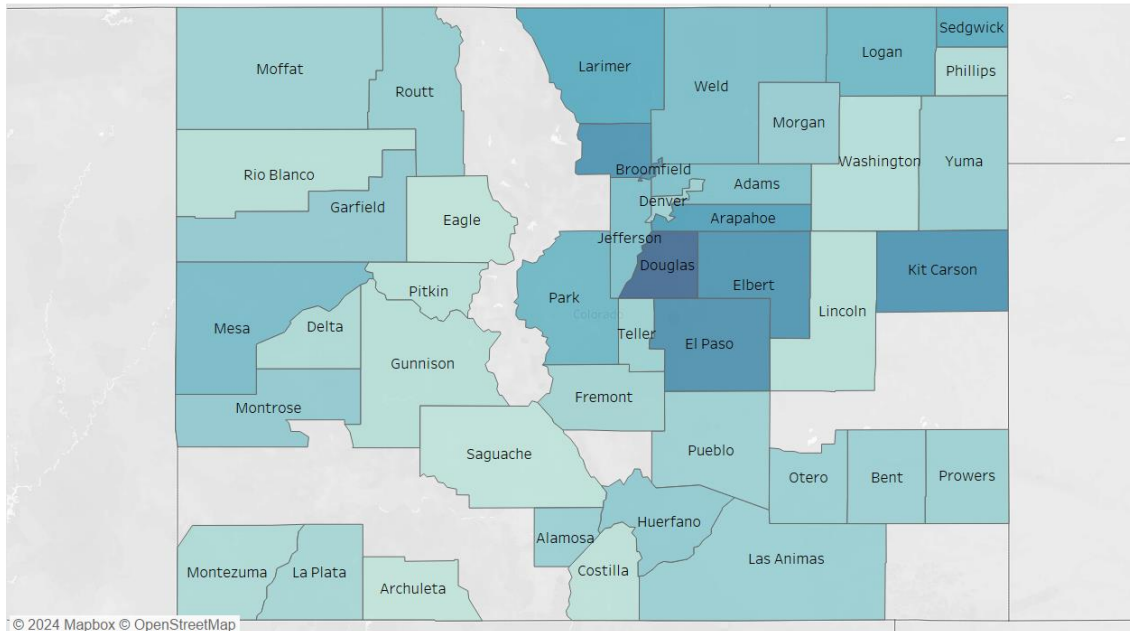




Penetration Rate

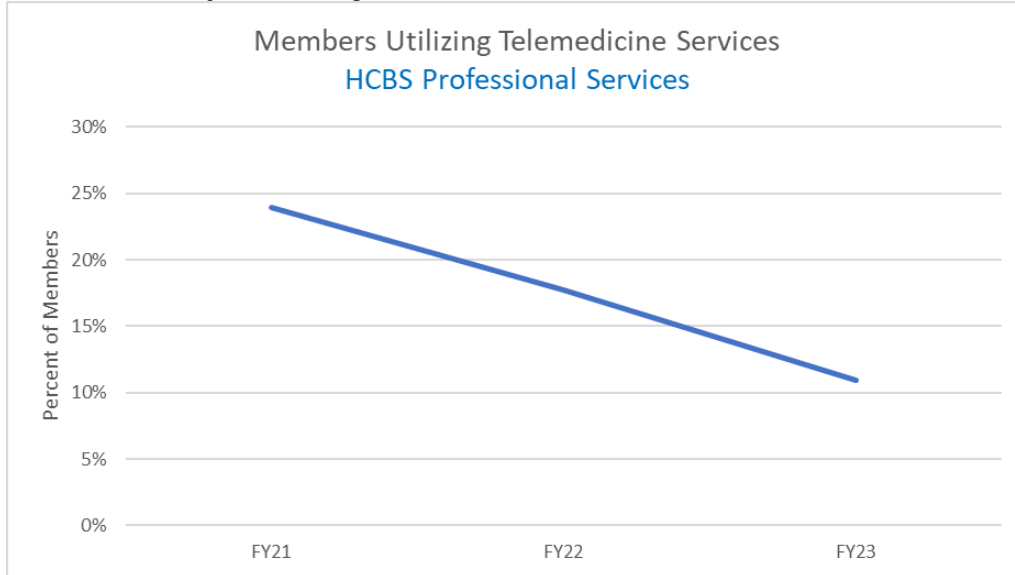
The Penetration Rate analysis considers the number of members that utilized services in the HCBS professional services per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

Penetration Rate (Utilization per 1000 members) - HCBS Professional Services

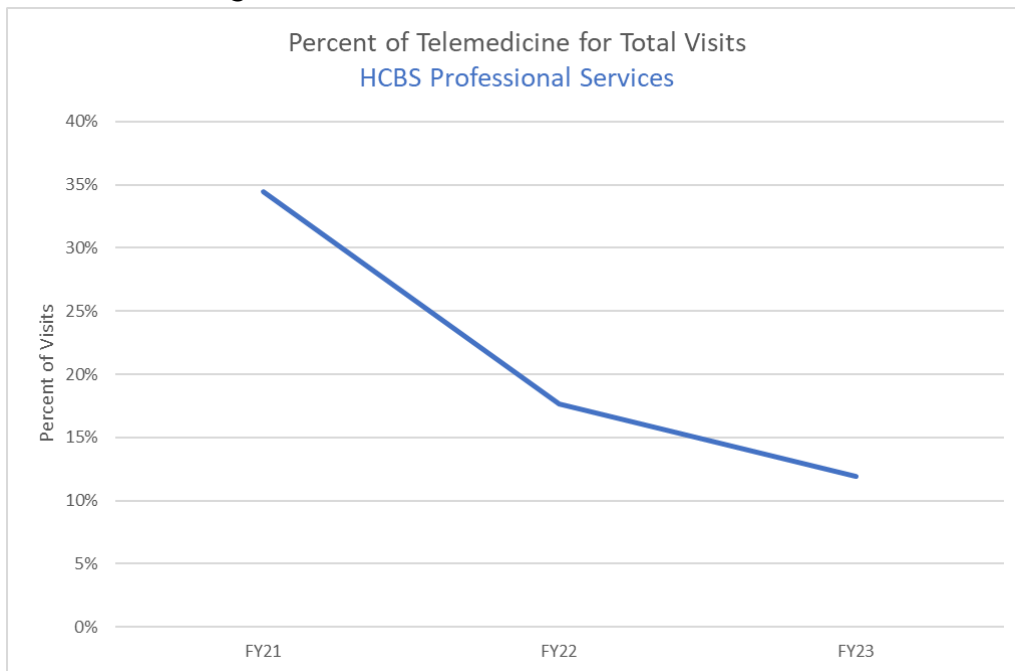


Telemedicine Accessibility

The first part of the telemedicine analysis considered the number of individual members that utilized services in the HCBS Professional Services category and what percentage of those members received at least one service through telemedicine. From fiscal year 2021-2023, the percentage of individual members that utilized telemedicine HCBS Professional Services was moderate. This percentage decreased from FY21-FY22, and then decreased again from FY22 - FY23.



The second part of the telemedicine analysis considered the number of total visits in the HCBS Professional Services service category and what percentage of those visits were delivered through telemedicine across fiscal years 2022 - 2023. From fiscal year 2021-2023, the percentage of total visits that were delivered through telemedicine for HCBS Professional Services was moderate. This percentage decreased from FY21 - FY22, then decreased again from FY22 - FY23.

