



## Appendix A - Cycle 1 Year 1 Methodologies and Data

Provides explanations of methodologies and data used in this report.

### Executive Summary

The Colorado Department of Health Care Policy and Financing (HCPF) contracted with the actuarial firm **CBIZ Optumas (Optumas)** and worked collaboratively to compare Colorado Medicaid provider rates to Medicare or other comparable rates (e.g., other states' Medicaid rates).

The following services were reviewed by **Optumas** as part of the 2023 Medicaid Provider Rate Review Analysis Report:

- Anesthesia
- Ambulatory Surgical Centers (ASC)
- Fee-for-Service Behavioral Health Services (FFS BH)
- Maternity Services
- Abortion Services
- Pediatric Behavioral Therapy (PBT)
- Dental Services
- Surgeries:
  - Digestive System
  - Musculoskeletal System
  - Cardiovascular System
  - Respiratory System
  - Integumentary System
  - Eye & Auditory System
  - Other
  - Co-Surgery

The work performed on Cycle 1 Year 1 services was comprised of the following analyses:

- 1) Data validation
- 2) Rate crosswalk
- 3) Utilization adjusted rate comparison

The data validation process includes:

- Volume checks over time to determine completeness and reliability of data; and
- Determination of relevant utilization base and appropriate exclusions

The rate comparison benchmark analysis for July 1, 2021 - June 30, 2022 (FY 2022) compares Colorado Medicaid's latest fee schedule's estimated reimbursement with the estimated reimbursement of the overall benchmark(s). The rate comparison benchmark analysis considers Medicare rates as the comparator. In prior years, and the current year, when comparable Medicare rates were not available, an average rate from a selected group of other states was used.

All else being equal, if Colorado Medicaid were to reimburse at 100.00% of the overall benchmark, expenditures for FY 2022 would reflect the estimated total fund impact summarized in **Table 1**.

**Table 1. Colorado as a Percent of the Medicare/Other States Benchmark and Estimated FY 2022 Fund Impact**

Service Group	Colorado Repriced	Medicare Repriced	Colorado as a Percent of Medicare	Estimated FY 2022 Total Fund Impact
Anesthesia	\$36,268,689	\$26,370,722	137.5%	\$(9,897,967)
Ambulatory Surgical Centers (ASC)*	\$10,832,192	\$20,265,101	53.5%	\$9,432,909
Fee-for-Service Behavioral Health Services (FFS BH)	\$18,175,906	\$18,732,206	97.0%	\$556,300
Maternity Services	\$28,378,660	\$37,313,704	76.1%	\$8,935,044
Abortion Services	NA	NA	NA	NA
Pediatric Behavioral Therapy (PBT):				
Method 1: Including Nebraska	\$126,433,251	\$160,714,783	78.7%	\$34,281,532
Method 2: Excluding Nebraska	\$126,433,251	\$139,447,581	90.7%	\$13,019,386
Dental Services	\$301,745,345	\$606,171,602	49.8%	\$304,426,257
Surgeries:				
Digestive System	\$21,656,071	\$22,469,116	96.4%	\$813,045
Musculoskeletal System	\$24,538,187	\$36,927,306	66.4%	\$12,389,119
Cardiovascular System**	\$17,675,644	\$10,881,937	162.4%	(\$6,793,706)
Respiratory System	\$5,026,476	\$6,092,153	82.5%	\$1,065,677
Integumentary System	\$10,310,353	\$16,229,309	63.5%	\$5,918,956
Eye & Auditory System	\$8,529,687	\$8,975,288	95.0%	\$445,601
Other	\$21,227,515	\$27,145,528	78.2%	\$5,918,013
Co-Surgery	NA	NA	NA	\$1,759,670

\*The comparison for Ambulatory Surgical Centers uses the primary line of each encounter only. In general, Colorado Medicaid only reimburses for the most expensive ASC service on an encounter, but Medicare pays for additional ASC services, though sometimes at a reduced rate.

\*\*Here these repriced amounts, benchmark ratio and fund impact for cardiovascular surgery service is based on the repricing methodology which is consistent with other surgeries services, i.e., different Medicare fees were used depending on whether the encounter was done at a facility or non-facility, based on the place of service code in the data. In addition, the department recommended applying the Medicare non-facility fee schedule only to cardiovascular surgery service.

