

Medicaid Provider Rate Review Public Meeting

March 21, 2025
9:00am - 2:00pm

Presented by: HCPF & GPS



COLORADO

Department of Health Care
Policy & Financing

Welcome!

- HCPF MPRRAC Team and GPS Introductions
- MPRRAC Member Introductions



Agenda

- Welcome!
- Meeting Structure & Logistics
- Year 3 Services Analyses
 - 20-minute lunch break around 11:30 am
 - Email feedback to HCPF_RateReview@state.co.us
- Next Steps & Announcements
- Adjourn

Housekeeping

- **IMPORTANT:** follow along in the appendix for visuals
- **Committee Members only** - add “MPRRAC Member” to your Zoom name
- **Public Stakeholders** - sign up to make public comment during your service - (2 minutes)
- **Identify yourself before speaking**
- **Do not share PHI**
- **Use Q&A feature for questions**



Disclaimer

- Dylan Marcy, HCPF Accessibility Technology Specialist

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- 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.



Update on JBC/Budget

- HCPF Budget Request
<https://hcpf.colorado.gov/budget-requests>
- JBC (Joint Budget Committee) Hearing
 - JBC hearing schedule
https://leg.colorado.gov/jbc_schedule
 - JBC hearing website
<https://sg001-harmony.sliq.net/00327/Harmony/en/View/UpcomingEvents/20250106/54>
 - JBC hearing budget document
<https://leg.colorado.gov/content/budget/budget-documents>

MPRRAC/ Department Roles

- MPRRAC is a legislatively appointed body that functions collaboratively with the Department; they are not Department staff.
- Rate Review staff is tasked with synthesizing actuarial analyses into digestible reports and works with other Department staff to develop recommendations for rate or policy changes, which are then agreed upon by the MPRRAC.
- These recommendations *may* result in future budget actions by the Department but rate changes must be approved and appropriated for by the Legislature.
- Review of services including analysis and recommendations does not guarantee rate changes, whether increases or decreases, or changes to reimbursement policy.



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Out of Scope for the MPRRAC

- The MPRRAC does NOT submit budget requests
 - While budget requests are submitted by staff of the Department, the process of budget request submission is independent of the Rate Review process.
- The MPRRAC does NOT have the authority to change rates without legislative approval and appropriation

Rules of Governance

- Self-governance
- Maintain a respectful, safe environment for all
- One person speaks at a time
- Stay on mute unless engaging
- Tough on problems, easy on people
- Use the past only to describe a better future
- Come prepared - review materials in advance, gather & share input from your community, stakeholders, colleagues, etc.

Meeting Minutes

November 15, 2024



Meeting Structure

- MARCH
 - Share preliminary data analysis results
- JULY (two meetings)
 - Discuss supplemental analyses (if applicable) and receive recommendations from committee
- AUGUST
 - Share refined MPRRAC recommendations and fiscal impact analysis
- NOVEMBER
 - Lessons learned and planning for 2026

Meeting Purpose

- BY THE END OF TODAY:
 - Understanding of the data for each service
 - Understand stakeholder feedback
 - Determine need (if any) for further analysis
- JULY MEETINGS:
 - Provide additional background data (if necessary)
 - Present any additional analyses (if any)
 - The MPRRAC will have clear definitions of the recommendations being made for each service

Update on Analysis

- All analyses will be completed by July
 - HCPF will not redo analysis when new fee schedule is released in July
 - This will help alleviate timing issues



2025 Analysis Method Overview



Year 3 Services (2025)

Year 3 (2025)	
Service Category	Service Subcategory
Dialysis	Facility
Dialysis	Non-Facility
DIDD Dental Services	DIDD
Durable Medical Equipment (DME)	Durable Medical Equipment
Prosthetics, Orthotics, and Disposable Supplies (POS)	Prosthetics
Prosthetics, Orthotics, and Disposable Supplies (POS)	Orthotics
Prosthetics, Orthotics, and Disposable Supplies (POS)	Other and Disposable Supplies
Eyeglasses and Vision	Eyeglasses Vision
Laboratory and Pathology Services	Laboratory and Pathology Services
Outpatient PT/OT/ST	PT
Outpatient PT/OT/ST	OT
Outpatient PT/OT/ST	ST
Physician Services	Cardiology
Physician Services	EEG Ambulatory Monitoring
Physician Services	ENT
Physician Services	Family Planning
Physician Services	Gastroenterology

Year 3 Services (2025) Cont..

Year 3 (2025) Continued...	
Service Category	Service Subcategory
Physician Services	Health Education
Physician Services	Injections and Other Miscellaneous J-Codes
Physician Services	Neuro/Psychological Testing Services
Physician Services	Ophthalmology
Physician Services	Primary Care E&M
Physician Services	Radiology
Physician Services	Respiratory
Physician Services	Sleep Study
Physician Services	Vaccines Immunizations
Physician Services	Vascular
Physician Services	Women's Health
Physician Services	Other
Specialty Care Services	Specialty Care Services
Early Intervention TCM	Early Intervention
Targeted Case Management (TCM)	Case Management
Targeted Case Management (TCM)	Transition Coordination

Data Source and Analysis Methods

- One-year claim data for the base analysis:
 - SFY 2023-2024 (7/1/2023 - 6/30/2024)
- Three-year claim data for trend analysis
 - SFY 2021-2022 (7/1/2021 - 6/30/2022)
 - SFY 2022-2023 (7/1/2022 - 6/30/2023)
 - SFY 2023-2024
- Analysis methods:
 - Rate comparison analysis (benchmarking)
 - Access to care analysis (partially CIVHC data source)

Benchmark Rate Source

- Primarily use 2025 Medicare rate for benchmarking if applicable
- Use other states' Medicaid rates or other sources for benchmarking if there is no valid Medicare rate
- 5 out of 33 subcategories exclusively use other states' rates/ADA rates (i.e., non-Medicare rates):
 - DIDD dental services
 - Specialty care services (Skin Substitutes)
 - 3 TCM subcategories
- Appendix C.1 - C.5 - Benchmark state rate crosswork



Benchmark State Selection

- Enhanced engagement with multiple stakeholders:
 - DIDD dental services
 - TCM Case Management
 - Early Intervention TCM
- Appendix D Benchmark State Selection Rationale

Code Inclusion and Exclusion

- Included codes:
 - With utilization data (focus - attach to overall benchmark ratio)
 - Without utilization data (show up in the summary slide)
- Excluded codes:
 - Without valid July 2024 Colorado Medicaid rate
 - Without benchmark rate

Duplicate Code Ranking Hierarchy

	Group 1: Physician vs. Physician			
Code count	Service category 1	Service category 2	Service category 3	Selected service category for 2025 MPRRAC review
9	Physician - Family Planning	Physician - Primary Care E&M	Physician - Other	Physician - Family Planning
4	Physician - Family Planning	Physician - Radiology		Physician - Family Planning
1	Physician - Health Education	Physician - Other		Physician - Health Education
101	Physician - Primary Care E&M	Physician - Other		Physician - Primary Care E&M
11	Physician - Sleep Study	Physician - Other		Physician - Sleep Study
3	Physician - Vaccines Immunizations	Physician - Other		Physician - Vaccines Immunizations
15	Physician - Vascular	Physician - Radiology		Physician - Vascular
3	Physician - Women's Health	Physician - Health Education	Physician - Other	Physician - Women's Health
15	Physician - Women's Health	Physician - Other		Physician - Women's Health
9	Physician - Women's Health	Physician - Primary Care E&M	Physician - Other	Physician - Women's Health
5	Physician - Women's Health	Physician - Radiology		Physician - Women's Health

Duplicate Code Ranking Hierarchy - Continued

Group 2: Physician vs. Non-Physician				
Code count	Service category 1	Service category 2	Service category 3	Selected service category for 2025 MPRRAC review
1	Dialysis	Physician - Health Education		Dialysis
20	Eyeglasses & Vision	Physician - Ophthalmology		Eyeglasses & Vision
1	Eyeglasses & Vision	Physician - Ophthalmology	Physician - Health Education	Eyeglasses & Vision
5	Injections and Other MISC. J Codes	Physician - Other		Injections and Other MISC. J Codes
1	Laboratory and Pathology	Physician - Health Education		Laboratory and Pathology
1	Laboratory and Pathology	Physician - Other		Laboratory and Pathology
2	Laboratory and Pathology	Physician - Women's Health		Laboratory and Pathology

Duplicate Code Ranking Hierarchy - Continued

	Group 3: Non-Physician vs. Non-Physician			
Code count	Service category 1	Service category 2	Service category 3	Selected service category for 2025 MPRRAC review
13	POS - Orthotics	Outpatient PT/OT/ST		POS - Orthotics

- Appendix E - Duplicate Code List

Overall benchmark ratio calculation method

- Overall Benchmark Ratio =
$$\frac{\text{Total (CO Repriced - TPL/Copay Amount)}}{\text{Total (Benchmark Repriced - TPL/Copay Amount)}}$$
- Appendix B - Benchmark Ratio by Code

Living Cost Adjustment

- Method:
 - a. Divide Colorado COLA index by each benchmark state's COLA index
 - b. Multiply the COLA ratio (step a) by each benchmark rate
 - c. Average all adjusted benchmark rates (step b) for each code to form the final benchmark rate
- COLA index Source: C2ER (Council for Community & Economic Research) Cost of Living Index
- Appendix F - 2024 Q3 living cost index



Basic Structure of 2025 Services Analyses

1. Service comparison slide (for some services)
2. Introduction slide
3. Basic statistics and overall benchmark ratio slide
4. Rate comparison analysis summary slide (for some services)
5. Additional summary slide (for some services)
6. Top 10 codes by utilization slide (for some services)
7. Outlier (benchmark ratio $> 140\%$ or $< 60\%$) bubble chart slide (for some services)
8. Access to care summary slide
9. Comment from stakeholders slide
10. MPRRAC discussion slide

Access to Care Metrics

- Metrics approved by MPRRAC for 2025:
 - Panel size
 - Penetration rate
 - Telemedicine accessibility / in-home service analysis
 - Special providers
 - Drive time
 - Provider participation
 - Per Utilizer Per Year (PUPY) or Per Utilizer Per Month (PUPM) Expenditure
 - Per Utilizer Per Year (PUPY) Utilization
- Appendix A - Access to Care Metrics

2025 Services Analyses



Dialysis and Dialysis-related Services



Dialysis and Dialysis-related Services

- Service description:
 - Dialysis and Dialysis-related Services provide life-sustaining treatment for individuals with kidney failure or End-Stage Renal Disease (ESRD). These services involve the use of specialized equipment to filter waste products and excess fluid from the blood when the kidneys cannot. These also include non-routine services.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)

Dialysis and Dialysis-related Services

Facility	Non-Facility
Routine Services	Non-Routine Services
Services bundled into composite rate	Services reimbursed through a professional claim according to the fee-for-service rate per procedure code
Composite rate is determined according to the county where the facility is located	Services are separate from the bundled facility services



Dialysis- Facility

Service description:

➤ **Facility**

- Facility dialysis services provide treatment in state-approved freestanding dialysis treatment centers and home settings. Facility dialysis providers receive a composite rate for a variety of treatments based on the region.

