COLORADO
Department of Health Care Policy & Financing

2021 Medicaid Provider Rate Review Analysis Report

Appendix J – COVID-19 Impact on Transportation Services

COVID-19 Pandemic Impact on Transportation Services

The 2021 Medicaid Provider Rate Review Analysis Report reviewed service utilization for CY 2019 and does not include data from the COVID-19 pandemic. The Department recognizes that many services were impacted by the COVID-19 pandemic; however, some services may have been disproportionately impacted, including transportation services. It remains to be seen how the COVID-19 pandemic, as well as the increased utilization of telemedicine and telehealth, will impact health care services in both the short- and long-term. For example, non-emergent medical transportation (NEMT) utilization and reimbursement may be directly or indirectly impacted by the increase in telemedicine utilization and expansion of telemedicine benefits, among other factors. However, the full impacts have yet to be captured by current data.

Below shows recent transportation expenditures and utilization compared to past expenditures and utilization. March 15, 2020 is noted by a vertical dotted line, indicating the start of Public Health Emergency guidance and mandates.

Methodology and Considerations

Typically, data analyzed for the purpose of the Rate Review Process is validated for reliability by an actuary, using claims run-out data (approximately six months of data after the base year); data is then reviewed to determine the relevant utilization after accounting for applicable exclusions.[1] Since timelines for the COVID-19 Public Health Emergency, for which this data was originally used to inform, were truncated, the data presented in Appendix J has not gone through the same data validation process outlined in Appendix B.

The data used to create the visuals in Appendix J is from claims data in the Medicaid Management Information System (MMIS) from February 2019 to January 2021 and does not include claims run-out data;[2] in addition, this data set did not undergo an incurred but not reported (IBNR) adjustment. The Department plans to present this data with an IBNR adjustment performed to better estimate an annualized level of utilization after all services rendered have been fully realized.[3]

Definitions

Incurred monthly service utilization trends, in dollars, were calculated as total monthly dollars reimbursed, or Total Paid Dollars, for both Emergency Medical Transportation (EMT) and Non-Emergent Medical Transportation (NEMT) services.

Incurred monthly service utilization trends, in participants, were calculated as the total monthly service utilizers, for both EMT and NEMT services.

[1] See Appendix B for more information regarding data validation and exclusions.
[2] These calculations are preliminary, using data that had been recently run by Department data experts and was readily available for the purposes of this report; the preliminary data set was limited to total monthly expenditures and utilization for EMT and NEMT services from February 2019 through January 2021. The Department is currently working on creating updated visuals that will provide more insight for 2021 data, as well as an IBNR adjustment to better estimate an annualized level of utilization after all services rendered have been fully realized.
[3] Updated visuals will be shared upon availability at a Quarterly Public Rate Review Meeting.

Emergency Medical Transportation Service Impacts Over Time

Figure J-1 illustrates, for EMT services, the incurred monthly service utilization trends from February 2019 to January 2021.[4] The pink (light colored) line represents monthly incurred expenditures, or Total Paid Amount, for EMT services. The blue (dark colored) line illustrates the incurred monthly service utilization trends for the same time period. The vertical dotted line notes the last week prior to social distancing.

Figure J-1. EMT Total Monthly incurred expenditures and utilization from February 2019 to January 2021.

[4] These calculations are preliminary, using data that had been recently run by Department data experts and was readily available for the purposes of this report; the preliminary data set was limited to total monthly expenditures and utilization for EMT and NEMT services from February 2019 through January 2021. The Department is currently working on creating updated visuals that will provide more insight for 2021 data, as well as an IBNR adjustment to better estimate an annualized level of utilization after all services rendered have been fully realized.

Non-Emergent Medical Transportation Service Impacts Over Time

Figure J-2 illustrates, for NEMT services, the incurred monthly service utilization trends from February 2019 to January 2021.[5] The pink (light colored) line represents monthly incurred expenditures, or Total Paid Amount, for NEMT services. The blue (dark colored) line illustrates the incurred monthly service utilization trends for the same time period. The solid line shows incurred weekly service utilization trends per member per week. The vertical dotted line notes the last week prior to social distancing.