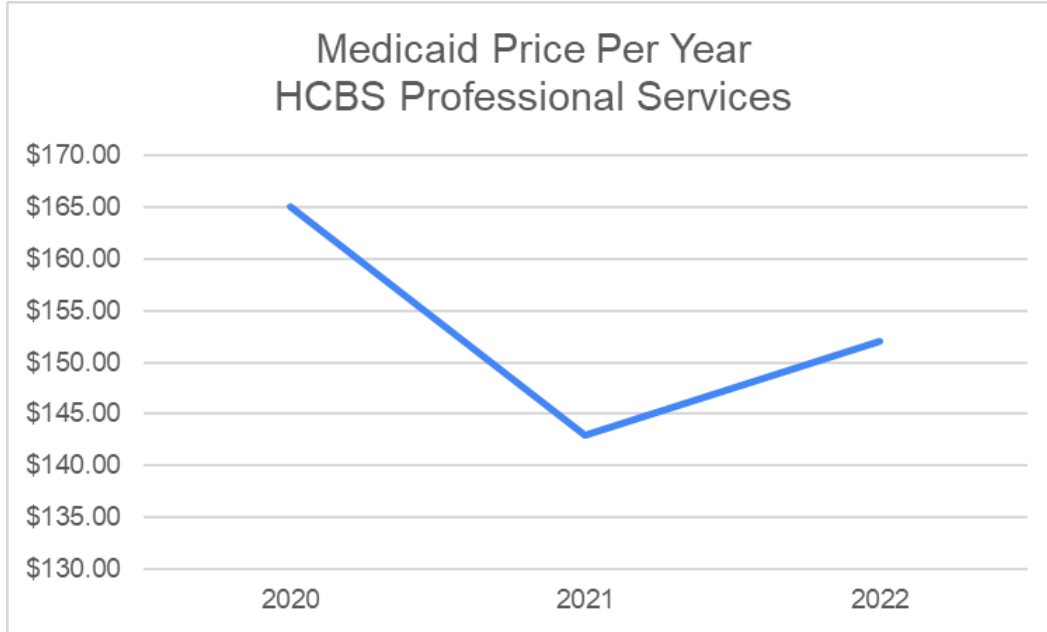


Price Per Service

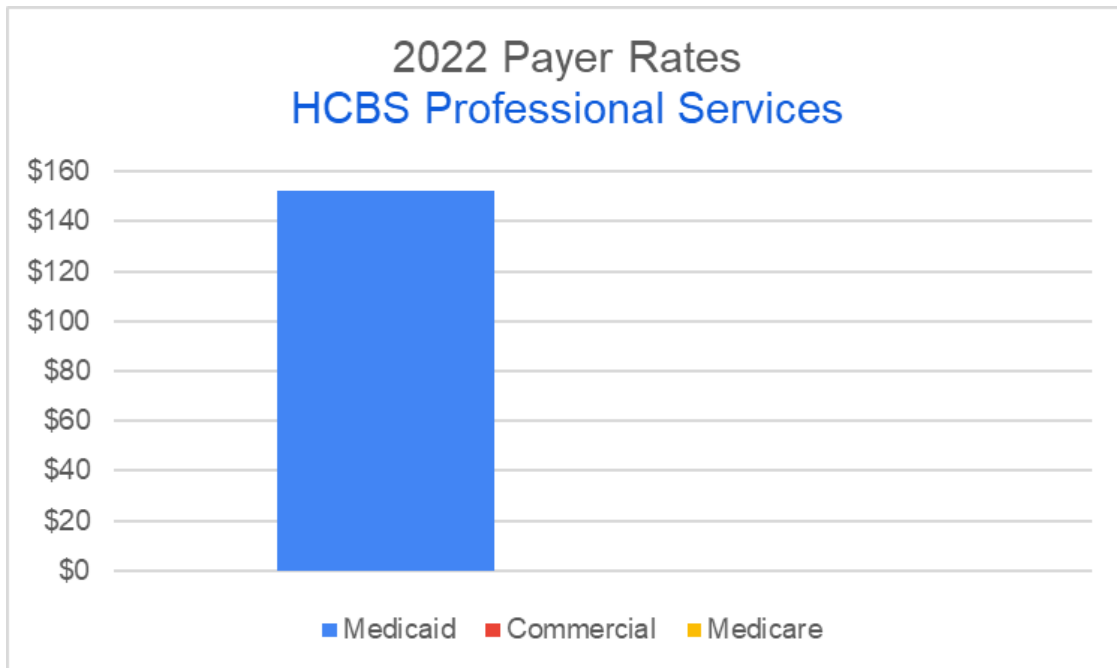
The Price per Service analysis shows the average allowed amount for the HCBS Professional Services service category during calendar years 2020-2022 (January 1,



2020 - December 31, 2022) based on the line level claim data for each procedure code and/or revenue code. The Statewide Medicaid Price Per year for the HCBS Professional Services service category witnessed a notable decrease from 2020 to 2021, followed by a modest increase from 2021 to 2022.



Payer Rate refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid stood out as the sole payer for the HCBS Professional Services service category.





Home & Community Based Services - Residential Services

Service Description

These services aim to promote independence, community integration, and individualized care in a home-like environment. It provides support and assistance with managing household tasks and activities in residential settings, such as in the homes of members, the homes of small groups of individuals living together, or the homes of host families.

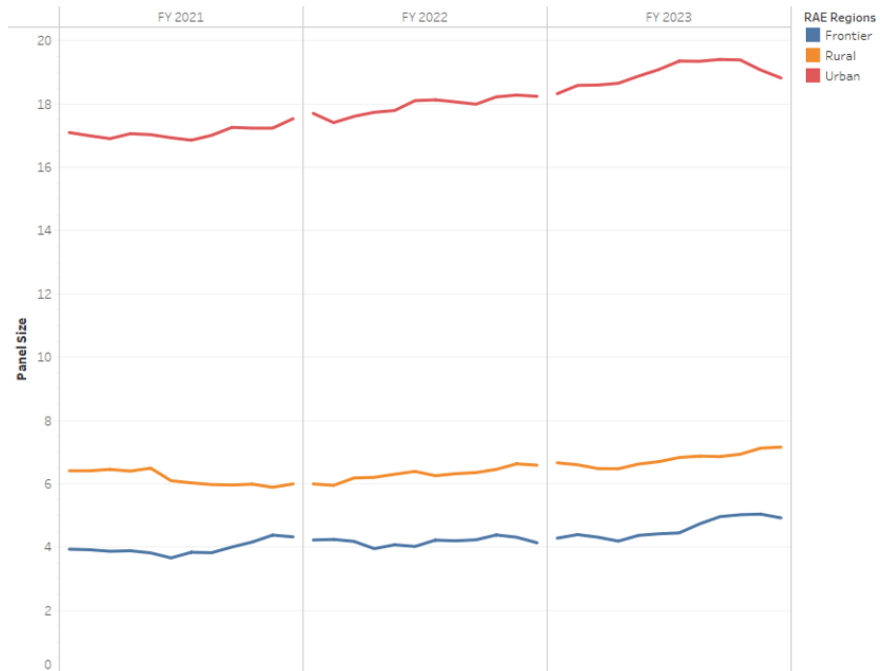
- Alternative Care Facility
- Foster Home
- Group Home
- Mental Health Transitional Living Homes Level 1
- Residential Child Care Facility (RCCF)
- Residential Habilitation, Group Residential Services and Supports
- Residential Habilitation, Individual Residential Services and Supports
- Residential Habilitation, Individual Residential Services and Supports, Host Home
- Supported Living Program
- Transitional Living Program

Panel Size

The Panel Size analysis considers the number of utilizers per provider for the HCBS residential services category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023).



Panel Size By RAE Region - HCBS Residential Services



Provider Participation

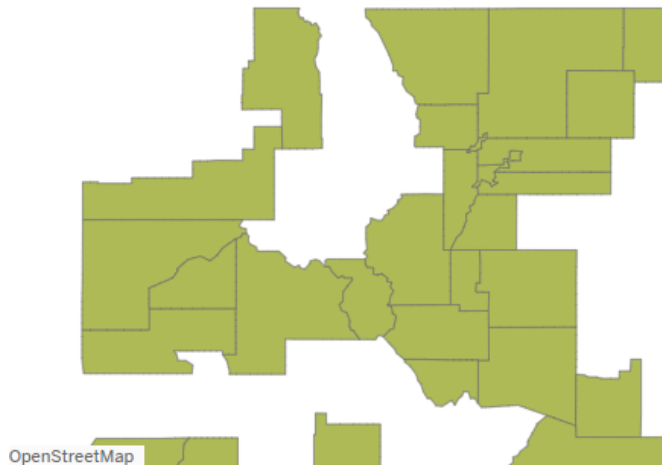
The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS Residential Services service category. In the calendar year 2022, 100% of statewide providers served Medicaid members.

Provider Participation

HCBS Residential Services

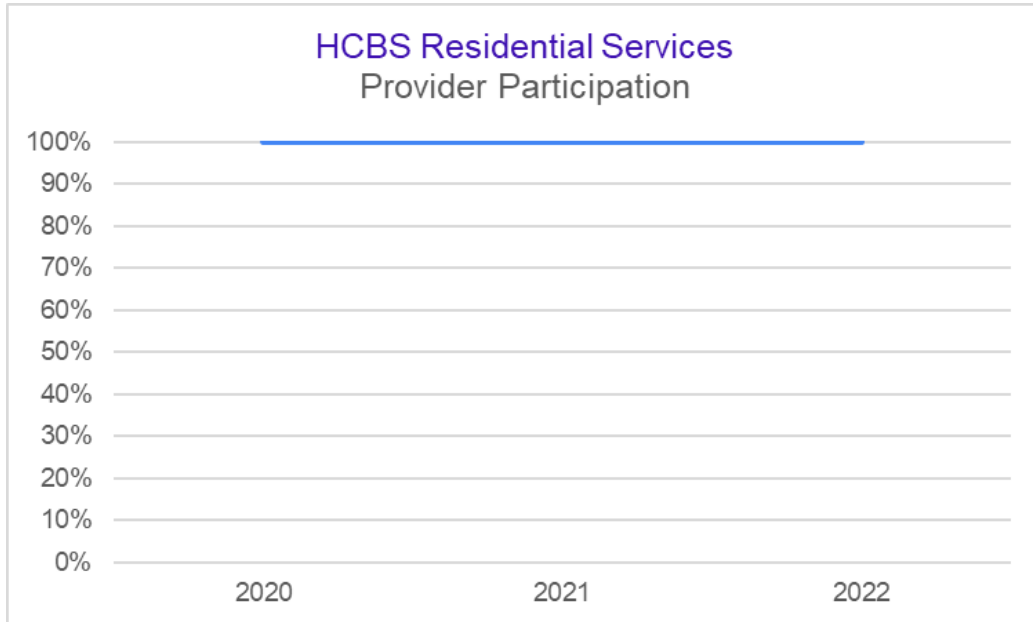
Statewide Rate:

100%





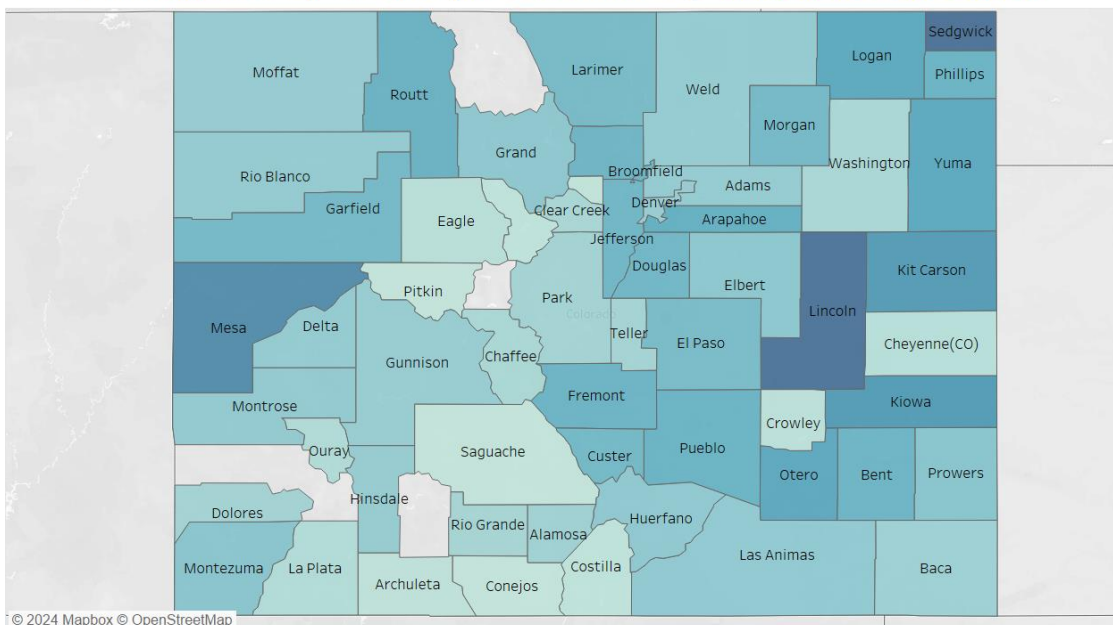
The statewide provider participation rate for the HCBS Residential Program service category remained at 100% from 2020 to 2022.