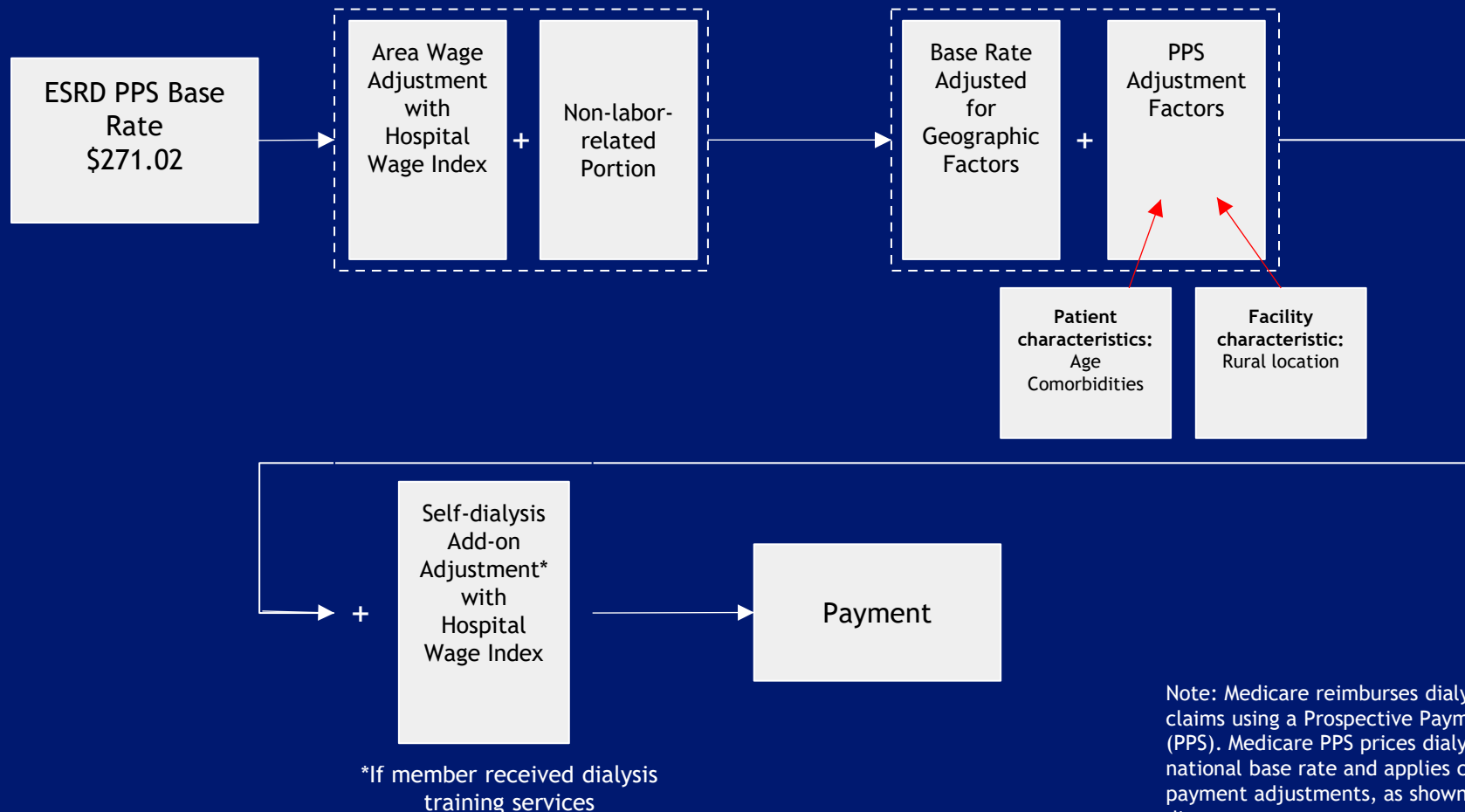
Dialysis and Dialysis-related Services - Facility

Dialysis Facility Statistics	
Total Adjusted Expenditures SFY 2023-24	\$10,904,568
Total Members Utilizing Services in SFY 2023-24	600
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-4.91%
Total Active Providers SFY 2023-24	80
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-3.61%

Dialysis Facility Rate Benchmark Comparison		
Colorado Repriced	Medicare Repriced	Rate Benchmark Comparison
\$10,904,568	\$13,459,656	81.02%

Dialysis and Dialysis-related Services Facility

Medicare Payment Methodology



Note: Medicare reimburses dialysis facility claims using a Prospective Payment System (PPS). Medicare PPS prices dialysis with a national base rate and applies certain payment adjustments, as shown in the diagram.

Dialysis- Facility

Benchmark Ratio by Rate Area

(Exclude in-home services CAPD and CCPD)

Rate Type Code	Assigned Rate Area	Current CO Rate (July 2024)	Benchmark Ratio
D02	Boulder, CO	\$249.62	90.50%
D05	Colorado Springs, CO	\$207.07	77.50%
D01	Denver, Aurora, Lakewood	\$223.21	81.50%
D03	Fort Collins, CO	\$244.02	89.60%
D06	Grand Junction, CO	\$214.42	86.10%
D04	Greeley, CO	\$224.19	84.80%
D08	Pueblo, CO	\$194.50	77.20%
D09	Rural Colorado	\$215.28	76.30%

Dialysis- Facility

Top 10 Codes by Utilization

Dialysis and Dialysis-related Services (Facility) Top 10 Assigned Rate Areas by Utilization					
Rank	Assigned Rate Area	In-Home CAPD and CCPD	Benchmark Ratio	Utilization	% of Total Utilization
1	Denver, Aurora, Lakewood		81.50%	26,751	46.00%
2	Denver, Aurora, Lakewood	In-Home	81.70%	8,166	14.00%
3	Colorado Springs, CO		77.50%	5,098	8.80%
4	Rural Colorado		76.30%	3,258	5.60%
5	Colorado Springs, CO	In-Home	77.80%	3,128	5.40%
6	Pueblo, CO		77.20%	2,904	5.00%
7	Boulder, CO		90.50%	1,956	3.40%
8	Greeley, CO		84.80%	1,555	2.70%
9	Fort Collins, CO	In-Home	82.30%	1,225	2.10%
10	Fort Collins, CO		89.60%	1,177	2.00%

Dialysis and Dialysis-related Services - Facility Access to Care Summary

- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Rural panel size fluctuated more due to utilizer to provider fluctuations.
- Penetration rate was highest in Cheyenne County, while lower and mostly uniform across the state.
- The I-25 corridor had the shortest drive times, the most providers, and the majority of members. Some parts of Western and Eastern CO also had shorter drive times, though fewer providers.
- The percentage of in-home service utilizers increased slightly from SFY22 to SFY24, while the percentage of total visits delivered in-home increased then decreased.



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Dialysis and Dialysis-related Services - Facility



Comments

Dialysis and Dialysis-related Services - Facility



MPRRAC Discussion



Dialysis and Dialysis-related Services - Non-Facility

Service description:

➤ **Non-Facility**

- Non-facility dialysis services provide non-routine treatment for patients with kidney failure or End-Stage Renal Disease (ESRD). This service allows patients to receive non-routine dialysis services. Non-Facility dialysis providers are reimbursed based on specific treatment provided to the patients.

Dialysis and Dialysis-related Services - Non-Facility

Dialysis Non-Facility Statistics	
Total Adjusted Expenditures SFY 2023-24	\$1,359,519
Total Members Utilizing Services in SFY 2023-24	826
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-8.93%
Total Active Providers SFY 2023-24	171
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	1.18%

Dialysis Non-Facility Rate Benchmark Comparison		
Colorado Repriced	Medicare/ Other States Repriced	Rate Benchmark Comparison
\$1,359,519	\$1,590,196	85.49%

Dialysis and Dialysis-related Services - Non-Facility Access to Care Summary

- Panel size was highest in Pueblo County and moderate in some I-25 corridor counties. Rural panel size fluctuated more due to utilization to provider fluctuations.
- Penetration rate was highest in Cheyenne County, while lower and mostly uniform across the state.
- The I-25 corridor had the shortest drive times, the most providers, and the majority of members. Some parts of Western CO also had shorter drive times, though fewer providers.
- A few providers had a notable drop in the number of members served from SFY22 to SFY24.



Dialysis and Dialysis-related Services - Non-Facility



Comments Regarding Dialysis

Dialysis and Dialysis-related Services - Non-Facility



MPRRAC Discussion

Dental for People with Intellectual and Developmental Disabilities (DIDD) Services



DIDD Services

- Service description:
 - DIDD Services is an enhanced dental program for Colorado Medicaid members aged 21 and older who are enrolled in the Home and Community-Based Services (HCBS) Developmental Disabilities (DD) or Supported Living Services (SLS) waivers programs. This dental program recognizes the unique dental challenges faced by these individuals, providing supplementary reimbursement to providers who deliver comprehensive dental care. By offering additional support, DIDD Services aim to improve oral health outcomes for a vulnerable population with complex medical and personal care needs.

DIDD Services

DIDD Statistics	
Total Adjusted Expenditures SFY 2023-24	\$3,495,448
Total Members Utilizing Services in SFY 2023-24	6,888
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	5.63%
Total Active Providers SFY 2023-24	1,259
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	35.47%

DIDD ADA Rate Comparison		
CO Repriced (Codes compared to ADA)	ADA Repriced	Rate Benchmark Comparison
\$3,460,513	\$4,635,543	74.65%

DIDD Other State Rate Comparison		
CO Repriced (Codes compared to States)	Other States Repriced	Rate Benchmark Comparison
\$2,743,027	\$1,547,511	117.25%



Dental for People with Intellectual and Developmental Disabilities

Preventative Codes Analysis Summary

- Low utilization:
 - Dental claims are first processed under the State plan. Services that have been maxed or denied on the State plan are then submitted for adjudication under the IDD plan.
 - SFY24 Data limitation: DentaQuest only sent us July 1st 2023 to Feb 29 2024 data.

	Number of Codes	Member Count	Utilization	Net Paid Amount
Preventative Codes	17	3,172	6,243	\$343,325
All DIDD Codes	444	4,592	29,420	\$3,096,805
Percentage of Preventative Codes Over All DIDD Codes	4%	69%	21%	11%



Dental for People with Intellectual and Developmental Disabilities

ADA Rate Comparison Analysis Summary

- ADA (American Dental Association) Rates
 - Most recent available ADA Rates were published in 2022

Where can I get the ADA's fee schedule?

The ADA cannot quote fees for dental procedures and is forbidden by federal law to set or recommend fees. The Council on Dental Practice elected to discontinue the Survey of Dental Fees in 2023 and it has been removed for download, due to a change in law eliminating safe harbor disclosure. Posting such information, therefore, is now legally problematic.

- The projected ADA rates for 2025 were calculated by analyzing historical rate change patterns observed in ADA rates from 2013 to 2022 and applying these trends to the 2022 ADA survey data.