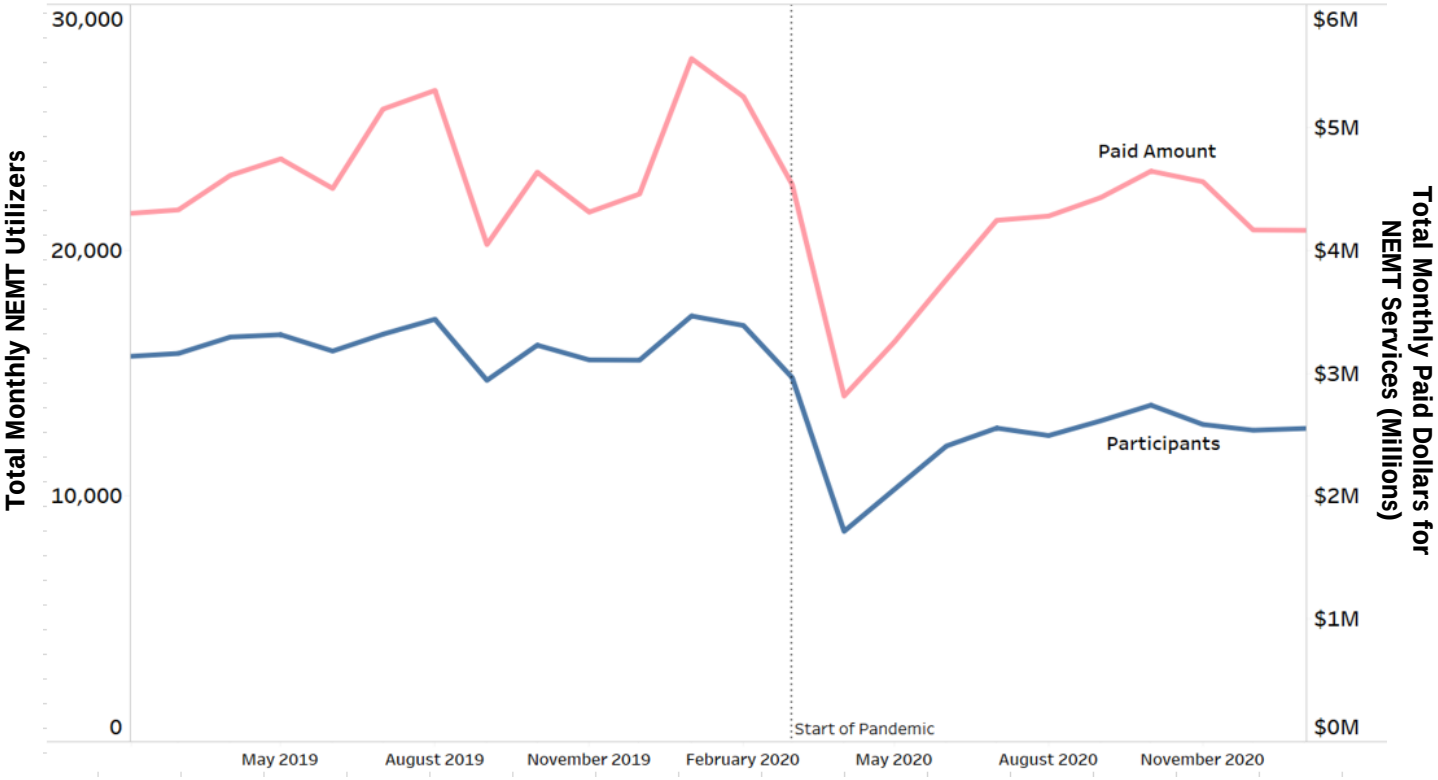

Figure J-1. NEMT Total Monthly incurred expenditures and utilization from February 2019 to January 2021.

Conclusion

While it is difficult to draw conclusions on limited data, the Department has noted these evolving trends and is currently investigating whether transportation services have been disproportionately impacted by the COVID-19 pandemic, and further impacted by increasing use of telemedicine or telehealth services. Additional research, and stakeholder engagement, will help identify where there may be opportunities, if

[5] These calculations are preliminary, using data that had been recently run by Department data experts and was readily available for the purposes of this report; the preliminary data set was limited to total monthly expenditures and utilization for EMT and NEMT services from February 2019 through January 2021. The Department is currently working on creating updated visuals that will provide more insight for 2021 data, as well as an IBNR adjustment to better estimate an annualized level of utilization after all services rendered have been fully realized.

any, to improve access to care and provider retention, and ensure appropriate reimbursement of high-value services.[6]

[6] The Department is currently working on collecting this data and plans to continue to monitor for up to 24 months, to account for claims data run out, and provide contextual data for a full picture of the impact and where there may be opportunities for improving access to care and provider retention.