Penetration Rate

The Penetration Rate analysis considers the number of members that utilized services in the HCBS residential services category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

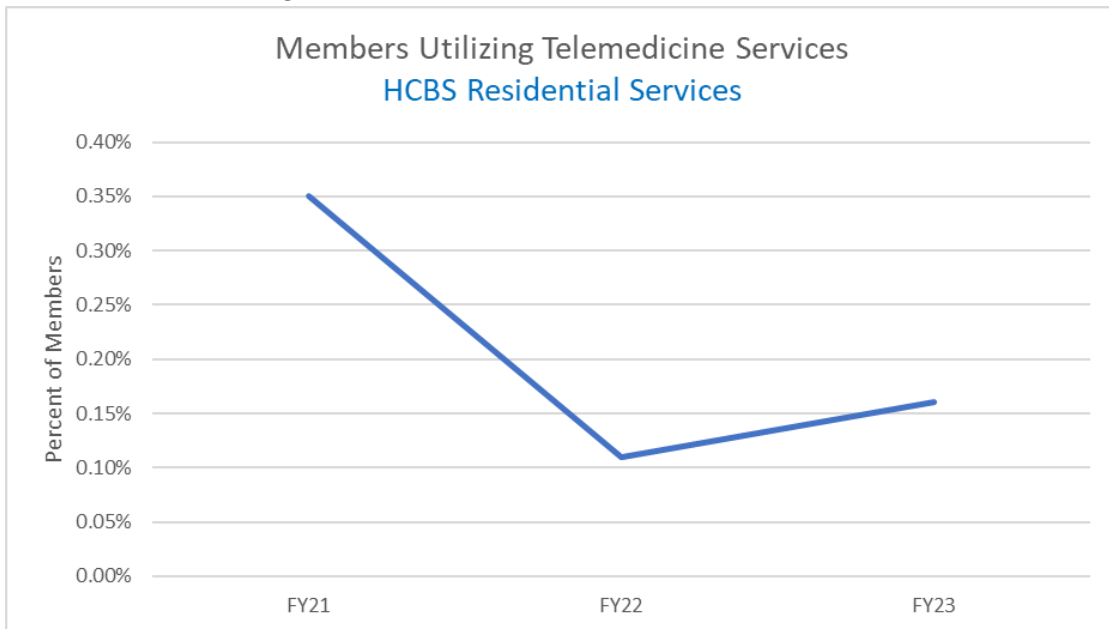
Penetration Rate (Utilization per 1000 members) - HCBS Residential Services



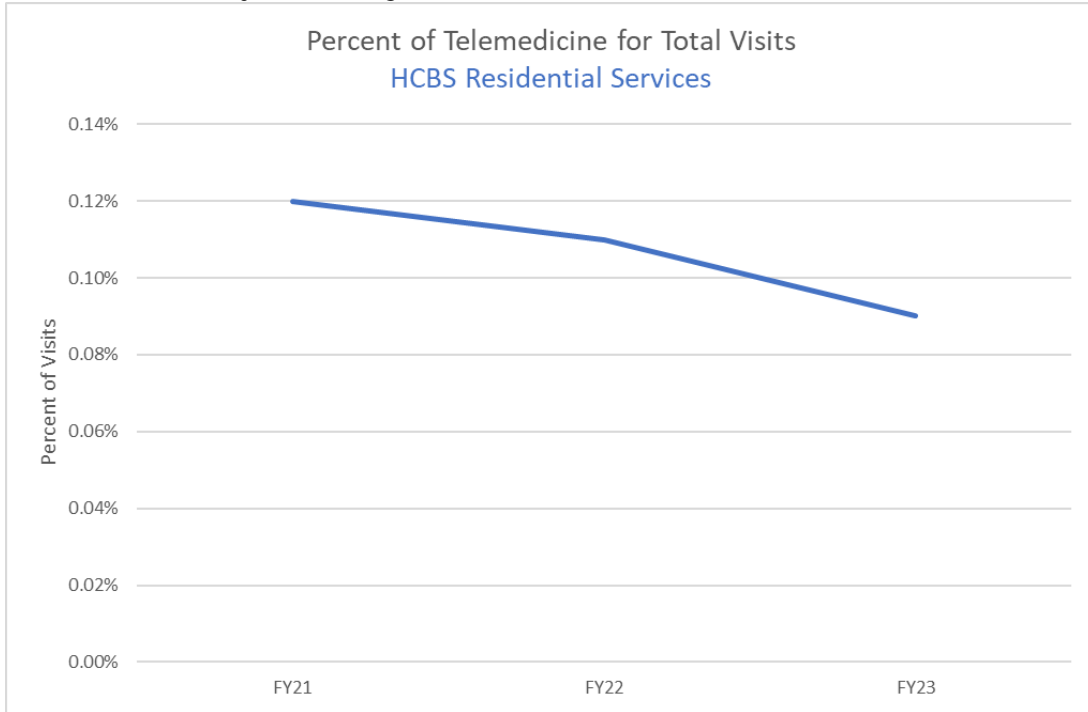


Telemedicine Accessibility

The first part of the telemedicine analysis considered the number of individual members that utilized services in the HCBS Residential Services category and what percentage of those members received at least one service through telemedicine. From fiscal year 2021-2023, the percentage of individual members that utilized telemedicine HCBS Residential Services was very low. This percentage decreased from FY21-FY22, and then began to increase from FY22 - FY23.

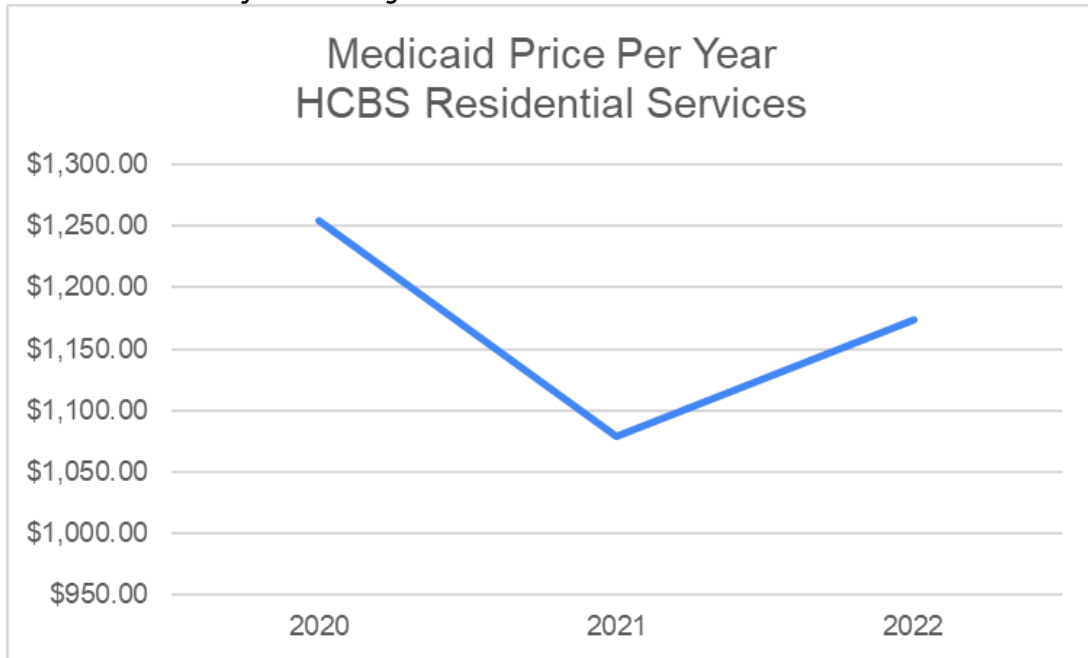


The second part of the telemedicine analysis considered the number of total visits in the HCBS Residential Services service category and what percentage of those visits were delivered through telemedicine across fiscal years 2022 - 2023. From fiscal year 2021-2023, the percentage of total visits that were delivered through telemedicine for HCBS Residential Services was very low. This percentage decreased from FY21 - FY22, then decreased again from FY22 - FY23.