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Dental for People with Intellectual and Developmental Disabilities

ADA Rate Comparison Analysis Summary

- There are a total of 191 procedure codes compared to ADA for benchmarking.
- The benchmark ratio range is 18%-141%.
- 127 (67%) procedure codes have a benchmark ratio that is within 60%-80%, and these codes account for 83% of the utilization.

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Above 60% and Below 80%	127	67%	83%
Between 80% and 100%	33	17%	14%
Above 100%	12	6%	1%
Below 60%	19	10%	2%



Dental for People with Intellectual and Developmental Disabilities

Other states' Rate Comparison Analysis Summary

- Benchmark States selection:
 - Investigated all 50 states Dental for IDD programs
 - Five Benchmark States selected:
 - Louisiana, Nevada, New York, Oklahoma, and South Carolina
 - Either have
 - Separate Dental Fee Schedule for IDD, or
 - Additional coverage for IDD population, or
 - Enhanced reimbursement rates



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Dental for People with Intellectual and Developmental Disabilities

Other states' Benchmark Analysis Summary

- There are a total of 100 procedure codes compared to other states for benchmarking.
- The benchmark ratio range is 38%-287%.
- 47 (47%) procedure codes have a benchmark ratio that is within 160%-200%, and these codes account for 42% of the utilization.

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Above 100% and Below 140%	14	14%	8%
Above 140% and Below 160%	14	14%	23%
Above 160% and Below 200%	47	47%	42%
Above 200% and Below 250%	17	17%	23%
Above 250%	5	5%	3%

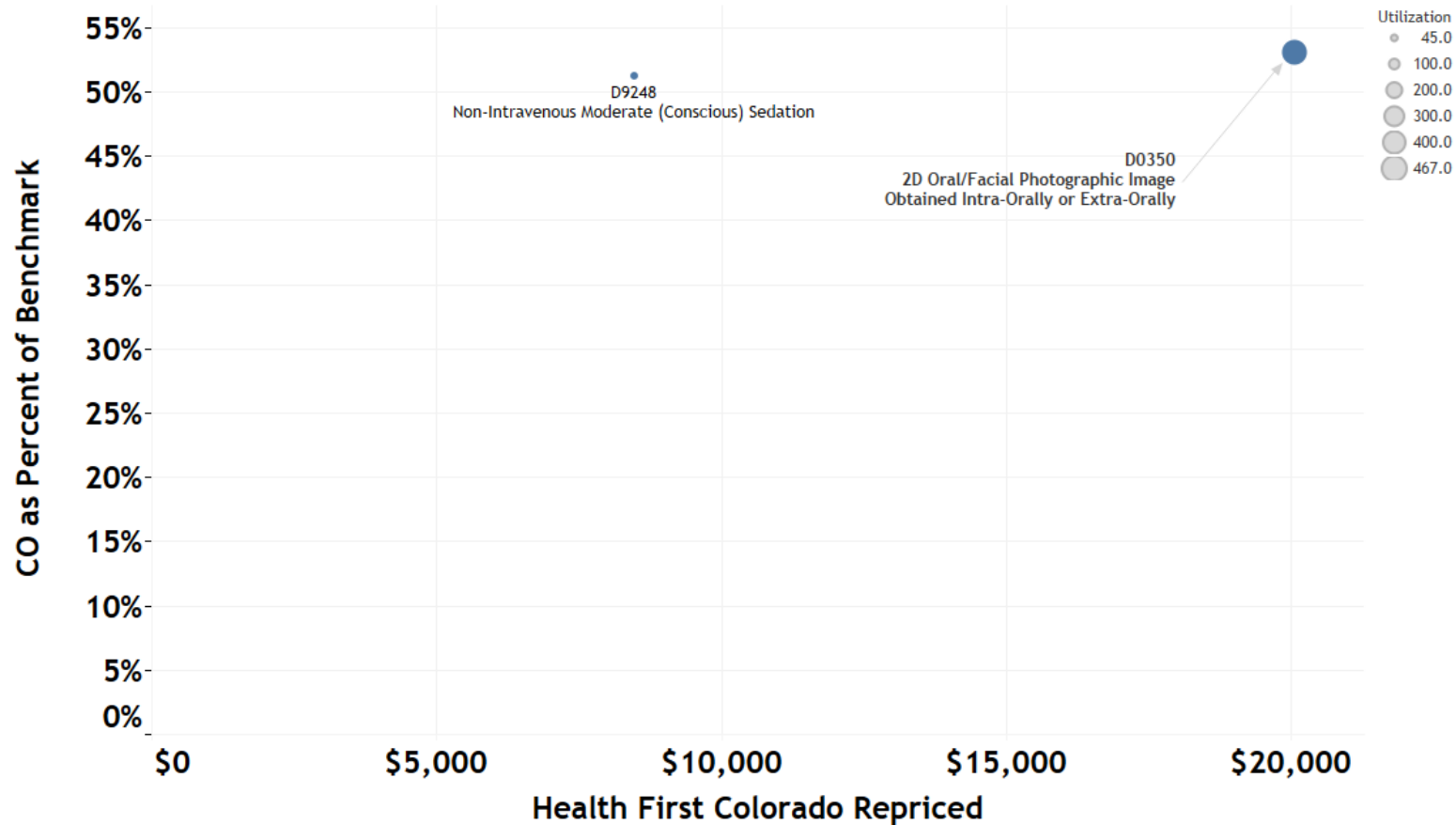


DIDD- Top 10 Codes by Utilization

DIDD Top 10 Procedure Codes by Utilization						
Rank	Code + Modifier	Service Description	Benchmark Ratio (ADA)	Benchmark Ratio (Benchmark States)	Utilization	% of Total Utilization
1	D0120	Periodic Oral Evaluation	75.0%	153.5%	4345	13.84%
2	D1110	Prophylaxis Adult	81.1%	166.7%	3655	11.64%
3	D1206	Topical Fluoride Varnish	76.3%	112.0%	2244	7.15%
4	D0230	Intraoral Periapical-Each Additional	72.3%	215.5%	1714	5.46%
5	D0274	Bitewings, Four Images	74.1%	187.6%	1708	5.44%
6	D0220	Intraoral Periapical First	72.3%	143.3%	1576	5.02%
7	D4910	Periodontal Maintenance	74.9%	225.4%	1205	3.84%
8	D9243	Intravenous Moderate (conscious) Sedation/Analgesia - each 15 minute increment	62.1%	161.8%	1177	3.75%
9	D4342	Periodontal Scaling 1 to 3 Teeth	76.1%	219.1%	1139	3.63%
10	D7140	Extraction Erupted Tooth/Exposed Root	65.8%	172.2%	846	2.70%

DIDD Services- DIDD ADA Benchmark Outlier Bubble Chart

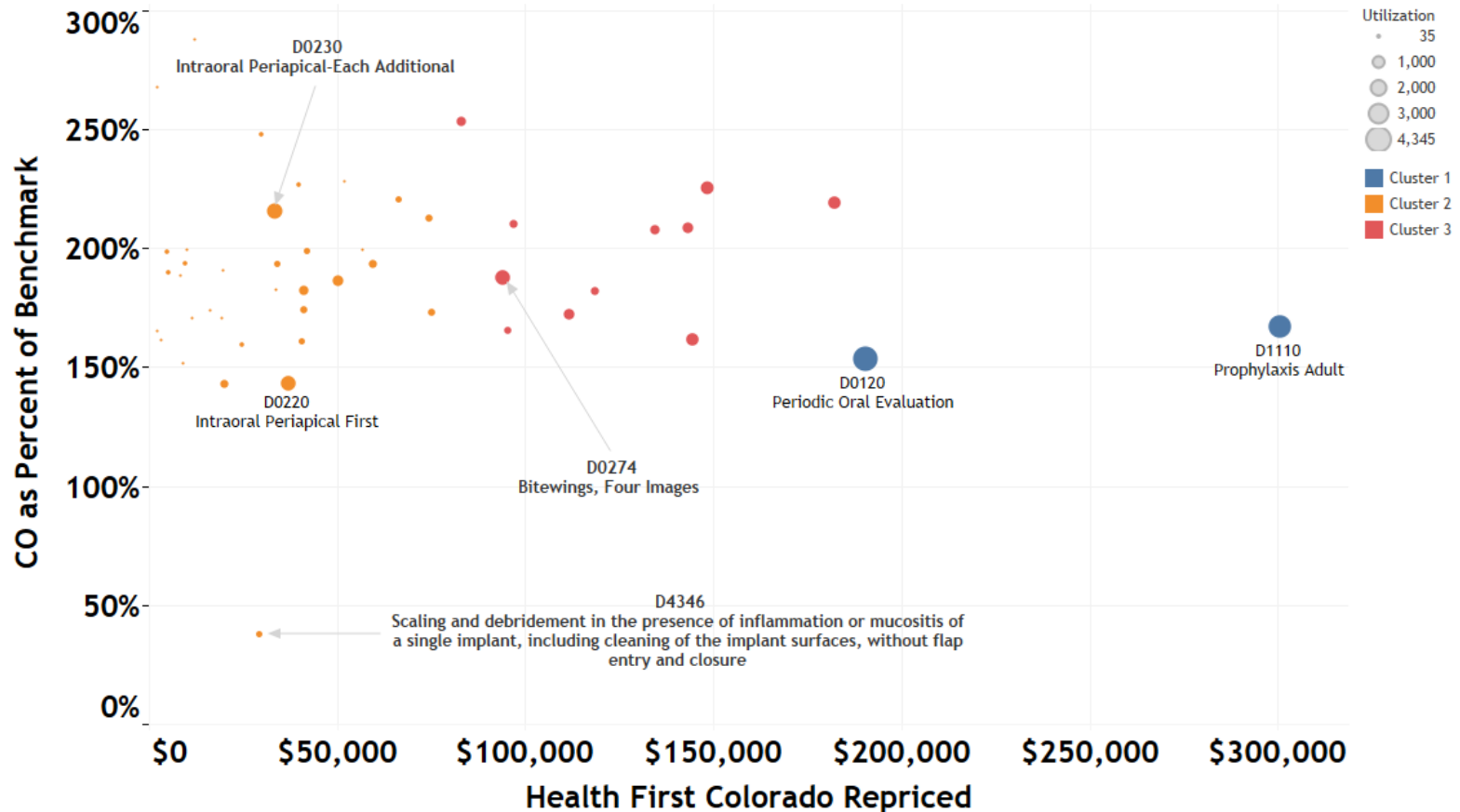
Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24
Dental for People with Intellectual and Developmental Disabilities
Compared to Projected ADA 2025 Rates



DIDD Services-

DIDD Benchmark States Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24
 Dental for People with Intellectual and Developmental Disabilities
 Compared to Benchmark States Rates



DIDD Services - Access to Care Summary

- Panel size was highest in Park County while lower and relatively uniform across other counties. Rural panel size fluctuated more due to utilizer to provider fluctuations.
- Penetration rate was highest in Sedgwick County, while lower and relatively uniform across much of the state, though some counties throughout the state were moderate.