## Data Validation

The Department initially provided three years (January 2019 - December 2021) of eligibility data and fee-for-service (FFS) claims data to **Optumas**. For the Rate Comparison analysis, the Department sought to use FY 2022 for the benchmark comparison, so an additional three months of data was provided (July 2022 - September 2022). The data validation process included utilization and dollar volume summaries over time which were validated against the expectations of the Department and Optumas based on prior analyses to identify potential inconsistencies. In addition, a frequency analysis was performed to examine valid values

appearing across all fields contained in the data. Overall, results of this process suggested that the FY 2022 data for each service was reliable.

Next, the data was reviewed to determine the relevant utilization after accounting for applicable exclusions. The exclusion criteria adhere to the general guidelines set forth in the Rate Review Schedule:<sup>1</sup>

- Claims attributed to members that are non-TXIX Medicaid eligible, i.e., Child Health Plan *Plus* (CHP+) program;
- Claims attributed to members with no corresponding eligibility span; and
- Claims associated with members enrolled in Medicaid and Medicare (dual membership).

Furthermore, for the rate comparison benchmark, the validation process included additional exclusions:

- Procedure codes that are on the Colorado fee schedule as “manually priced” or “not a benefit” or were not found on the schedule, which are reflected as “No Medicaid rate.”
- Procedure codes that do not have a comparable Medicare rate, which are reflected as “No Medicare rate.”
- If both prior cases are true, then the line is reflected as “No Medicare/Medicaid rate.”
- If there is no appropriate benchmark rate from other states or ADA fee schedule, the line is reflected as “No other state rate.”
- If a procedure code had no valid utilization during FY22, the line is reflected as “No valid utilization.”

The list of procedure codes that were excluded from this analysis are shown in **Table 2(a)** below.

**Table 2(a). List of Procedure Codes Excluded**  
See the attached workbook with [Table 2\(a\)](#).

Except for Ambulatory Surgical Centers (ASC), which use groupers instead of procedure code for analysis, the number of excluded procedure codes for each service group is shown in **Table 2(b)** below.

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<sup>1</sup> See the [Rate Review Schedule](#) on the Department’s Medicaid Provider Rate Review Advisory Committee (MPRRAC) website.

**Table 2(b). Count of Procedure Codes Excluded**

Service Group	No Medicaid Rate	No Medicare Rate	No Medicaid or Medicare Rate	No other state rate	No ADA rate or no Medicaid/ADA rate	No valid utilization
Anesthesia	35	4	0	0	0	6
Maternity Services	0	2	0	0	0	6
Pediatric Behavioral Therapy (PBT) - same for two methods	0	0	0	1	0	0
Abortion	0	0	0	0	0	7
Dental	23	0	0	0	176	173
Surgery	4	42	56	0	0	1,663

Services were priced to the Colorado Medicaid fee schedules at the procedure code level. The summary of exclusions from the FY 2022 base data can be found in **Appendices B1(a) - B1(g)**.

FY 2022 claims data were selected as the base data of the repricing analysis because they yield an annualized result derived from the most recent experience. There is an inherent processing lag in claims between the time a claim is incurred and when it is billed, i.e., a concept referred to as claims runout. Claims rendered in any given month can take weeks or months to be reported in the claims system. The claims data for Cycle 1 Year 1 services were provided with three months of claims runout. The raw claims data reflects the vast majority of FFS experience for Cycle 1 Year 1 services in FY 2022 and an IBNR (Incurred but not reported) analysis was not performed.

After the data validation step, the rate comparison benchmark analysis was performed.

### Rate Comparison Benchmark Analysis

The first step in the rate comparison benchmark analysis was a repricing exercise using the most recent Colorado Medicaid fee schedule with rates effective July 1, 2022. However, a new repricing based on the July 1, 2023, Colorado Medicaid fee schedule was implemented in July 2023.

Anesthesia rates were reviewed by procedure code to obtain a Colorado repriced amount. No modifiers were considered when pulling rates from the Medicare physician fee schedule because modifiers are not considered when repricing Anesthesia using the Colorado Medicaid physician fee schedule. The Medicare fee schedule was then used to identify comparable rates, reference publicly available documentation on reimbursement policy, and analyze relevant fee schedules specific to Colorado to produce a more valid comparison.<sup>2</sup>

ASC procedure codes were first grouped into ASC groups A01 through A11. The intensity of service goes up from A01 and the rate for each group also increases. The rates range from

<sup>2</sup> The payment rate comparison is influenced by the choice of fee schedule since Colorado-specific Medicare rates are higher than those derived from unadjusted national relative value units. All Medicare rates and relevant information were effective calendar year 2023.