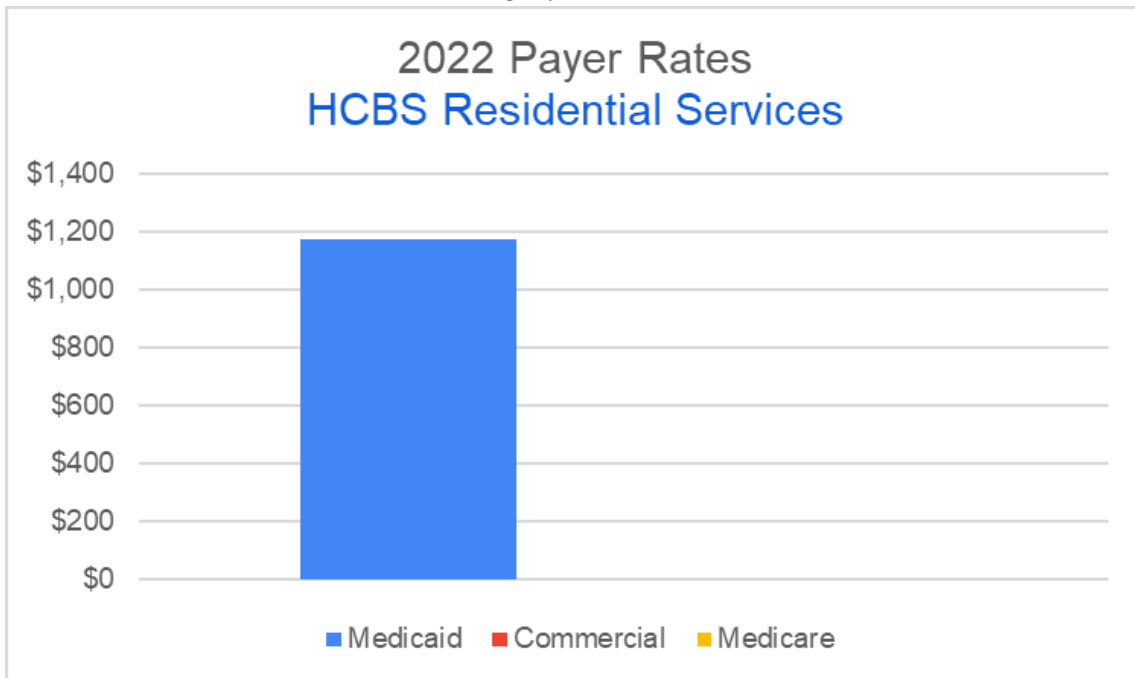


Price Per Service

The Price per Service analysis shows the average allowed amount for the HCBS Residential Services 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. The Statewide Medicaid Price Per year for the HCBS Residential Services service category witnessed a notable decrease from 2020 to 2021, followed by a modest increase from 2021 to 2022.



Payer Rate refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid stood out as the sole payer for the HCBS Residential Services service category.





Home & Community Based Services - Respite Services

Service Description

These types of services typically involve temporary relief for individuals who have a disability or chronic health condition and for their primary caregivers, allowing them to rest, attend to personal needs, or take care of other responsibilities while ensuring their loved ones receive appropriate care.

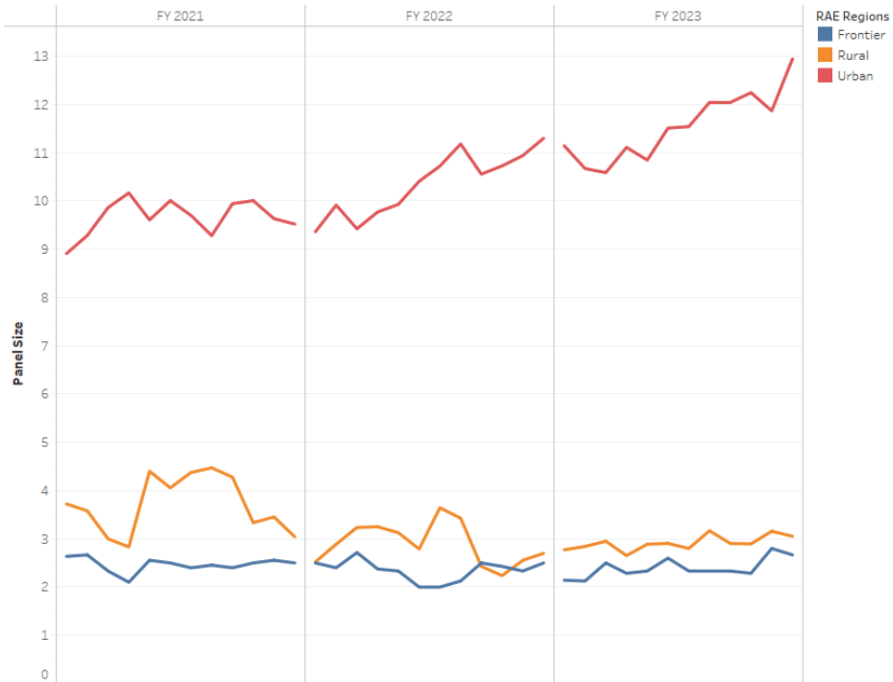
- Respite Care, Alternative Care Facility
- Respite Care, Group
- Respite Care, In Home/Individual/Unskilled Respite (15 Minute Unit)/ Individual- In Family Home (15 Minute Unit)
- Respite Care, Individual - In Residential Settings
- Respite Care, Individual Day - In Residential Settings
- Respite Care, Individual Day/Unskilled (4 Hours or More)/ Individual- In Family Home
- Respite Care, Nursing Facility
- Respite Services, Camp (Group Overnight)
- Respite Services, CNA (4 hours or less)
- Respite Services, CNA (4 hours or more)
- Respite Services, Skilled RN/LPN (4 hours or less)
- Respite Services, Skilled RN/LPN (4 hours or more)
- Youth Day Services (Group/Individual)

Panel Size

The Panel Size analysis considers the number of utilizers per provider for the HCBS respite services category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). This visual shows a noticeable increase in the HCBS Respite Services panel size in urban areas. This trend occurred because the number of utilizers noticeably increased, but the number of providers in these areas did not noticeably increase.



Panel Size By RAE Region - HCBS Respite Services



Provider Participation

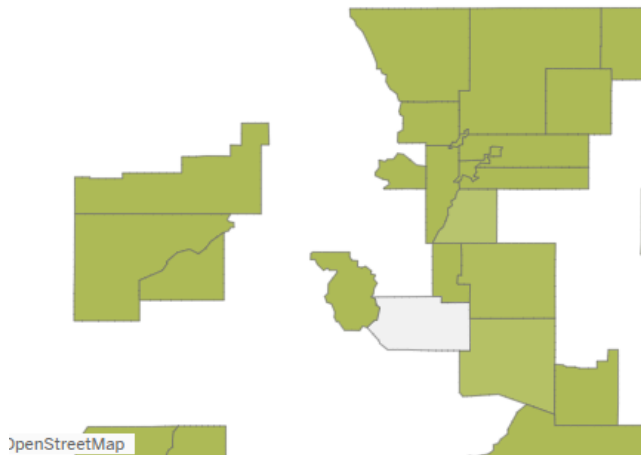
The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS Respite Services service category. In the calendar year 2022, 99% of statewide providers served Medicaid members.

Provider Participation

HCBS Respite Services

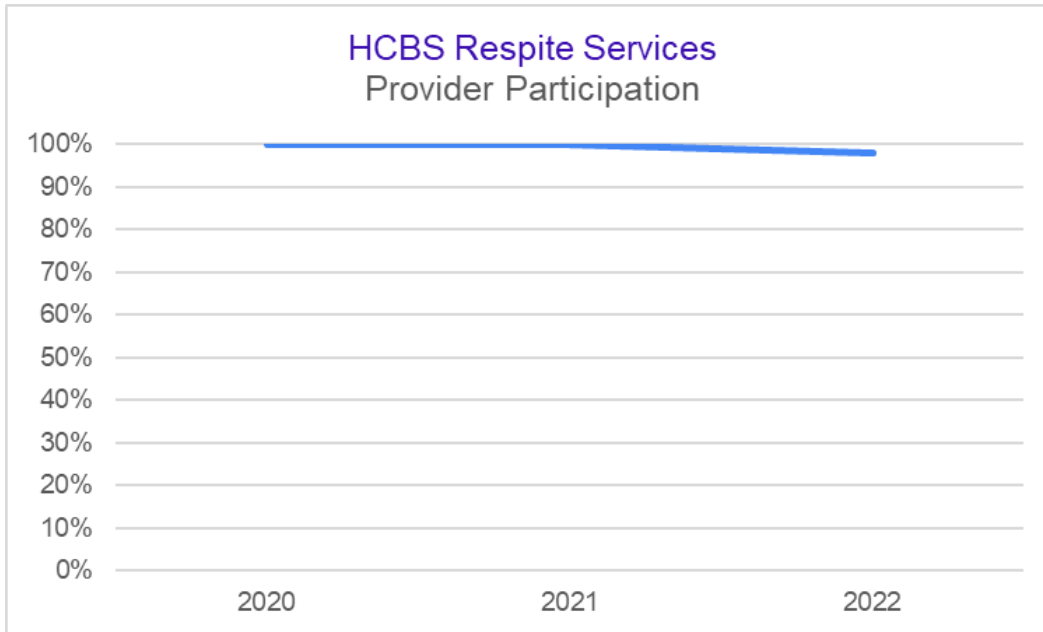
Statewide Rate:

98%





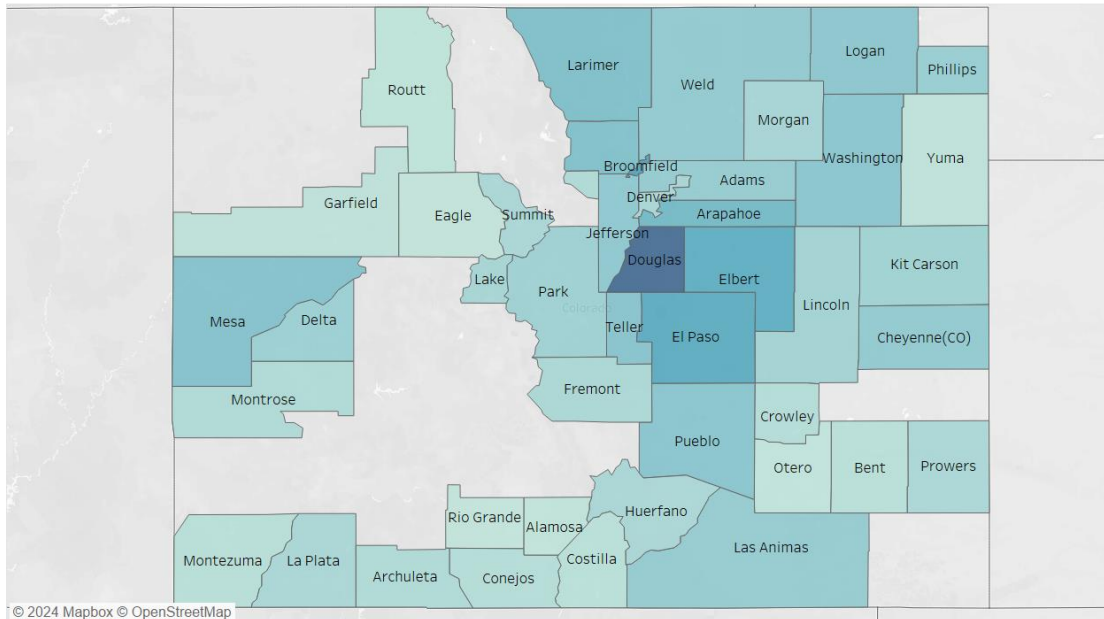
The statewide provider participation rate for the HCBS Respite Services service category remained relatively stable from 2020 to 2022, consistently ranging between 98% and 100%.



Penetration Rate

The Penetration Rate analysis considers the number of members that utilized services in the HCBS respite services category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

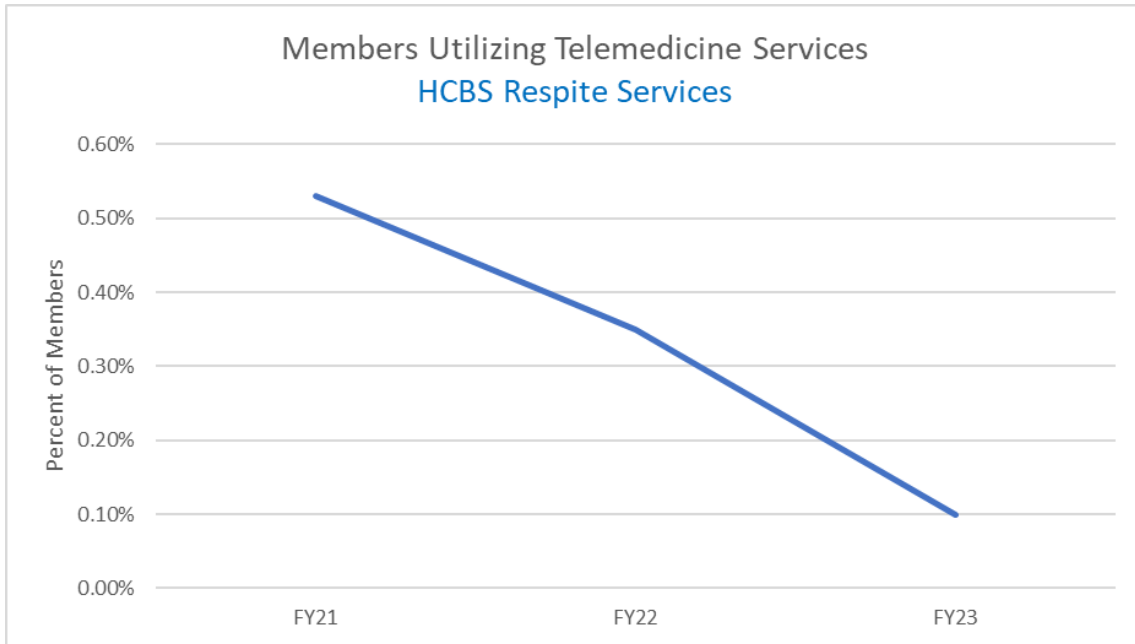
Penetration Rate (Utilization per 1000 members) - HCBS Respite Services



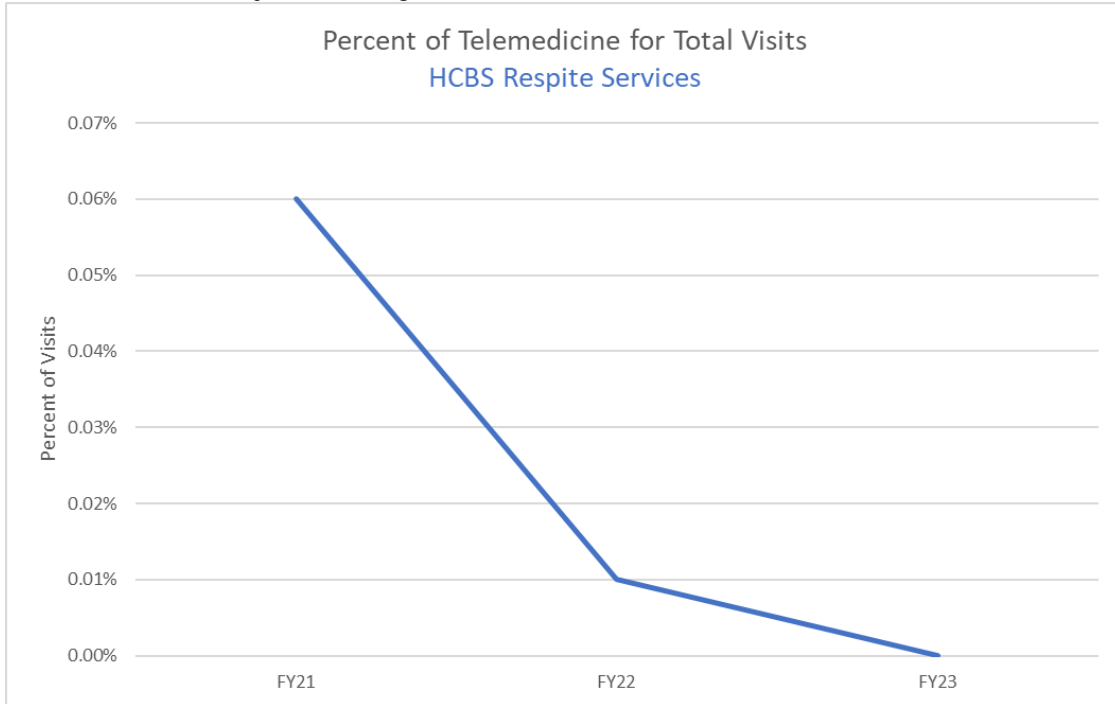


Telemedicine Accessibility

The first part of the telemedicine analysis considered the number of individual members that utilized services in the HCBS Respite Services category and what percentage of those members received at least one service through telemedicine. From fiscal year 2021-2023, the percentage of individual members that utilized telemedicine HCBS Respite services was very low. This percentage decreased from FY21-FY22, and then decreased again from FY22 - FY23.

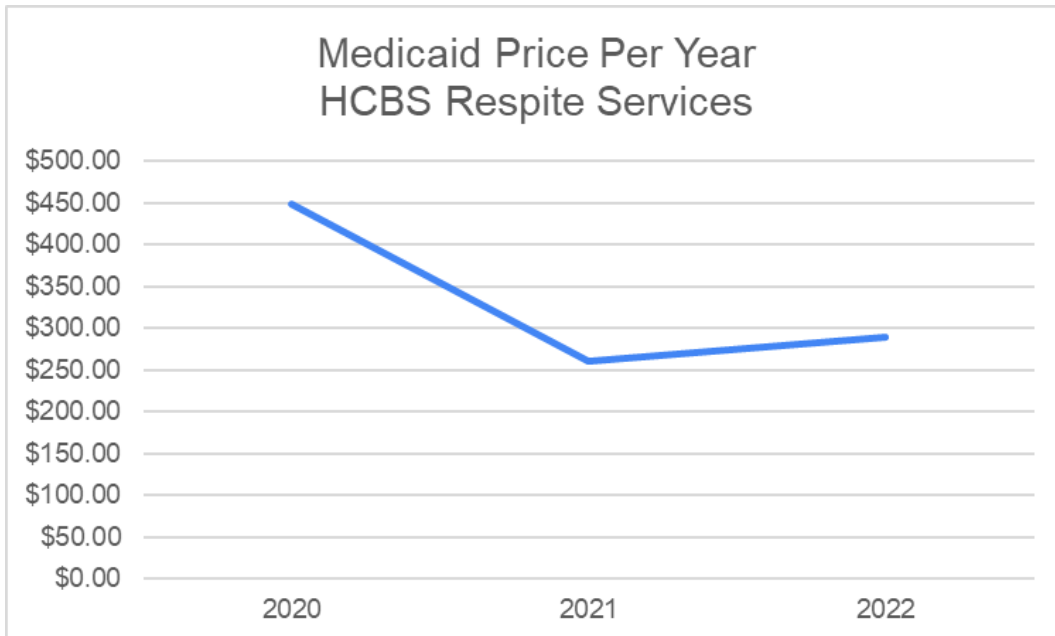


The second part of the telemedicine analysis considered the number of total visits in the HCBS Respite Services service category and what percentage of those visits were delivered through telemedicine across fiscal years 2022 - 2023. From fiscal year 2021-2023, the percentage of total visits that were delivered through telemedicine for HCBS Respite Services was very low. This percentage decreased from FY21 - FY22, then decreased again from FY22 - FY23.