Dental for People with Intellectual and Developmental Disabilities



Comments

Dental for People with Intellectual and Developmental Disabilities



MPRRAC Discussion

Durable Medical Equipment (DME)



Durable Medical Equipment (DME)

- Service description:
 - Durable medical equipment (DME) include items that are primarily and customarily used to serve a medical purpose, generally are not useful to an individual in the absence of a disability, illness or injury, can withstand repeated use, and can be reusable or removable.
- Last review:
 - 2019 Colorado Medicaid Five Year Provider Rate Review

Durable Medical Equipment (DME)

Durable Medical Equipment Statistics	
Total Adjusted Expenditures SFY 2023-24	\$73,936,431
Total Members Utilizing Services in SFY 2023-24	85,192
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-14.77%
Total Active Providers SFY 2023-24	3,723
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	0.70%

Durable Medical Equipment Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$73,936,431	\$80,619,213	91.71%

Durable Medical Equipment

Benchmark Analysis Summary

- There are a total of 933 procedure code/modifier/region combinations with benchmark ratios, and 161 are excluded.
- 599 (64%) procedure code/modifier/region combinations use Medicare and 334 (36%) use other states for benchmarking.
- The benchmark ratio range is 3%-487%.
- 468 (50%) procedure code/modifier/region combinations have a benchmark ratio that is within 80%-100%, and these account for 79% of the utilization.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	468	50%	79%
Below 60% or Above 140%	109	12%	9%
Below 10% or Above 500%	2	0.2%	0.004%

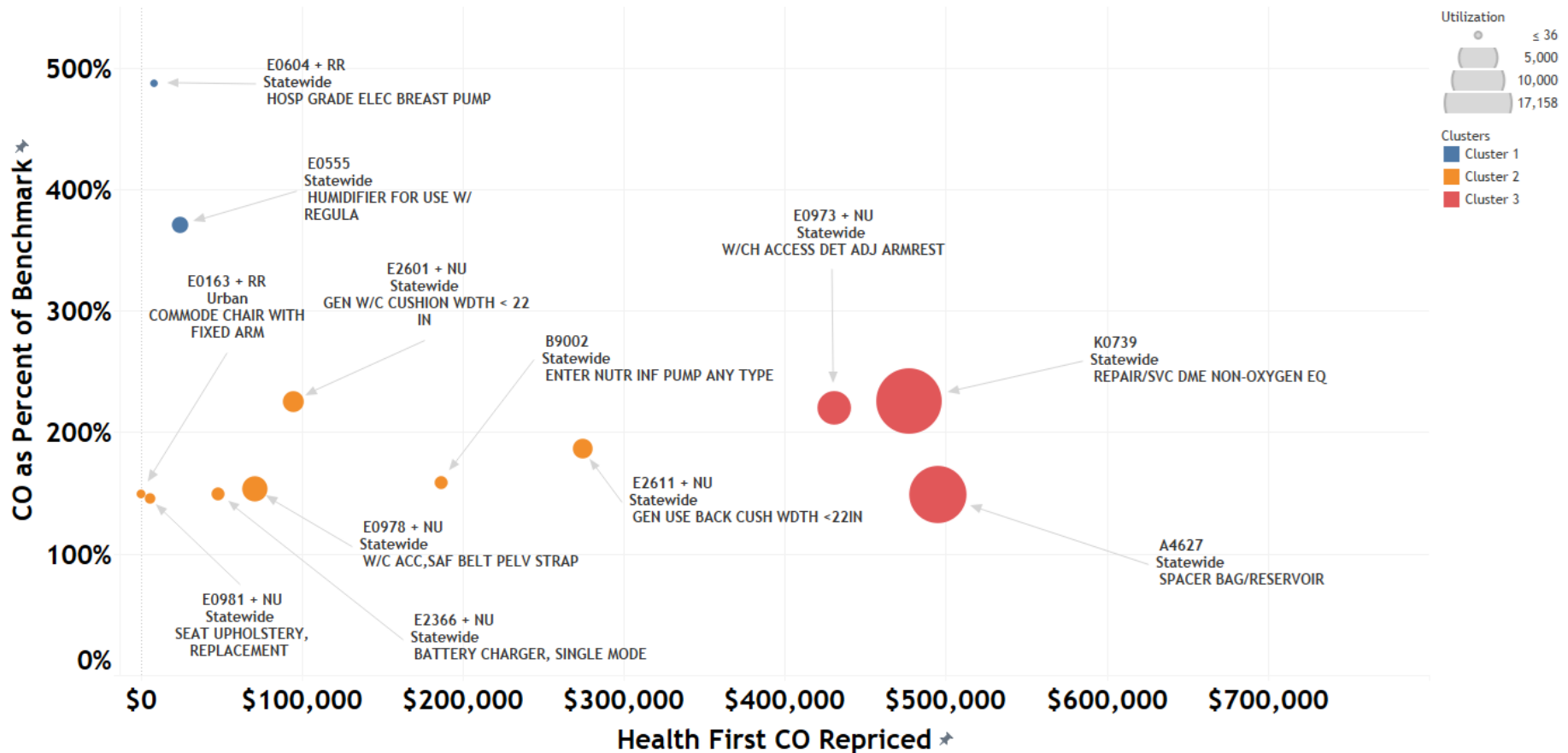


DME- Top 10 Codes by Utilization

Durable Medical Equipment Top 10 Procedure Codes by Utilization						
Rank	Code + Modifier	Region	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	E1390RR	Urban	OXYGEN CONCENTRATOR	99.00%	146,679	28.50%
2	E0431RR	Urban	PORTABLE GASEOUS O2	85.50%	67,642	13.20%
3	E1390RR	Rural	OXYGEN CONCENTRATOR	82.20%	34,494	6.70%
4	K0738RR	Urban	PORTABLE GAS OXYGEN SYSTEM	80.80%	31,241	6.10%
5	E0431RR	Rural	PORTABLE GASEOUS O2	82.10%	18,704	3.60%
6	K0739	Statewide	REPAIR/SVC DME NON-OXYGEN EQ	225.40%	17,158	3.30%
7	E0601RR	Urban	CONT AIRWAY PRESSURE DEVICE	98.00%	13,107	2.60%
8	A4627	Statewide	SPACER BAG/RESERVOIR	148.20%	12,616	2.50%
9	E1392RR	Urban	PORTABLE OXYGEN CONCENTRATOR	81.10%	10,568	2.10%
10	E0424RR	Urban	STATIONARY COMPRESSED GAS O2	99.10%	10,488	2.00%

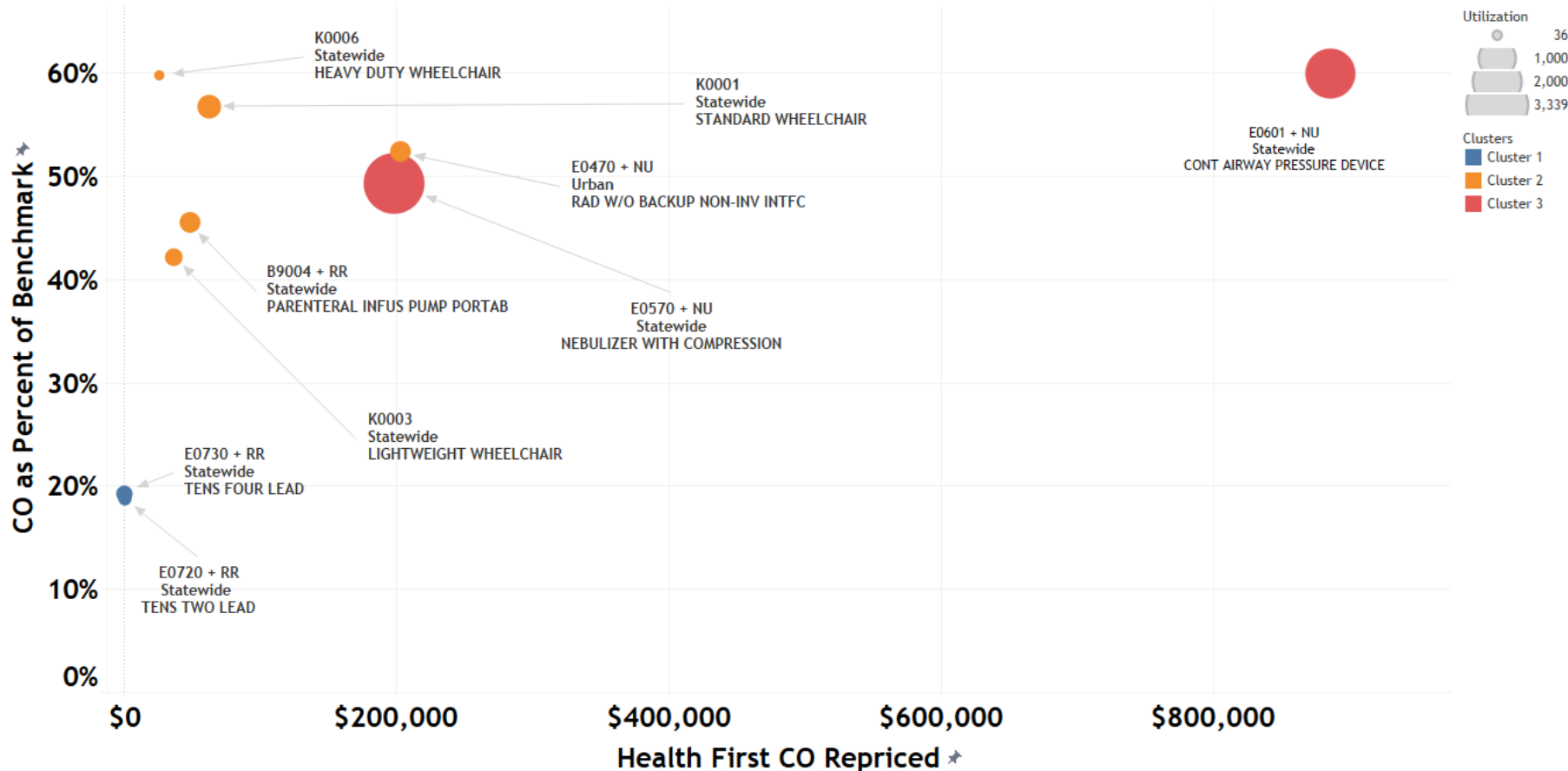
Durable Medical Equipment (DME) Above 140% Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Above 140%) SFY24
Durable Medical Equipment



Durable Medical Equipment (DME) Below 60% Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60%) SFY24
Durable Medical Equipment



Durable Medical Equipment (DME) Access to Care Summary

- Medicaid provider participation was 28%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor and Western CO counties. Panel size fluctuated due to utilizers or providers: increasing or decreasing, remaining stagnant, or changing more quickly than the other.
- Penetration rate was highest in Lake County and relatively moderate across much of the state, while lower in the Western Slope of CO.
- About 25% - 30% of providers that served one member in a fiscal year can be explained by increasing alternative online retailers.
- Per utilizer per year Medicaid utilization was higher than most payers, except for Medicare Advantage.