\$280.02 for A01 to \$3,574.20 for A11. Colorado Medicaid, in general, covers payment for the highest intensity service on any given encounter, which is different from the methodology that Medicare uses to pay ASC claims. For Medicare claims, the highest intensity service is covered according to the fee schedule, and subsequent lines with ASC services are paid, potentially, at a discounted rate. For this reason, the results of the rate comparison for ASC are reflective of only the primary line on any encounter being repriced for both Medicaid and Medicare. Because Colorado Medicaid does not have different rates for ASC based on modifiers, only the procedure codes were used and cross walked to ASC groups.

FFS BH procedure codes were grouped into two groups: therapy codes (13 codes) and assessment codes (18 codes). All FFS BH rates were reviewed by procedure code and repriced using the Colorado Medicaid physician fee schedule. Here the rate for a FFS BH procedure code without modifier on the Colorado Medicaid physician fee schedule was selected as the CO Medicaid rate, excluding the same procedure code with a specified modifier. 30 procedure codes were compared with Medicare rates and one code was compared with the average rate of other nine states (Florida, Maryland, North Carolina, Nebraska, Nevada, Oregon, Texas, Utah, and Washington). For Medicare rates, non-facility fees were selected as default.

Maternity rates were reviewed by procedure code to obtain a Colorado repriced amount. Rates were taken from the Colorado Medicaid physician fee schedule unless there was a note on the fee schedule to “See Prenatal Plus Fee Schedule.” However, the procedure codes for rates on the Prenatal Plus schedule are not rates covered by Medicare, so those were excluded from the rate comparison. For Medicare rates, different fees were used depending on whether the encounter was done at a facility or non-facility, based on the place of service code in the data.

Although a Medicare rate is available to be used as the benchmark rate for two abortion procedure codes, this review used the average rates from three (California, Oregon and Illinois) or two other states (California and Illinois) as the benchmark rate because the Medicare base rate was too low.

PBT rates were reviewed by procedure code and to obtain a Colorado repriced amount. Rates were taken from the Colorado Medicaid physician fee schedule. However, a transformation was conducted to the procedure code 97151 (without modifier) as it was a flat rate, while other states use a 15-minutes unit base. The rate was then divided by 32 since it was designed originally based on an 8-hour service assumption. There are two methods for the PBT analysis. The first method is with ten states including Nebraska. Ten states (Florida, Massachusetts, Maryland, North Carolina, Nebraska, Nevada, Oregon, Texas, Utah, and Washington) were selected as the comparison states based on recommendations from internal subject matter experts and external providers. In addition, both Colorado Medicaid rates and ten states’ PBT rates were adjusted based on the current Cost of Living Index, which was sourced from C2ER (Council for Community & Economic Research), with 2023 Q1 as the time period). Finally, the adjusted repriced Colorado Medicaid PBT rates were compared with the adjusted averaged rates from ten states. The second method is with nine states excluding Nebraska. HCPF recommended removing Nebraska out of the benchmark state list since its PBT rates were an extreme outlier compared to the other 9 states. The final states used in the second method are: Florida, Massachusetts, Maryland,

North Carolina, Nevada, Oregon, Texas, Utah, and Washington. The remaining steps followed those used in the first method.

Dental rates were reviewed by procedure code to obtain a Colorado repriced amount. Rates were taken from the Colorado Medicaid dental fee schedule. American Dental Association (ADA) survey 2022 data was used as the benchmark rate. 151 out of 523 Colorado Medicaid dental procedure codes were compared with ADA survey rates.

All surgery rates were reviewed by procedure code and repriced using the Colorado physician fee schedule, similar to repricing for Maternity. For all surgeries, Medicare’s base rate, which is listed by procedure code, includes a breakout for facility versus non-facility and is considered to compare an appropriate rate. In addition, there was a supplemental analysis for cardiovascular surgeries, by using Medicare’s non-facility fees as the comparison base.

In previous cycles when a comparable Medicare rate could not be found, an average of other states’ rates was used. This left some data for which a comparable rate could not be found under the Cycle 1 Year 1 service categories. The utilization in the base data associated with these non-comparable claims were excluded for the remainder of the rate comparison benchmark analysis.

The final step consisted of applying the base utilization to Colorado Medicaid’s latest available fee schedule, as well as the matched rates from Medicare. This entailed multiplication of utilization and the corresponding rates from each source, followed by subtraction of third-party liability (TPL) and copayments, to calculate the estimated total dollars that would theoretically be reimbursed by each source.