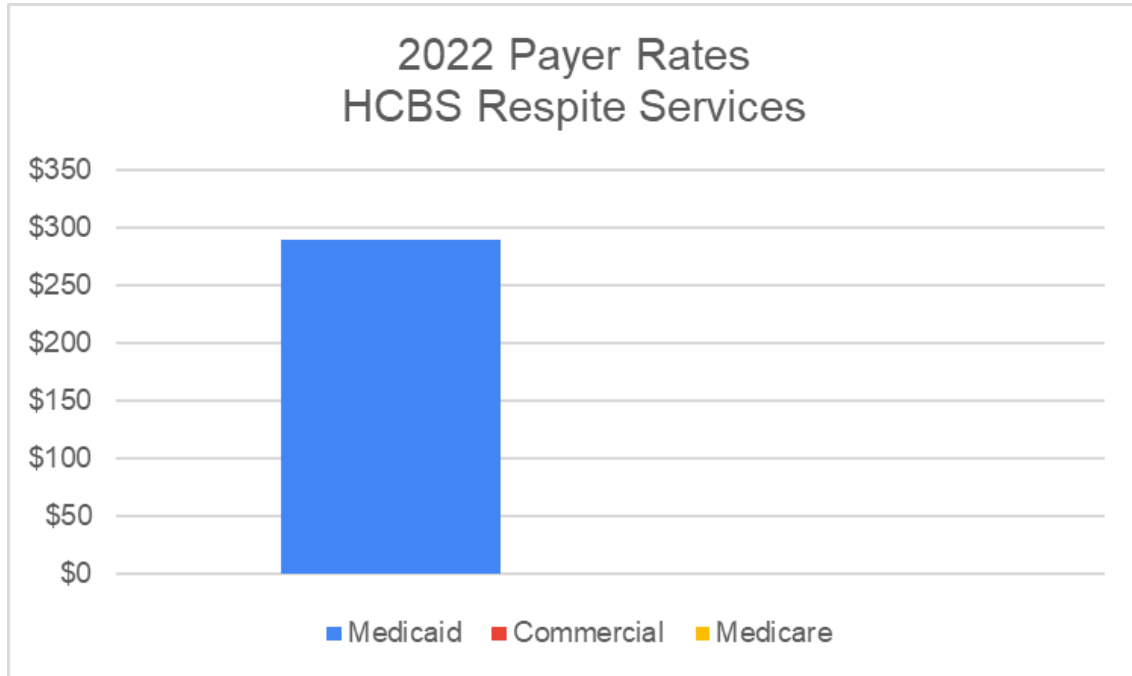
Price Per Service

The Price per Service analysis shows the average allowed amount for the HCBS Respite Services 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. The Statewide Medicaid Price Per year for the HCBS Respite Services service category underwent a substantial decline from 2020 to 2021, but remained nearly unchanged from 2021 to 2022.





Payer Rate refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid stood out as the sole payer for the HCBS Respite Services service category.



Home & Community Based Services - Technology, Adaptations and Equipment

Service Description

These types of services typically refer to support provided to participants through the use of assistive technology, adaptations, and specialized equipment.

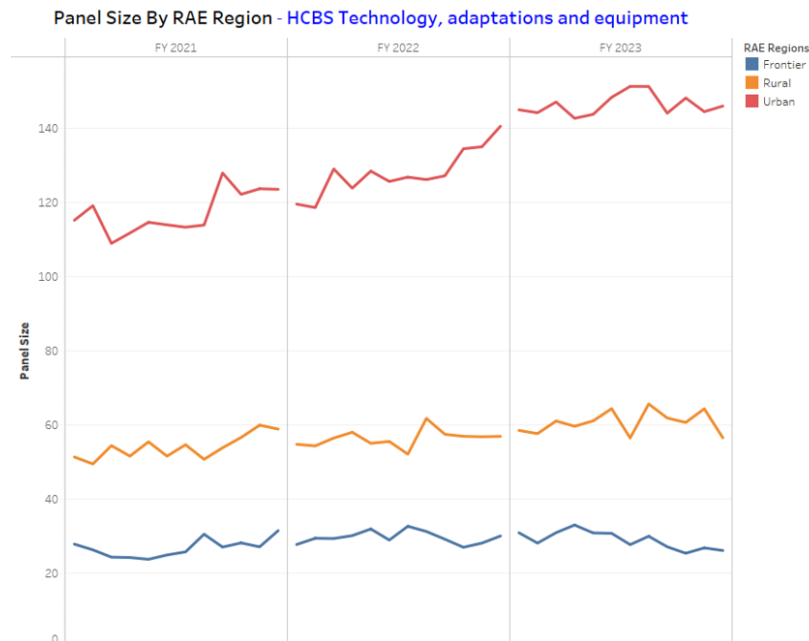
- Adapted Therapeutic Recreational Equipment and Fees
- Assistive Devices
- Assistive Technology
- Home Modification
- Medication Reminder, Install/Purchase/Monitoring
- Personal Emergency Response System
- Personal Emergency Response System, (Install/Purchase/Monitoring/Remote Supports Install/Purchase)
- Remote Supports Technology (Remote Supports Install/Purchase)
- Specialized Medical Equipment and Supplies (Disposable Supplies/Equipment)
- Vehicle Modifications



Panel Size

The Panel Size analysis considers the number of utilizers per provider for the HCBS technology, adaptations and equipment category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). The HCBS Technology, Adaptations, and Equipment panel size visual shows a noticeable increasing trend due to a decrease in the number of providers. The decreases in the average number of providers are as follows:

From FY21 to FY22, there was an 8.4% decrease in the number of providers.
From FY22 to FY23, there was a 12.4% decrease in the number of providers.

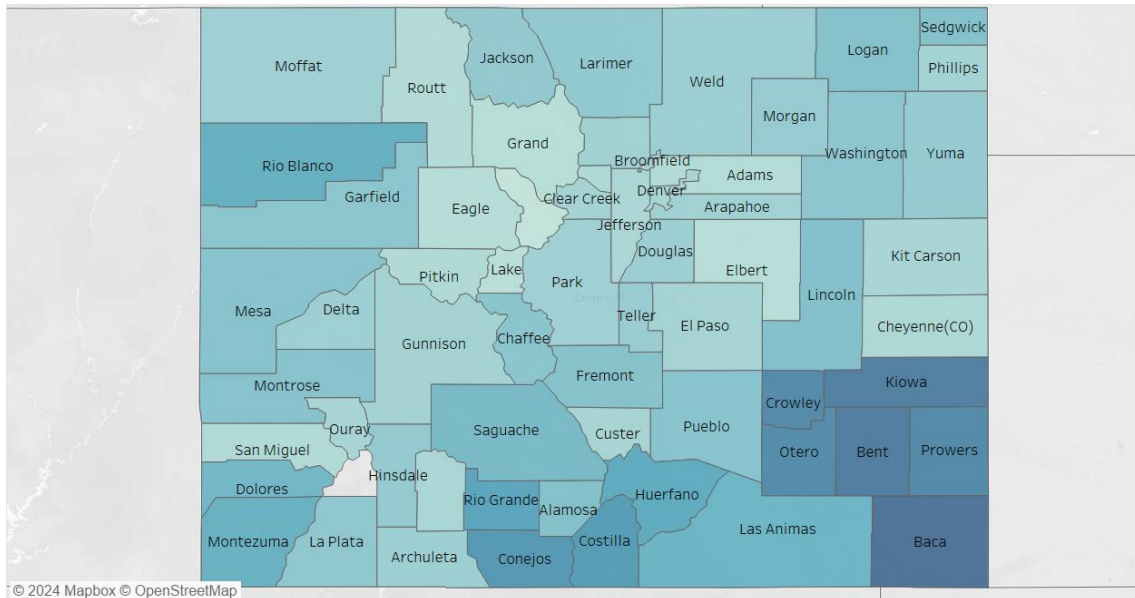


Penetration Rate

The Penetration Rate analysis considers the number of members that utilized services in the HCBS technology, adaptations and equipment category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

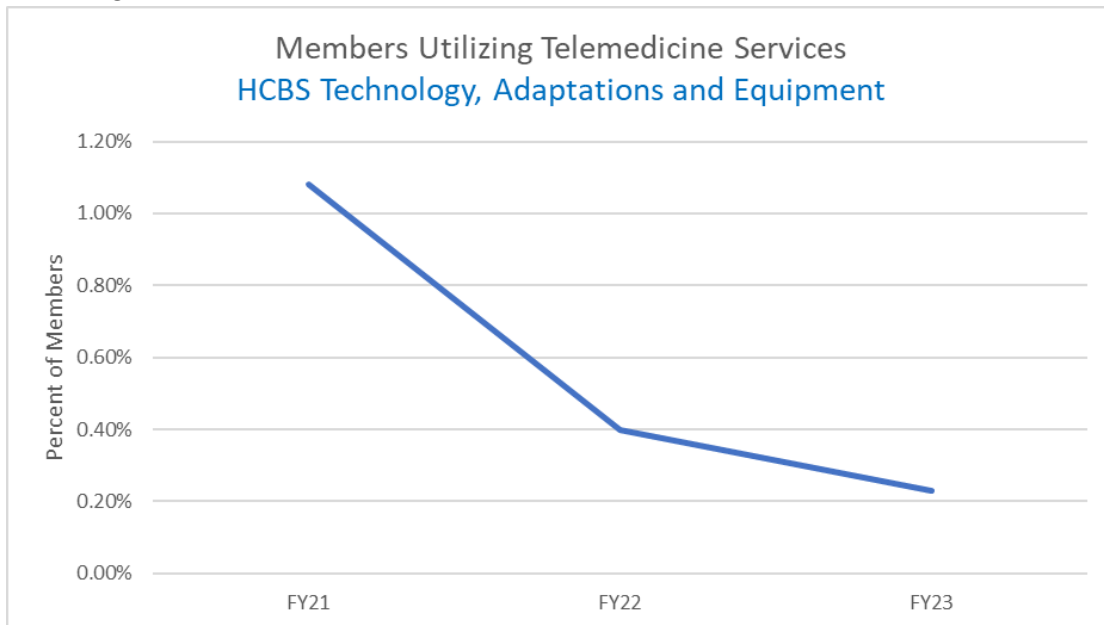


Penetration Rate (Utilization per 1000 members) - HCBS Technology, Adaptations and Equipment