Durable Medical Equipment (DME)



Comments

Durable Medical Equipment (DME)



MPRRAC Discussion

Prosthetics, Orthotics and Disposable Supplies (POS)



Prosthetics, Orthotics, and Disposable Supplies (POS)

- Service description:
 - Prosthetic and orthotic devices are defined as replacement, corrective, or supportive devices that artificially replace a missing portion of the body, prevent or correct physical deformity or malfunction, or support a weak or deformed portion of the body. They often come with disposable supplies that are related to these treatments.
- Last review:
 - 2020 Colorado Medicaid Five Year Provider Rate Review

POS - Prosthetics

- Service description:
 - **Prosthetics**
 - Prosthetics provide specialized healthcare solutions for individuals who have lost limbs or body parts due to amputation, injury, or congenital conditions. These services focus on the design, fabrication, fitting, and maintenance of artificial limbs and body parts called prostheses.

POS- Prosthetics

POS- Prosthetics	
Total Adjusted Expenditures SFY 2023-24	\$7,009,735
Total Members Utilizing Services in SFY 2023-24	870
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-7.64%
Total Active Providers SFY 2023-24	64
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-4.48%

POS Prosthetics Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$7,009,735	\$9,463,047	74.07%

Prosthetics, Orthotics and Disposable Supplies - Prosthetics

Benchmark Analysis Summary

- There are a total of 283 procedure code/modifier/region combinations with benchmark ratios, and 5 are excluded.
- 278 (98%) code/modifier/region combinations use Medicare and 5 (2%) use other states for benchmarking.
- The benchmark ratio range is 7%-246%.
- 163 (56%) procedure code/modifier/region combinations have a benchmark ratio that is within 70%-80% (excluding 80%), and these account for 97% of the utilization.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Above 70% and Below 80%	163	56%	97%
Between 80% and 100%	25	9%	2%
Below 60% or Above 140%	36	13%	0.1%
Below 10% or Above 500%	1	0.4%	0%



POS - Prosthetics

Top 10 Codes by Utilization

Prosthetics Top 10 Procedure Codes by Utilization						
Rank	Code + Modifier	Service Description	Region	Benchmark Ratio	Utilization	% of Total Utilization
1	L8420	PROSTHETIC SOCK MULTI PLY BK	Statewide	71.00%	2,628	19.40%
2	L8470	PROS SOCK SINGLE PLY BK	Statewide	71.20%	1,919	14.20%
3	L5673	SOCKET INSERT W LOCK MECH	Statewide	79.10%	712	5.30%
4	L5620	TEST SOCKET BELOW KNEE	Statewide	71.10%	520	3.80%
5	L8400	SHEATH BELOW KNEE	Statewide	71.40%	511	3.80%
6	L5679	SOCKET INSERT W/O LOCK MECH	Statewide	78.90%	432	3.20%
7	L5685	BELOW KNEE SUS/SEAL SLEEVE	Statewide	71.20%	373	2.80%
8	L8430	PROSTHETIC SOCK MULTI PLY AK	Statewide	71.40%	373	2.80%
9	L5637	BELOW KNEE TOTAL CONTACT	Statewide	71.10%	360	2.70%
10	L5940	ENDO BK ULTRA-LIGHT MATERIAL	Statewide	71.10%	329	2.40%

POS - Prosthetics

Access to Care Summary

- Medicaid provider participation was 29%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban and rural panel size fluctuated due to utilizer to provider fluctuations.
- Penetration rate was highest in Jackson County and relatively uniform across CO, but was lowest in Western and Eastern CO.
- The I-25 corridor had the shortest drive times and the most providers, and some parts of Western and Eastern CO. Much of Eastern and Western CO still had high drive times.
- About 15% of providers that served one member in a fiscal year can be explained by increasing alternative online retailers.
- Per utilizer per year Medicaid utilization was similar to other payers.



POS - Prosthetics



Comments

POS - Prosthetics



MPRRAC Discussion



POS - Orthotics

- Service description:
 - Orthotics
 - Orthotics services focus on the design, fabrication, and application of external devices called orthoses to support, align, or correct various parts of the body.

POS - Orthotics

POS- Orthotics	
Total Adjusted Expenditures SFY 2023-24	\$13,302,280
Total Members Utilizing Services in SFY 2023-24	27,142
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-1.64%
Total Active Providers SFY 2023-24	241
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	0.00%

POS Orthotics Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$13,302,280	\$16,091,959	82.66%

Prosthetics, Orthotics and Disposable Supplies - Orthotics

Benchmark Analysis Summary

- There are a total of 404 procedure code/modifier/region combinations with benchmark ratios, and 8 are excluded.
- 365 (90%) code/modifier/region combinations use Medicare and 39 (10%) use other states for benchmarking.
- The benchmark ratio range is 27%-307%.
- 218 (54%) procedure code/modifier/region combinations have a benchmark ratio that is within 70%-80% (excluding 80%), and these account for 69% of the utilization.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Above 70% and Below 80%	218	54%	69%
Between 80% and 100%	54	13%	6%
Below 60% or Above 140%	45	11%	7%
Below 10% or Above 500%	0	0%	0%



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POS - Orthotics

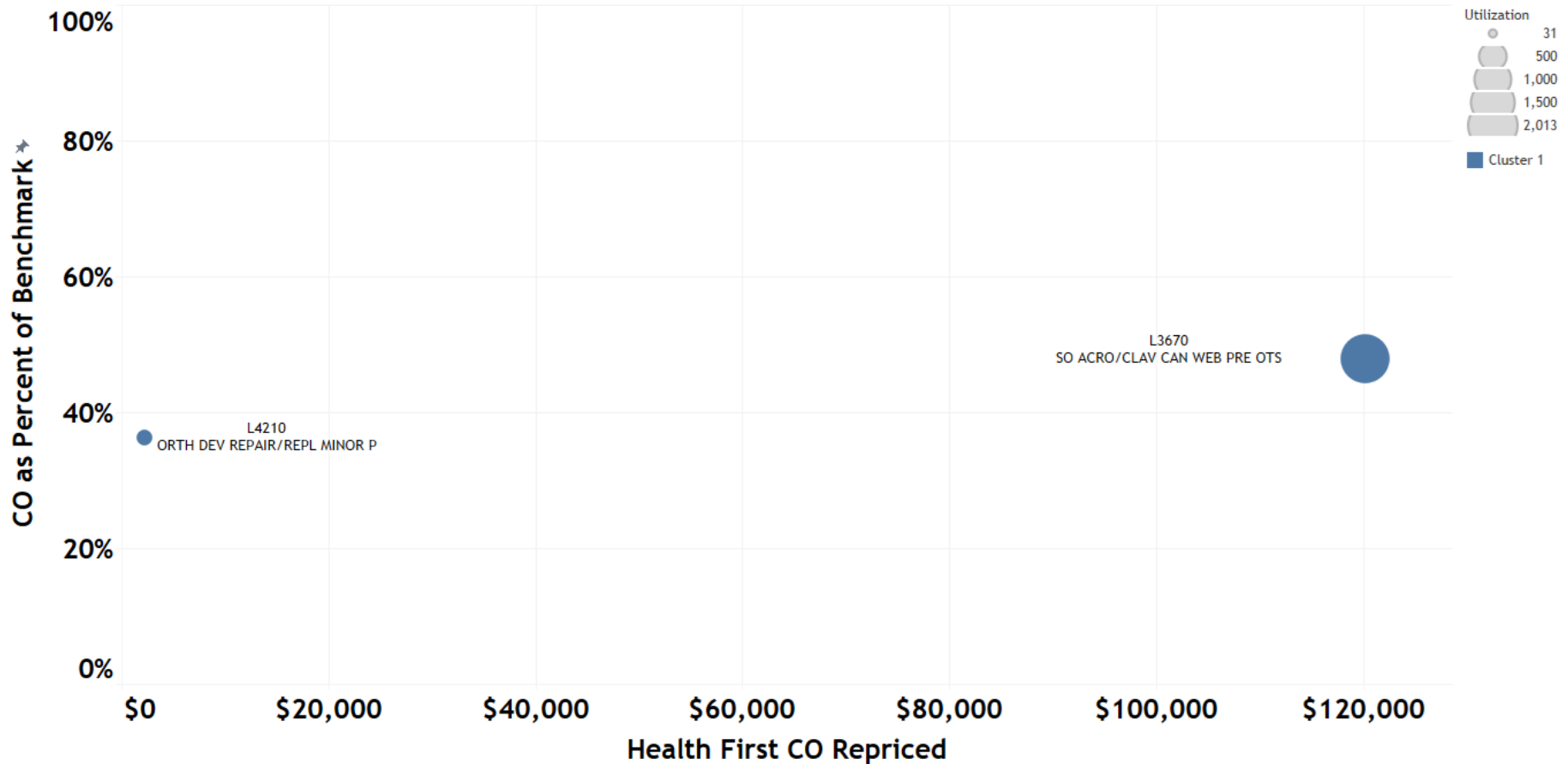
Top 10 Codes by Utilization

Orthotics Top 10 Procedure Codes by Utilization						
Rank	Code + Modifier	Service Description	Region	Benchmark Ratio	Utilization	% of Total Utilization
1	L2275	PLASTIC MOD LOW EXT PAD/LINE	Statewide	70.10%	4,290	6.70%
2	L4361	PNEUMA/VAC WALK BOOT PRE OTS	Statewide	71.20%	3,714	5.80%
3	L2840	TIBIAL LENGTH SOCK FX OR EQU	Statewide	70.00%	3,617	5.70%
4	L3908	WHO COCK-UP NONMOLDE PRE OTS	Statewide	71.30%	3,239	5.10%
5	L2820	SOFT INTERFACE BELOW KNEE SE	Statewide	70.40%	2,785	4.40%
6	L2280	MOLDED INNER BOOT	Statewide	70.00%	2,725	4.30%
7	L0621	SIO FLEX PELVIC/SACR PRE OTS	Statewide	123.50%	2,157	3.40%
8	L3202	OXFORD W/ SUPINAT/PRONATOR C	Statewide	107.60%	2,035	3.20%
9	L3670	SO ACRO/CLAV CAN WEB PRE OTS	Statewide	48.00%	2,013	3.20%
10	L3809	WHFO W/O JOINTS PRE OTS	Statewide	71.20%	1,991	3.10%

POS - Orthotics

Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24
Orthotics



POS - Orthotics

Access to Care Summary

- Medicaid provider participation was 39%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Increases in urban utilizers and decreasing/stagnant providers caused an initial upward trend. Rural panel size fluctuated due to utilizer to provider fluctuations.
- Penetration rate was highest in Kit Carson County, moderately high across CO, but was lowest in the Western slope.
- Many parts of the state had relatively short drive times, except for Western CO, which had higher drive times and fewer providers.
- About 15% - 20% of providers that served one member in a fiscal year can be explained by alternative online retailers.
- Per utilizer per year Medicaid utilization was similar to other payers.



POS - Orthotics



Comments

POS - Orthotics



MPRRAC Discussion



POS - Other and Disposable Supplies

- Service description:
 - **Other and Disposable Supplies**
 - Disposable supplies are healthcare related items that are consumable, disposable, or cannot withstand repeated use by more than one individual. Supplies are required to address an individual medical disability, illness or injury.