The range of ratios derived from comparing Health First Colorado rates to those of Medicare is shown by the service group in **Table 3**.

**Table 3. Rate Ratio Ranges**

Service Group	Medicare/Other States
Anesthesia	129% - 271.7%
Ambulatory Surgical Centers (ASC)*	26.2% - 79.5%
FFS BH	51.1% - 401.3%
Maternity Services	54.8% - 124.3%
Abortion	23.0% - 57.7%
PBT - Method 1: Including Nebraska	36.0% - 84.8%
PBT - Method 2: Excluding Nebraska	41.9% - 128.5%
Dental	10.8% - 135.9%
Surgery - Digestive System	6.0% - 1453.2%
Surgery - Musculoskeletal System	6.2% - 1734.1%
Surgery - Cardiovascular System	5.6% - 1302.4%
Surgery - Respiratory System	6.4% - 823.3%
Surgery - Integumentary System	4.7% - 470.9%
Surgery - Eye & Auditory System	7.8% - 653.8%
Surgery - Other	2.5% - 1335.2%

As an example, the top figure in **Table 3** can be interpreted to mean that when comparing Anesthesia Services to Medicare rates by procedure code, the Colorado Medicaid rates were anywhere from 129% to 271.7% of the Medicare rate.

Estimated expenditures were only compared for the subset of Cycle 1 Year 1 services that are common between Colorado Medicaid and Medicare except for PBT, abortion, and dental services. In other words, if no comparable rate could be found for a specific service offered in Colorado Medicaid, then the associated utilization and costs were not shown within the comparison results.

In the service-specific payment comparison sections of the narrative that follow, more detailed information can be found on the Medicare portions of the rate comparison benchmark.

### Anesthesia Payment Comparison

There is a matching Medicare rate for over 99.2% of the Anesthesia utilization in FY 2022.

**Table 4** summarizes the payment comparison and estimated fiscal impact.

**Table 4. Estimated Fiscal Impact**

Colorado as a Percentage of Medicare	137.5%
Colorado Repriced Amount	\$36,268,689
Medicare Repriced Amount	\$26,370,722
<b>Est. FY 2022 Total Fund Impact</b>	<b>\$(9,897,967)</b>

**Table 4** can be interpreted to mean that for Anesthesia services under review, Colorado Medicaid pays an estimated 137.5% of Medicare. Had Colorado Medicaid reimbursed at 100.00% of the Medicare rates in FY 2022, the estimated impact to the Total Fund would be \$(9,897,967). Detailed comparison results can be found in **Appendix B2**.

### Ambulatory Surgical Centers (ASC) Payment Comparison

There is a matching Medicare rate for over 99.8% of the ASC utilization in FY 2022.

**Table 5** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 5. Estimated Fiscal Impact**

Colorado as a Percentage of Medicare	53.5%
Colorado Repriced Amount	\$10,832,192
Medicare Repriced Amount	\$20,265,101
<b>Est. FY 2022 Total Fund Impact</b>	<b>\$9,432,909</b>

**Table 5** can be interpreted to mean that for ASC services under review, Colorado Medicaid pays an estimated 53.5% of Medicare. Had Colorado Medicaid reimbursed at 100.00% of the Medicare rates in FY 2022, the estimated impact to the Total Fund would be \$9,432,909. However, this comparison only uses the primary line of each encounter in an attempt to match Medicare repricing to the methodology that Colorado Medicaid uses to pay for ASC services. Detailed comparison results can be found in **Appendix B2**.

### Fee-for-service Behavioral Health Services Payment Comparison

There is a matching Medicare rate for over 96.8% of the FFS Behavioral Health utilization in FY 2022.

**Table 6** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 6. Estimated Fiscal Impact**

Colorado as a Percentage of Medicare	97.0%
Colorado Repriced Amount	\$ 18,175,906
Medicare Repriced Amount	\$ 18,732,206
<b>Est. FY 2022 Total Fund Impact</b>	<b>\$ 556,300</b>

**Table 6** can be interpreted to mean that for FFS Behavioral Health services under review, Colorado Medicaid pays an estimated 97.0% of Medicare. Had Colorado Medicaid reimbursed at 100.00% of the Medicare rates in FY 2022, the estimated impact to the Total Fund would be \$556,300. Detailed comparison results can be found in **Appendix B2**.

### Maternity Services Payment Comparison

There is a matching Medicare rate for over 95.5% of the Maternity utilization in FY 2022.