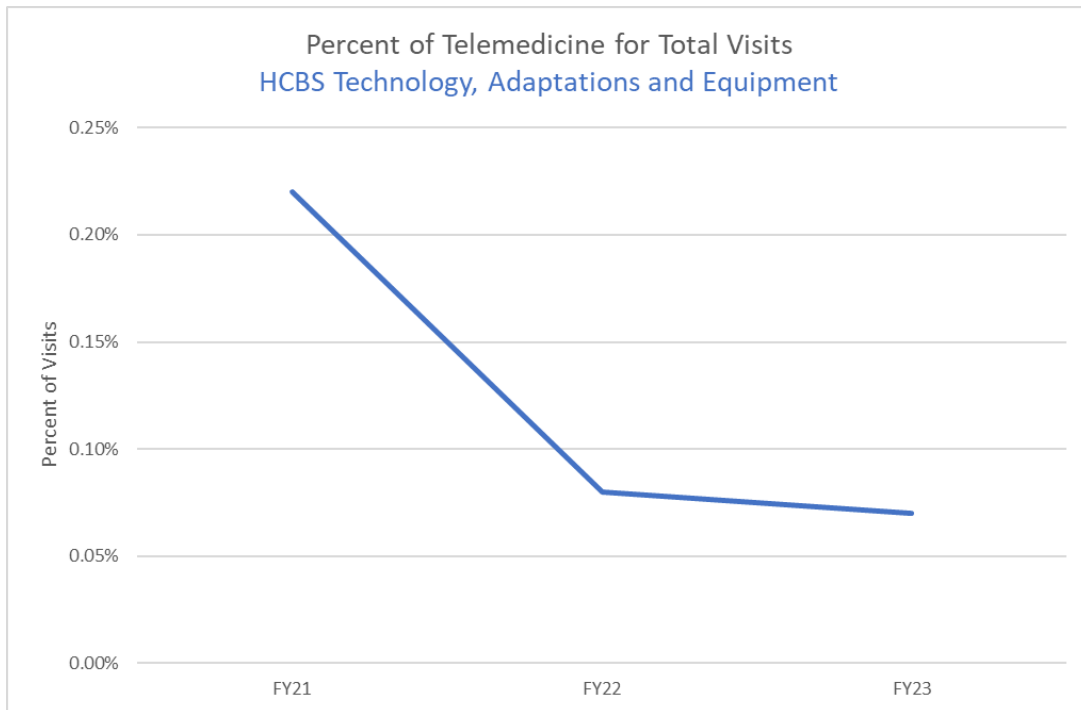
Telemedicine Accessibility

The first part of the telemedicine analysis considered the number of individual members that utilized services in the HCBS Technology, Adaptations and Equipment service category and what percentage of those members received at least one service through telemedicine. From fiscal year 2021-2023, the percentage of individual members that utilized telemedicine HCBS Technology, Adaptations, and Equipment services was very low. This percentage decreased from FY21-FY22, and then decreased again in FY23.





The second part of the telemedicine analysis considered the number of total visits in the HCBS Technology, Adaptations, and Equipment service category and what percentage of those visits were delivered through telemedicine across fiscal years 2022 - 2023. From fiscal year 2021-2023, the percentage of total visits that were delivered through telemedicine for HCBS Technology, Adaptations, and Equipment was very low. This percentage decreased from FY21 - FY22, then decreased again from FY22 - FY23.



Home & Community Based Services - Transition Services

Service Description

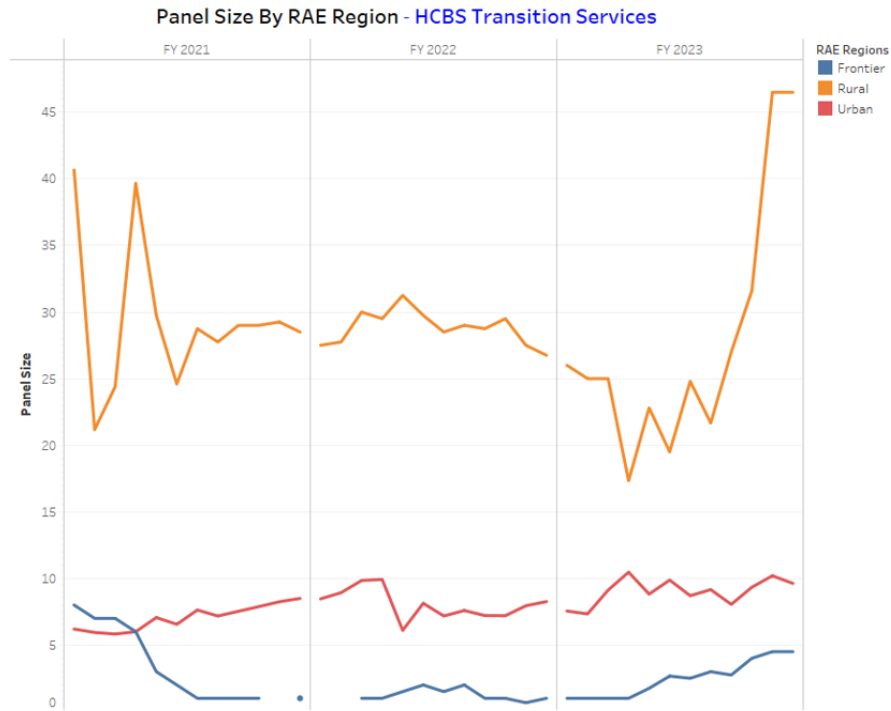
Transition services are designed to assist waiver participants in transitioning from institutional or residential settings to community-based living arrangements. These services aim to support a smooth and successful transition by addressing various aspects of the individual's needs.

- Community Transition Services, Coordinator
- Community Transition Services, Setup Expenses
- Home Delivered Meals
- Home Delivered Meals Post-Hospital Discharge
- Life Skills Training
- Peer Mentorship



Panel Size

The Panel Size analysis considers the number of utilizers per provider for the HCBS transition services category in each RAE region during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). In the visual, the panel size in rural areas is higher than that in urban areas. This is due to the low number of providers; on the other hand, few Medicaid members per year qualify for transition services. So this does not indicate an access to care issue.



Provider Participation

The Provider Participation Rate identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS Transition Services service category. In the calendar year 2022, 91% of statewide providers served Medicaid members.

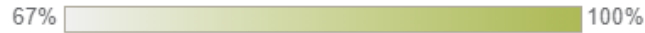


Provider Participation

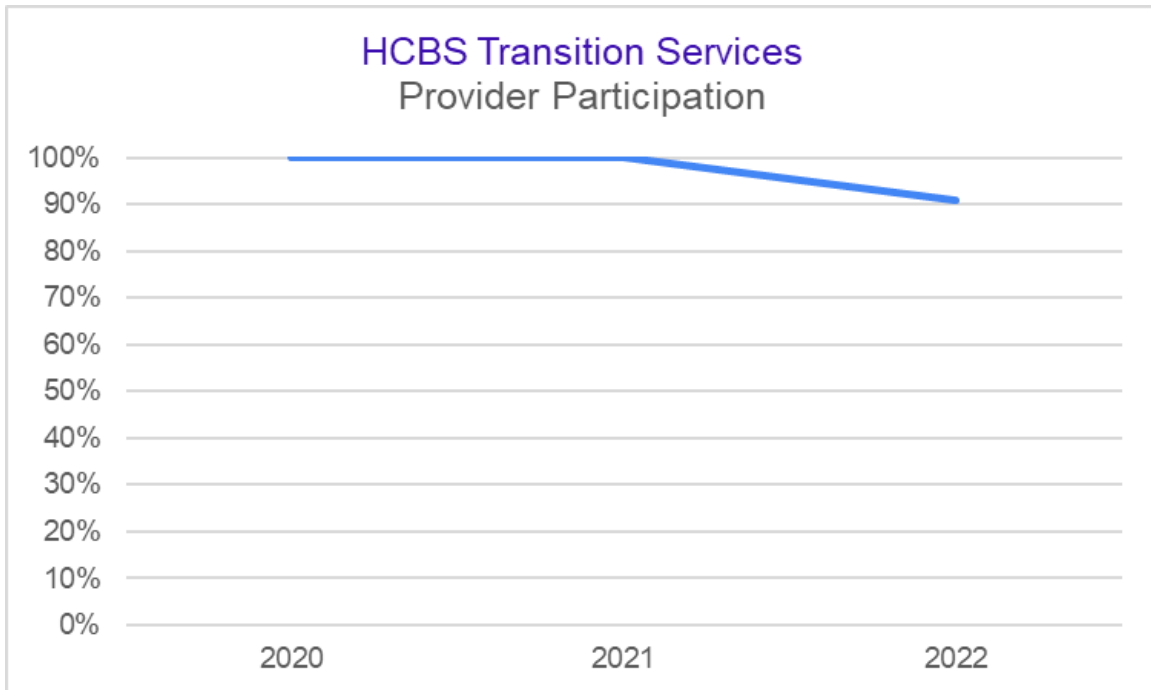
HCBS Transition Services

Statewide Rate:

91%



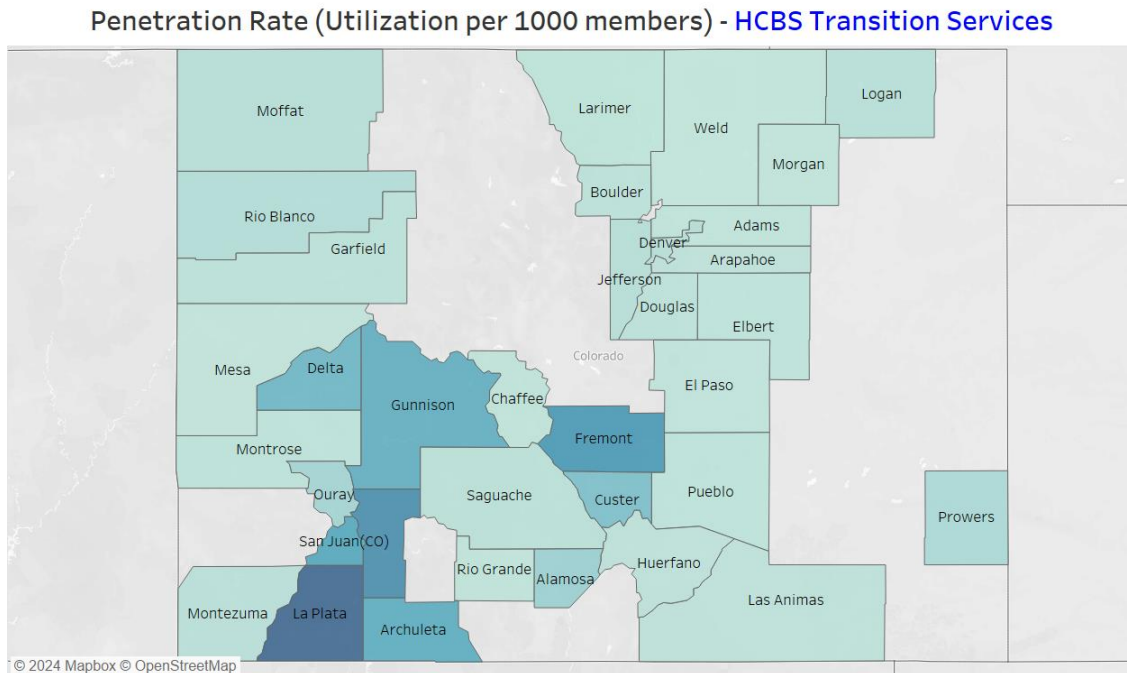
The statewide provider participation rate for the HCBS Transition Services service category remained at 100% in both 2020 and 2021, but experienced a significant drop to 91% in 2022.





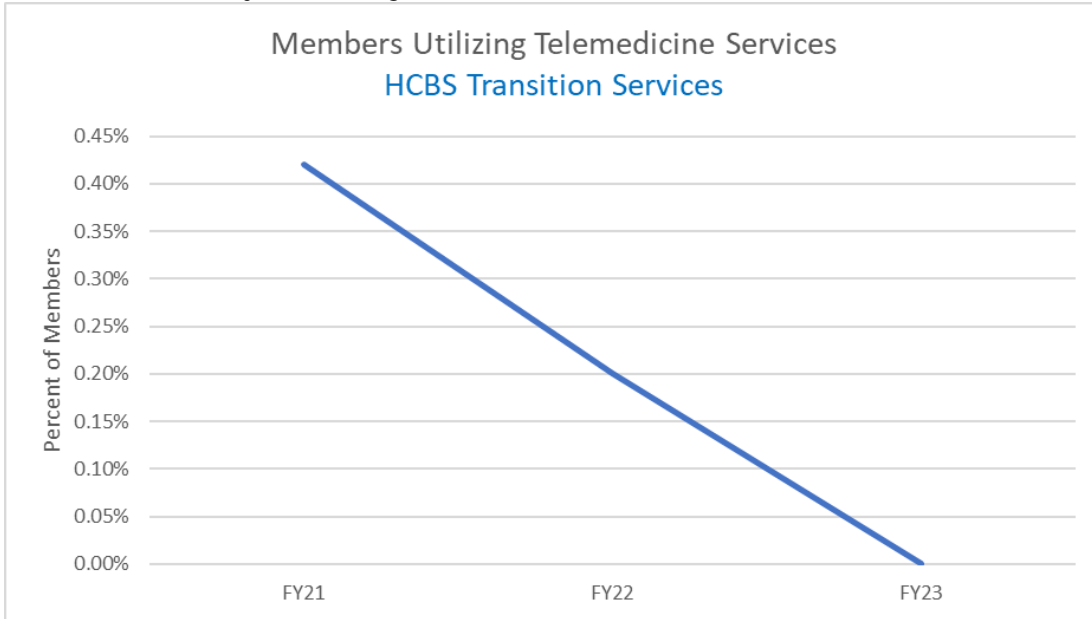
Penetration Rate

The Penetration Rate analysis considers the number of members that utilized services in the HCBS transition services category per every 1000 Medicaid members in every county during the fiscal year 2023 (July 1, 2022 - June 30, 2023).

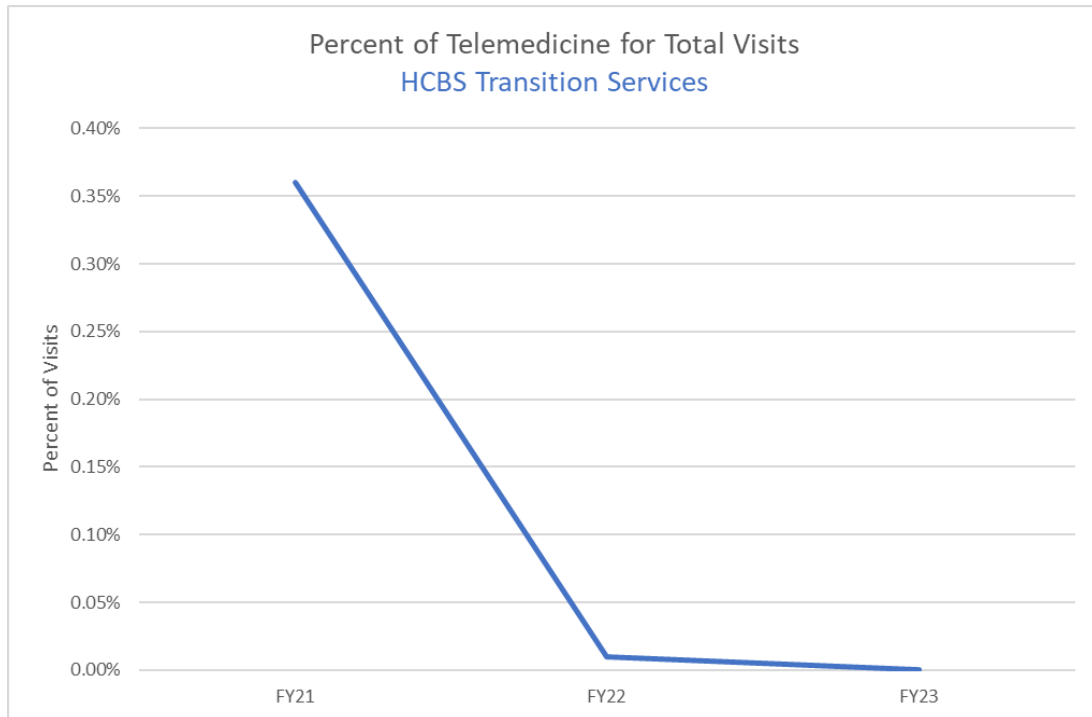


Telemedicine Accessibility

The first part of the telemedicine analysis considered the number of individual members that utilized services in the HCBS Transition Services category and what percentage of those members received at least one service through telemedicine. From fiscal year 2021-2023, the percentage of individual members that utilized telemedicine HCBS Transition Services was very low. This percentage decreased from FY21-FY22, with zero members utilizing telemedicine services in FY23.



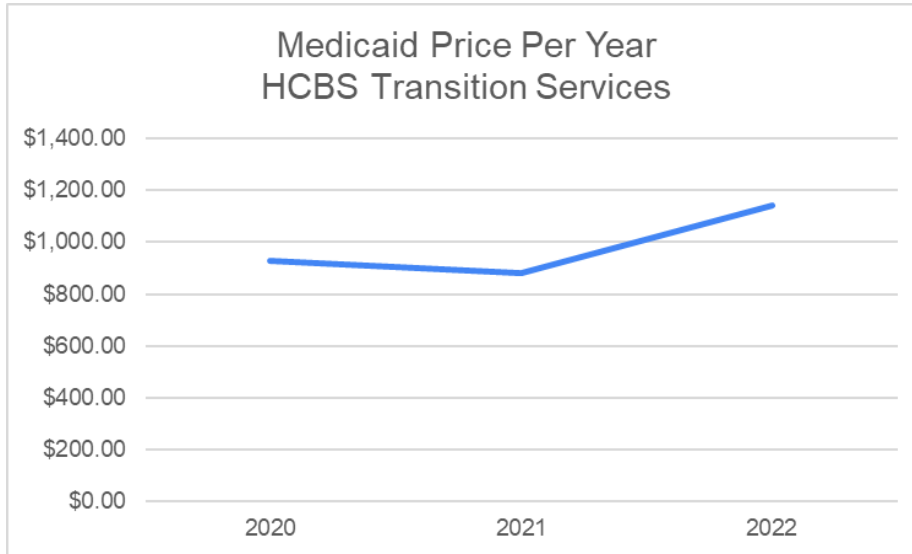
The second part of the telemedicine analysis considered the number of total visits in the HCBS Transition Services service category and what percentage of those visits were delivered through telemedicine across fiscal years 2022 - 2023. From fiscal year 2021-2023, the percentage of total visits that were delivered through telemedicine for HCBS Transition Services was very low. This percentage decreased from FY21 - FY22, then decreased again from FY22 - FY23.





Price Per Service

The Price per Service analysis shows the average allowed amount for the HCBS Transition Services 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. Statewide Medicaid Price Per year for the HCBS Transition Services service category increased slightly from 2020 to 2022.



Payer Rate refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid stood out as the sole payer for the HCBS Transition Services service category.