POS - Other and Disposable Supplies

POS- Other and Disposable Supplies	
Total Adjusted Expenditures SFY 2023-24	\$96,241,048
Total Members Utilizing Services in SFY 2023-24	67,926
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	2.39%
Total Active Providers SFY 2023-24	4,335
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-0.44%

POS Other and Disposable Supplies Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$96,241,048	\$90,742,619	106.06%

Prosthetics, Orthotics and Disposable Supplies - Other and Disposable Supplies Benchmark Analysis Summary

- There are a total of 544 procedure code/modifier/region combinations with benchmark ratios, and 67 are excluded.
- 429 (79%) code/modifier/region combinations use Medicare and 115 (21%) use other states for benchmarking.
- The benchmark ratio range is 2%-320%.
- 189 (35%) procedure code/modifier/region combinations have a benchmark ratio that is within 80%-140% (excluding 140%), and these account for 74% of the utilization.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	130	24%	25%
Above 100% and Below 140%	59	11%	49%
Below 60% or Above 140%	131	24%	21%
Below 10% or Above 500%	8	2%	0.07%



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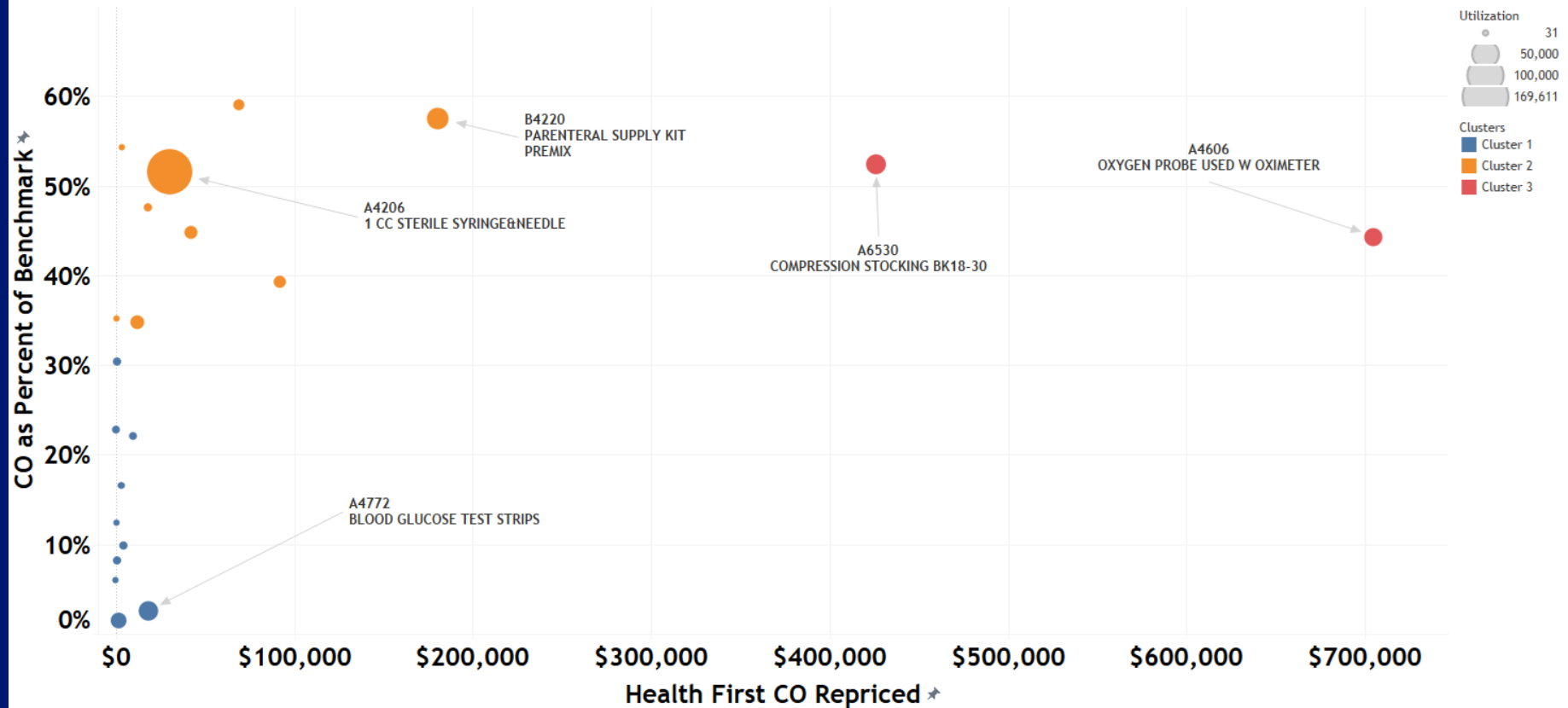
POS - Other and Disposable Supplies

Top 10 Codes by Utilization

Other and Disposable Supplies Top 10 Procedure Codes by Utilization						
Rank	Code + Modifier	Service Description	Region	Benchmark Ratio	Utilization	% of Total Utilization
1	B4160	EF PED CALORIC DENSE> /=0.7KC	Statewide	178.70%	5,346,838	11.10%
2	A4215	STERILE NEEDLE	Statewide	119.70%	4,058,236	8.40%
3	T4534	YOUTH SIZE PULL-ON	Statewide	134.00%	3,535,036	7.40%
4	T4535	DISPOSABLE LINER/SHIELD/PAD	Statewide	92.10%	3,529,298	7.30%
5	B4161	EF PED HYDROLYZED/AMINO ACID	Statewide	120.70%	2,890,897	6.00%
6	B4149	EF BLENDERIZED FOODS	Statewide	109.40%	2,672,575	5.60%
7	B4152	EF CALORIE DENSE> /=1.5KCAL	Statewide	142.40%	1,852,887	3.90%
8	A5120	SKIN BARRIER, WIPE OR SWAB	Statewide	85.30%	1,818,749	3.80%
9	B4150	EF COMPLET W/INTACT NUTRIENT	Statewide	134.60%	1,738,593	3.60%
10	T4526	ADULT SIZE PULL-ON MED	Statewide	104.40%	1,697,834	3.50%

POS - Other and Disposable Supplies Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24
Other and Disposable Supplies



POS - Other and Disposable Supplies Access to Care Summary

- Medicaid provider participation was 45%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Rural and urban panel size was stable, though urban regions had an upward trend in SFY24 due to an increase in utilizers.
- Penetration rate was highest in Crowley County and moderate throughout much of the state, while lower in Western CO.
- About 25% of providers that served one member in a fiscal year can be explained by alternative online retailers.
- Per utilizer per year Medicaid utilization was higher than other payers.



POS - Other and Disposable Supplies



Comments

POS - Other and Disposable Supplies



MPRRAC Discussion

Eyeglasses and Vision Services



Eyeglasses and Vision Services

- Service description:
 - Eyeglasses and Vision Services
 - Eyeglasses and Vision Services encompass a range of healthcare solutions aimed at improving and maintaining visual acuity and eye health including:
 - Comprehensive eye examinations to assess visual acuity and detect eye diseases
 - Prescription and fitting of corrective lenses, including eyeglasses and contact lenses
 - Dispensing of eyeglasses, including frames and lenses
- Last review:
 - 2022 Medicaid Provider Rate Review Analysis Report

Eyeglasses and Vision Services

Eyeglasses and Vision Statistics	
Total Adjusted Expenditures SFY 2023-24	\$113,948,968
Total Members Utilizing Services in SFY 2023-24	226,112
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-8.65%
Total Active Providers SFY 2023-24	4,348
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-2.20%

Eyeglasses and Vision Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$113,948,968	\$140,439,538	81.14%

Eyeglasses and Vision

Benchmark Analysis Summary

- There are a total of 136 procedure code/modifier combinations with benchmark ratios, and 4 are excluded.
- 124 (91%) codes use Medicare and 12 (9%) codes use other states for benchmarking.
- The benchmark ratio range is 40%-143%.
- 116 (86%) procedure code/modifier combinations have a benchmark ratio that is within 70%-100%, and these codes account for 88% of the utilization.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 70% and 80%	73	54%	74%
Above 80% and under 100%	43	32%	14%
Below 60% or Above 140%	4	3%	0.14%
Below 10% or Above 500%	0	0.00%	0.00%