**Table 7** summarizes the payment comparison and estimated fiscal impact in aggregate.



**Table 7. Estimated Fiscal Impact**

Colorado as a Percentage of Medicare	76.1%
Colorado Repriced Amount	\$28,378,660
Medicare Repriced Amount	\$37,313,704
Est. FY 2022 Total Fund Impact	\$8,935,044

**Table 7** can be interpreted to mean that for Maternity services under review, Colorado Medicaid pays an estimated 76.1% of Medicare. Had Colorado Medicaid reimbursed at 100.00% of the Medicare rates in FY 2022, the estimated impact to the Total Fund would be \$8,935,044. Detailed comparison results can be found in **Appendix B2**.

### Abortion Services Payment Comparison

Due to having less than 30 claims, information cannot be shared due to HIPAA and PHI regulations.

### Pediatric Behavioral Therapy Services Payment Comparison - Method 1: Including Nebraska

**Table 8.1** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 8.1 Estimated Fiscal Impact**

Colorado as a Percentage of Medicare	78.7%
Colorado Repriced Amount	\$ 126,433,251
Other States Repriced Amount	\$ 160,714,783
Est. FY 2022 Total Fund Impact	\$ 34,281,532

**Table 8.1** can be interpreted to mean that for Pediatric Behavioral Therapy services under review, Colorado Medicaid pays an estimated 78.7% of other ten states. Had Colorado Medicaid reimbursed at 100.00% of the other ten states rates in FY 2022, the estimated impact to the Total Fund would be \$34,281,532. Detailed comparison results can be found in **Appendix B2**.

### Pediatric Behavioral Therapy Services Payment Comparison - Method 2: Excluding Nebraska

**Table 8.2** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 8.2 Estimated Fiscal Impact**

Colorado as a Percentage of Medicare	90.7%
Colorado Repriced Amount	\$ 126,433,251
Other States Repriced Amount	\$ 139,447,581
<b>Est. FY 2022 Total Fund Impact</b>	<b>\$ 13,019,386</b>

**Table 8.2** can be interpreted to mean that for Pediatric Behavioral Therapy services under review, Colorado Medicaid pays an estimated 90.7% of other nine states. Had Colorado Medicaid reimbursed at 100.00% of the other nine states rates in FY 2022 except for 97158, the estimated impact to the Total Fund would be \$13,019,386. Detailed comparison results can be found in **Appendix B2**.

### Dental Services Payment Comparison

There is a matching ADA (American Dental Association) rate for over 32.4% of the dental services utilization in FY 2022.

**Table 9** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 9. Estimated Fiscal Impact**

Colorado as a Percentage of Medicare	49.8%
Colorado Repriced Amount	\$ 301,745,345
ADA Repriced Amount	\$ 606,171,602
<b>Est. FY 2022 Total Fund Impact</b>	<b>\$ 304,426,257</b>

**Table 9** can be interpreted to mean that for dental services under review, Colorado Medicaid pays an estimated 49.8% of ADA. Had Colorado Medicaid reimbursed at 100.00% of the ADA rates in FY 2022, the estimated impact to the Total Fund would be \$304,426,257. Detailed comparison results can be found in **Appendix B2**.

### Digestive System (Surgeries) Payment Comparison

There is a matching Medicare rate for over 98.9% of the Digestive System surgeries utilization in FY 2022.

**Table 10** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 10. Estimated Fiscal Impact**

Colorado as a Percentage of Medicare	96.4%
Colorado Repriced Amount	\$21,656,071
Medicare Repriced Amount	\$22,469,116
Est. FY 2022 Total Fund Impact	\$813,045

**Table 10** can be interpreted to mean that for Digestive System surgeries under review, Colorado Medicaid pays an estimated 96.4% of Medicare. Had Colorado Medicaid reimbursed at 100.00% of the Medicare rates in FY 2022, the estimated impact to the Total Fund would be \$813,045. Detailed comparison results can be found in **Appendix B2**.

### Musculoskeletal System (Surgeries) Payment Comparison

There is a matching Medicare rate for over 99.5% of the Musculoskeletal System surgeries utilization in FY 2022.

