



**Active Provider** - Any provider who billed Medicaid at least once between January 2015 and December 2016 for one of the procedure codes under review.

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

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

**Colorado Repriced** – This amount represents the application of current Colorado Medicaid rates (FY 2017-18) to the most recent and complete Colorado utilization data, obtained from CY 2016 claims data.

**Comparison Repriced** – This amount represents the application of comparators’ most recently-available fee schedule rates to the most recent and complete Colorado utilization data, obtained from CY 2016 claims data.

**Distinct Utilizers** – The total number of distinct utilizers.

**Drive Time** - Measures the percent of Colorado Medicaid members who are estimated to have traveled within four drive time bands (e.g., 0-30 minutes, 30-45 minutes, 45-60 minutes, over an hour) to receive services.

**Member-to-Provider Ratio** - The total number of Colorado Medicaid members residing in a geographic area compared to the total number of active providers in that geographic area; calculated as providers per 1,000 members. It allows for comparison across areas with large differences in population size.

**Penetration Rate** - The percent of enrolled Colorado Medicaid clients who utilized a service.

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

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

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

**Rendering Provider** - The provider who rendered the service.

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

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

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