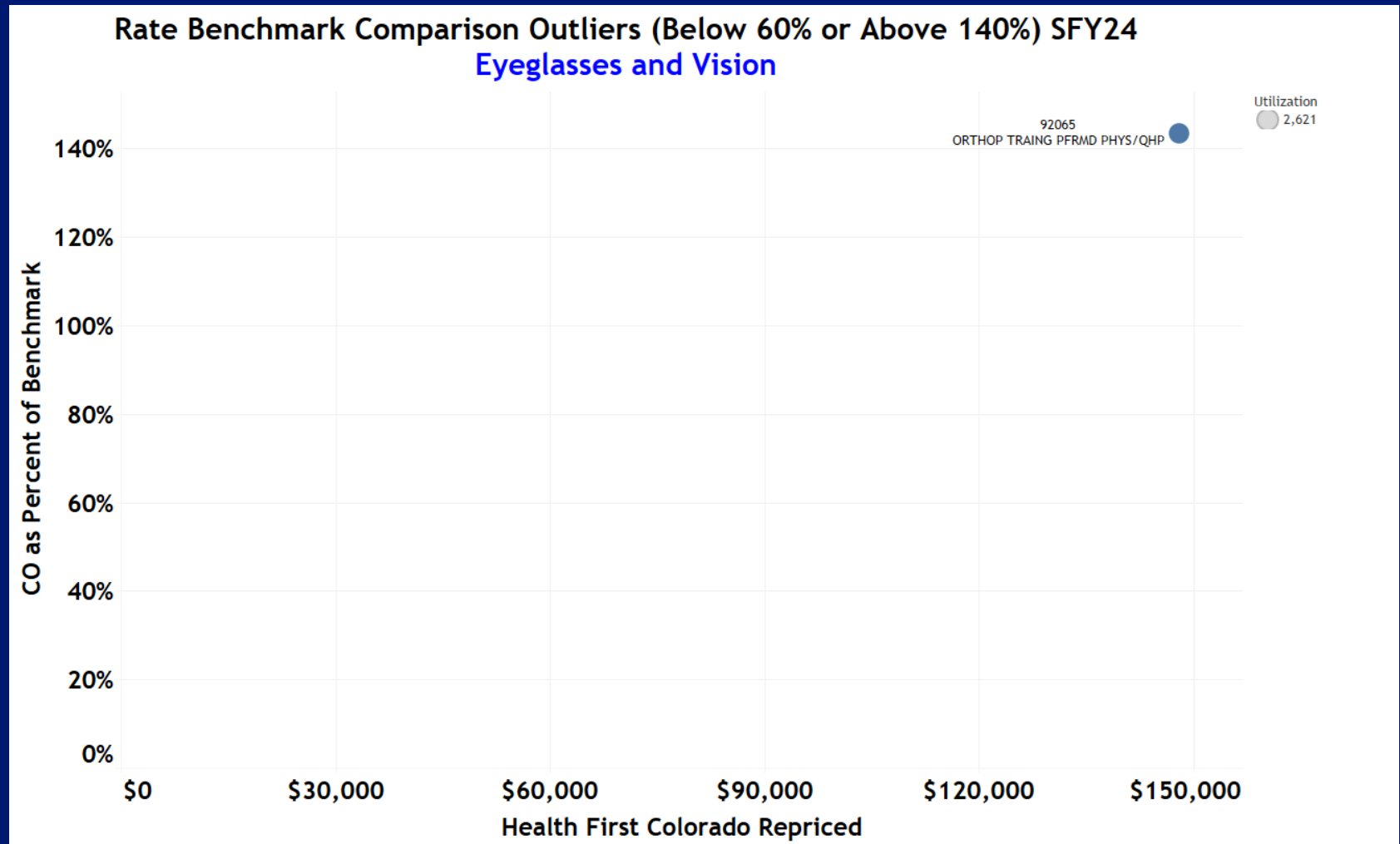


Eyeglasses and Vision Services

Top 10 Codes by Utilization

Eyeglasses and Vision Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	V2784	LENS POLYCARB OR EQUAL	77.70%	334,216	17.52%
2	V2750	ANTI-REFLECTIVE COATING	77.70%	239,096	12.54%
3	V2410	LENS VARIAB ASPHERICITY SING	77.70%	228,212	11.96%
4	92340	FIT SPECTACLES MONOFOCAL	109.40%	165,725	8.69%
5	V2103	SPHEROCYLINDR 4.00D/12-2.00D	77.70%	161,229	8.45%
6	V2020	VISION SVCS FRAMES PURCHASES	77.70%	139,500	7.31%
7	92014	COMPRE OPH EXAM EST PT 1 />	90.90%	121,290	6.36%
8	V2203	LENS SPHCYL BIFOCAL 4.00D / .1	77.70%	102,074	5.35%
9	92004	EYE EXAM NEW PATIENT	92.30%	83,644	4.39%
10	V2104	SPHEROCYLINDR 4.00D/2.12-4D	77.70%	61,207	3.21%

Eyeglasses and Vision Services Outlier Bubble Chart



Eyeglasses and Vision Services Access to Care Summary

- Medicaid provider participation was 47%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban and rural panel size fluctuated due to utilizer to provider fluctuations, with downward trends in SFY24 due to decreasing utilizers.
- Penetration rate was highest in Otero County and moderate in several counties in South-Eastern CO , while lower in the Western Slope.
- About 25% of providers that served one member in a fiscal year can be explained by alternative online retailers.
- Per utilizer per year Medicaid utilization was similar to other payers.

Eyeglasses and Vision Services



Comments

Eyeglasses and Vision Services



MPRRAC Discussion



Laboratory and Pathology Services



Laboratory and Pathology Services

- Service description:
 - **Laboratory and Pathology Services**
 - Laboratory and Pathology Services involve microbiological, serological, chemical, hematological, radiobioassay, cytological, immunohematological, pathological or other examinations of fluids derived from the human body for the purpose of providing information for the diagnosis, prevention or treatment of any disease or the assessment of a medical condition.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)

Laboratory and Pathology Services

Laboratory and Pathology Statistics	
Total Adjusted Expenditures SFY 2023-24	\$158,972,840
Total Members Utilizing Services in SFY 2023-24	426,995
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-9.93%
Total Active Providers SFY 2023-24	6,862
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	3.31%

Laboratory and Pathology Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$158,972,840	\$170,087,935	93.47%

Laboratory and Pathology

Benchmark Analysis Summary

- There are a total of 1555 procedure code/modifier combinations with benchmark ratios, and 10 are excluded.
- 1522 (98%) procedure code/modifier combinations use Medicare and 33 (2%) use other states for benchmarking.
- The benchmark ratio range is 9%-275%.
- 1411 (91%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these account for 96% of the utilization.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	1411	91%	96%
Below 60% or Above 140%	38	2%	0.02%
Below 10% or Above 500%	1	0.06%	0.001%



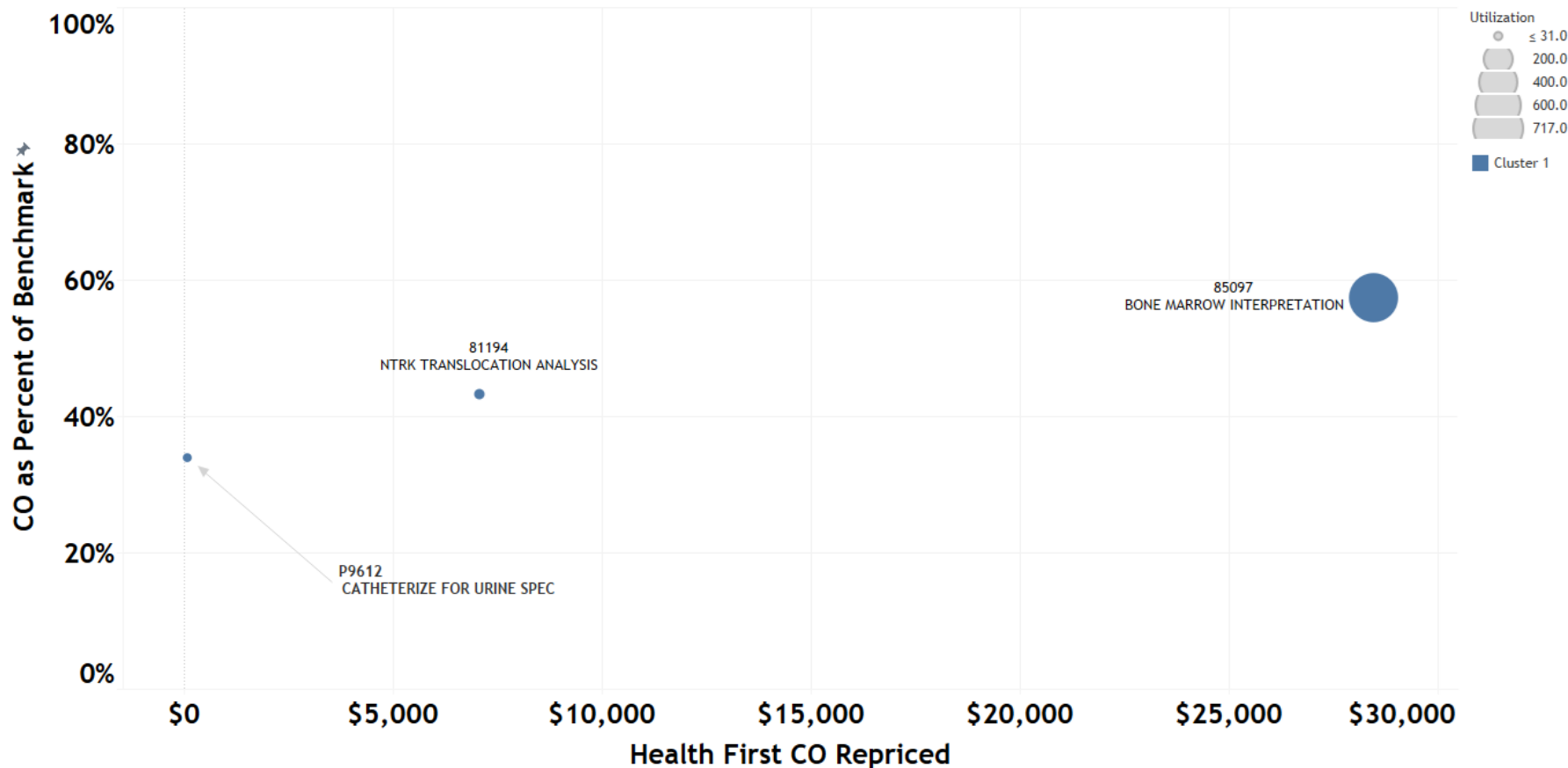
Laboratory and Pathology Services

Top 10 Codes by Utilization

Laboratory and Pathology Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	87798	DETECT AGENT NOS DNA AMP	100.00%	239,251	5.90%
2	80307	DRUG TEST PRSMV CHEM ANALYZR	81.60%	177,346	4.30%
3	G0483	DRUG TEST DEF 22+ CLASSES	85.90%	151,248	3.70%
4	83036	HEMOGLOBIN GLYCOSYLATED A1C	100.00%	137,330	3.40%
5	80061	LIPID PANEL	100.00%	127,472	3.10%
6	85025	COMPLETE CBC W/AUTO DIFF WBC	100.00%	114,570	2.80%
7	80053	COMPREHEN METABOLIC PANEL	100.00%	107,242	2.60%
8	87591	N.GONORRHOEAE DNA AMP PROB	100.00%	89,975	2.20%
9	87491	CHLMYD TRACH DNA AMP PROBE	100.00%	89,724	2.20%
10	80305	DRUG TEST PRSMV DIR OPT OBS	100.00%	81,402	2.00%

Laboratory and Pathology Services Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24
Laboratory and Pathology Services



Laboratory and Pathology Access to Care Summary

- Medicaid provider participation was 30%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban and rural panel size fluctuated due to utilizer to provider fluctuations, with downward trends in SFY24 due to decreasing utilizers.
- Penetration rate was highest in Fremont County, moderately high in several counties near the I-25 corridor, and was lowest in Western Colorado.
- Per utilizer per year Medicaid expenditures were lower than most other payers, but similar to Medicare FFS.
- Per utilizer per year Medicaid utilization was slightly higher than commercial payers, but lower than or close to other payers.



Laboratory and Pathology Services



Comments

Laboratory and Pathology Services



MPRRAC Discussion

Outpatient PT/OT/ST



Outpatient PT/OT vs Long-Term Home Health (LTHH) PT/OT

Outpatient PT/OT	Long-Term Home Health (LTHH) PT/OT
All enrolled Medicaid members are eligible to receive these services	Pediatric Medicaid members who are younger than 21 years old and require ongoing home health services beyond the acute home health period
Services take place in the office, hospital, home and other settings	Services may be provided in the Member's place of residence or any setting in which normal life activities take place (8.520.4.B.)
<ul style="list-style-type: none"> • The outpatient PT/OT benefit reimburses billing providers who are enrolled as clinics, non-physician practitioner groups, rehab agencies, hospitals or as individual therapists • The professional claim type is used for all billing types except hospitals and some rehab agencies, which use the institutional claim type • Nursing facilities reimbursed for this as part of their per-diem payment 	<ul style="list-style-type: none"> • Prior authorization (PAR) is currently not required. The state's Utilization Management (UM) vendor is Acentra Health for medical necessity review • Services will be reimbursed on a per visit basis (one visit up to 2.5 hours) using revenue code 421 for PT and 431 for OT



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Outpatient PT/OT/ST

- Service description:
 - **Outpatient PT, OT & ST Services**
 - Physical Therapy (PT), Occupational Therapy (OT), and Speech-Language Therapy (ST) are rehabilitative services that focus on different aspects of a patient's functionality and well-being. These therapies are provided by licensed professionals. Treatment plans typically include specific, functionally-based goals, proposed interventions, and the estimated duration and frequency of services.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)

Outpatient PT

- Service description:
 - **Physical Therapy (PT) Services**
 - Physical Therapy (PT) is a healthcare service provided by licensed professionals called physical therapists. Physical therapists diagnose and treat patients with medical problems or injuries that limit their mobility and daily functioning. PT aims to improve a patient's ability to move, function, and manage pain through various techniques and interventions.