**Table 11** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 11. Estimated Fiscal Impact**

Colorado as a Percentage of Medicare	66.4%
Colorado Repriced Amount	\$24,538,187
Medicare Repriced Amount	\$36,927,306
Est. FY 2022 Total Fund Impact	\$12,389,119

**Table 11** can be interpreted to mean that for Musculoskeletal System surgeries under review, Colorado Medicaid pays an estimated 66.4% of Medicare. Had Colorado Medicaid reimbursed at 100.00% of the Medicare rates in FY 2022, the estimated impact to the Total Fund would be \$12,389,119. Detailed comparison results can be found in **Appendix B2**.

### Cardiovascular System (Surgeries) Payment Comparison

There is a matching Medicare rate for over 98.2% of the Cardiovascular System surgeries utilization in FY 2022.

**Table 12** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 12. Estimated Fiscal Impact**

Colorado as a Percentage of Medicare	162.4%
Colorado Repriced Amount	\$17,675,644
Medicare Repriced Amount	\$10,881,937
<b>Est. FY 2022 Total Fund Impact</b>	<b>(\$6,793,706)</b>

**Table 12** can be interpreted to mean that for Cardiovascular System surgeries under review, Colorado Medicaid pays an estimated 162.4% of Medicare. Had Colorado Medicaid reimbursed at 100.00% of the Medicare rates in FY 2022, the estimated impact to the Total Fund would be (\$6,793,706). Detailed comparison results can be found in **Appendix B2**.

### Respiratory System (Surgeries) Payment Comparison

There is a matching Medicare rate for over 99.5% of the Respiratory System surgeries utilization in FY 2022.

**Table 13** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 13. Estimated Fiscal Impact**

Colorado as a Percentage of Medicare	82.5%
Colorado Repriced Amount	\$5,026,476
Medicare Repriced Amount	\$6,092,153
<b>Est. FY 2022 Total Fund Impact</b>	<b>\$1,065,677</b>

**Table 13** can be interpreted to mean that for Respiratory System surgeries under review, Colorado Medicaid pays an estimated 82.5% of Medicare. Had Colorado Medicaid reimbursed at 100.00% of the Medicare rates in FY 2022, the estimated impact to the Total Fund would be \$1,065,677. Detailed comparison results can be found in **Appendix B2**.

### Integumentary System (Surgeries) Payment Comparison

There is a matching Medicare rate for over 98.2% of the Integumentary System surgeries utilization in FY 2022.

**Table 14** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 14. Estimated Fiscal Impact**

Colorado as a Percentage of Medicare	63.5%
Colorado Repriced Amount	\$10,310,353
Medicare Repriced Amount	\$16,229,309
<b>Est. FY 2022 Total Fund Impact</b>	<b>\$5,918,956</b>

**Table 14** can be interpreted to mean that for Integumentary System surgeries under review, Colorado Medicaid pays an estimated 63.5% of Medicare. Had Colorado Medicaid reimbursed at 100.00% of the Medicare rates in FY 2022, the estimated impact to the Total Fund would be \$5,918,956. Detailed comparison results can be found in **Appendix B2**.

### Eye & Auditory System (Surgeries) Payment Comparison

There is a matching Medicare rate for over 98.4% of the Eye & Auditory surgeries utilization in FY 2022.

**Table 15** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 15. Estimated Fiscal Impact**

Colorado as a Percentage of Medicare	95.0%
Colorado Repriced Amount	\$8,529,687
Medicare Repriced Amount	\$8,975,288
<b>Est. FY 2022 Total Fund Impact</b>	<b>\$445,601</b>

**Table 15** can be interpreted to mean that for Eye & Auditory surgeries under review, Colorado Medicaid pays an estimated 95.0% of Medicare. Had Colorado Medicaid reimbursed at 100.00% of the Medicare rates in FY 2022, the estimated impact to the Total Fund would be \$445,601. Detailed comparison results can be found in **Appendix B2**.

### Other (Surgeries) Payment Comparison

There is a matching Medicare rate for over 98.9% of the Other surgeries utilization in FY 2022.

**Table 16** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 16. Estimated Fiscal Impact**

Colorado as a Percentage of Medicare	78.2%
Colorado Repriced Amount	\$21,227,515
Medicare Repriced Amount	\$27,145,528
Est. FY 2022 Total Fund Impact	\$5,918,013

**Table 16** can be interpreted to mean that for Other surgeries under review, Colorado Medicaid pays an estimated 78.2% of Medicare. Had Colorado Medicaid reimbursed at 100.00% of the Medicare rates in FY 2022, the estimated impact to the Total Fund would be \$5,918,013. Detailed comparison results can be found in **Appendix B2**.

### Co-Surgeries Payment Comparison

There is no co-surgery payment comparison data.