Outpatient PT

Outpatient PT Statistics	
Total Adjusted Expenditures SFY 2023-24	\$40,795,510
Total Members Utilizing Services in SFY 2023-24	30,183
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	5.48%
Total Active Providers SFY 2023-24	1,761
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	7.84%

Outpatient PT Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$40,795,510	\$40,450,673	100.85%

Outpatient Physical Therapy

Benchmark Analysis Summary

- There are a total of 49 procedure code/modifier combinations with benchmark ratios, and 2 are excluded.
- 41 (84%) codes use Medicare and 8 (16%) codes use other states for benchmarking.
- The benchmark ratio range is 75%-122%.
- 36 (73%) procedure code/modifier combinations have a benchmark ratio that is within 80%-110%, and these codes account for 99% of the utilization.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	32	65%	39%
Above 100% and Below 110%	4	8%	60%
Below 60% or Above 140%	0	0.00%	0.00%
Below 10% or Above 500%	0	0.00%	0.00%

Outpatient PT

Top 10 Codes by Utilization

Outpatient PT Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	97530	THERAPEUTIC ACTIVITIES	97.80%	369,777	30.26%
2	97110	THERAPEUTIC EXERCISES	108.80%	277,910	22.75%
3	97112	NEUROMUSCULAR REEDUCATION	102.00%	271,412	22.21%
4	97140	MANUAL THERAPY 1/> REGIONS	107.50%	166,254	13.61%
5	97150	GROUP THERAPEUTIC PROCEDURES	85.90%	30,786	2.52%
6	97113	AQUATIC THERAPY/EXERCISES	107.30%	18,751	1.53%
7	97533	SENSORY INTEGRATION	91.10%	14,757	1.21%
8	97164	PT RE-EVAL EST PLAN CARE	86.80%	13,552	1.11%
9	97014	ELECTRIC STIMULATION THERAPY	119.80%	11,618	0.95%
10	97162	PT EVAL MOD COMPLEX 30 MIN	86.80%	10,050	0.82%

Outpatient PT Access to Care Summary

- Medicaid provider participation was 37%.
- Panel size was highest in Kit Carson County and moderate in some I-25 corridor counties. Urban panel size increased in SFY23 and decreased in SFY24 due to an increase then decrease in utilizers.
- Penetration rate was highest in Kit Carson County, moderately high in several counties near the I-25 corridor, and was lowest in Western Colorado.
- Telemedicine utilization decreased over the period.
- Per utilizer per month Medicaid expenditures were lower than commercial payers, but higher than other payers.
- Per utilizer per year Medicaid utilization was higher than other payers.



Outpatient PT



Comments

Outpatient PT



MPRRAC Discussion



Outpatient OT

- Service description:
 - **Occupational Therapy (OT) Services**
 - Occupational Therapy (OT) is a healthcare service provided by licensed professionals that aims to improve a person's ability to perform daily activities and participate in meaningful occupations. OT supports individuals whose physical, mental, or developmental conditions impact their ability to engage in everyday tasks.

Outpatient OT

Outpatient OT Statistics	
Total Adjusted Expenditures SFY 2023-24	\$34,539,705
Total Members Utilizing Services in SFY 2023-24	12,788
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	6.32%
Total Active Providers SFY 2023-24	754
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	2.59%

Outpatient OT Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$34,539,705	\$35,766,928	96.57%

Outpatient Occupational Therapy

Benchmark Analysis Summary

- There are a total of 48 procedure code/modifier combinations with benchmark ratios, and 1 is excluded.
- 40 (83%) codes use Medicare and 8 (17%) codes use other states for benchmarking.
- The benchmark ratio range is 75%-122%.
- 33 (69%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for 91% of the utilization.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	33	69%	91%
Below 60% or Above 140%	0	0.00%	0.00%
Below 10% or Above 500%	0	0.00%	0.00%



Outpatient OT

Top 10 Codes by Utilization

Outpatient OT Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	97530	THERAPEUTIC ACTIVITIES	97.80%	712,744	76.05%
2	97533	SENSORY INTEGRATION	91.10%	109,526	11.69%
3	97110	THERAPEUTIC EXERCISES	108.80%	41,565	4.43%
4	97112	NEUROMUSCULAR REEDUCATION	101.90%	28,183	3.01%
5	97535	SELF CARE MNGMENT TRAINING	86.90%	13,311	1.42%
6	97113	AQUATIC THERAPY/EXERCISES	107.40%	8,017	0.86%
7	97166	OT EVAL MOD COMPLEX 45 MIN	85.10%	6,390	0.68%
8	97140	MANUAL THERAPY 1/> REGIONS	107.60%	5,599	0.60%
9	97168	OT RE-EVAL EST PLAN CARE	84.60%	2,834	0.30%
10	97165	OT EVAL LOW COMPLEX 30 MIN	84.90%	1,289	0.14%

Outpatient OT

Access to Care Summary

- Medicaid provider participation was 51%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Rural and urban panel size remained stable.
- Penetration rate was highest in Delores County and moderate in several counties near the I-25 corridor, and was lowest in much of Eastern and Western Colorado.
- Telemedicine utilization had a decreasing trend from SFY22 to SFY24.
- The shortest drive times were along the I-25 corridor due to more providers, and some in Central, Eastern, and Western CO. Much of Eastern and Western CO still had high drive times.
- Per utilizer per month Medicaid expenditures and per utilizer per year utilization were higher than other payers due to having similar rates but significantly higher utilization.



Outpatient OT



Comments

Outpatient OT



MPRRAC Discussion



Outpatient ST

- Service description:
 - **Speech-Language Therapy (ST) Services**
 - Speech-Language Therapy (ST) is a specialized healthcare service provided by licensed speech-language pathologists (SLPs) to assess, diagnose, and treat communication and swallowing disorders in individuals of all ages. ST aims to improve a person's ability to communicate effectively and address challenges related to speech, language, voice, fluency, and swallowing.

Outpatient ST

Outpatient ST Statistics	
Total Adjusted Expenditures SFY 2023-24	\$27,150,581
Total Members Utilizing Services in SFY 2023-24	12,937
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	7.52%
Total Active Providers SFY 2023-24	752
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	7.74%

Outpatient ST Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$27,150,581	\$28,996,298	93.63%

Outpatient Speech Therapy

Benchmark Analysis Summary

- There are a total of 26 procedure code/modifier combinations with benchmark ratios, no excluded codes.
- 21 (81%) codes use Medicare and 5 (19%) codes use other states for benchmarking.
- The benchmark ratio range is 34%-236%.
- 18 (69%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for 92% of the utilization.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	18	69%	92%
Below 60% or Above 140%	4	15%	5%
Below 10% or Above 500%	0	0.00%	0.00%



Outpatient ST

Top 10 Codes by Utilization

Outpatient ST Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	92507	SPEECH/HEARING THERAPY	93.40%	262,621	70.02%
2	92609	USE OF SPEECH DEVICE SERVICE	86.90%	37,689	10.05%
3	92507+GT	SPEECH/HEARING THERAPY	150.20%	19,318	5.15%
4	92508	SPEECH/HEARING THERAPY	85.50%	12,981	3.46%
5	92526	ORAL FUNCTION THERAPY	86.80%	12,422	3.31%
6	92523	SPEECH SOUND LANG COMPREHEN	86.10%	11,249	3.00%
7	97130	THER IVNTJ EA ADDL 15 MIN	121.80%	7,432	1.98%
8	97129	THER IVNTJ 1ST 15 MIN	121.90%	4,405	1.17%
9	96112	DEVEL TST PHYS/QHP 1ST HR	86.60%	2,088	0.56%
10	92524	BEHAVRAL QUALIT ANALYS VOICE	87.30%	957	0.26%

Outpatient ST Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24
Speech Therapy



Outpatient ST Access to Care Summary

- Medicaid provider participation was 61%.
- Panel size was highest in Kit Carson County and moderate in some I-25 corridor and Western CO counties. Urban panel size increased in SFY23 and decreased in SFY24 due to an increase then decrease in utilizers.
- Penetration rate was highest in Weld County and moderate in several counties near the I-25 corridor, and was lowest in Western and Eastern Colorado.
- The shortest drive times were along the I-25 corridor due to more providers, and some in Central, Eastern, and Western CO. Much of Eastern and Western CO still had high drive times.
- Telemedicine utilization had a decreasing trend from SFY22 to SFY24.
- Per utilizer per month Medicaid expenditures and per utilizer per year utilization were higher than other payers due to lower rates but significantly higher utilization.



Outpatient ST



Comments

Outpatient ST



MPRRAC Discussion



Physician Services



Physician Services

- Service description:
 - **Physician Services**
 - The broad physician services category encompasses a wide range of medical care provided by licensed health care providers to diagnose, treat, and manage patient health conditions.

Physician Services

Physician Services Subcategories (17)
Cardiology
EEG Ambulatory Monitoring
ENT
Family Planning
Gastroenterology
Health Education
Injections and Other Miscellaneous J-Codes
Neuro/Psychological Testing Services
Ophthalmology
Primary Care E&M
Radiology
Respiratory
Sleep Study
Vaccines Immunizations
Vascular
Women's Health
Other

Physician Services- Cardiology Services

- Service description:
 - **Cardiology Services**
 - Cardiology Services encompass a comprehensive range of medical care focused on diagnosing, treating, and managing diseases of the heart and blood vessels. Cardiology services aim to improve patients' cardiovascular health, manage chronic conditions, and enhance overall quality of life through expert care and advanced medical technologies.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)

Physician Services- Cardiology Services

Cardiology Services Statistics

Total Adjusted Expenditures SFY 2023-24	\$7,586,984
Total Members Utilizing Services in SFY 2023-24	103,706
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-7.39%
Total Active Providers SFY 2023-24	5,194
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	1.07%

Cardiology Services Benchmark Rate Comparison

Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$7,586,984	\$7,983,635	95.03%

Physician Services - Cardiology

Benchmark Analysis Summary

- There are a total of 326 procedure code/modifier combinations with benchmark ratios, and 7 are excluded.
- 274 (84%) procedure code/modifier combinations use Medicare, and 52 (16%) use other states for benchmarking.
- The benchmark ratio range is 14%-572%.
- 94 (29%) procedure code/modifier combinations have a benchmark ratio that is within 100%-140%, and these codes account for 84% of the utilization.

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	158	48%	14%
Above 100% and Below 140%	94	29%	84%
Below 60% or Above 140%	48	15%	2%
Below 10% or Above 500%	1	0.31%	0.00%

Physician Services - Cardiology Services

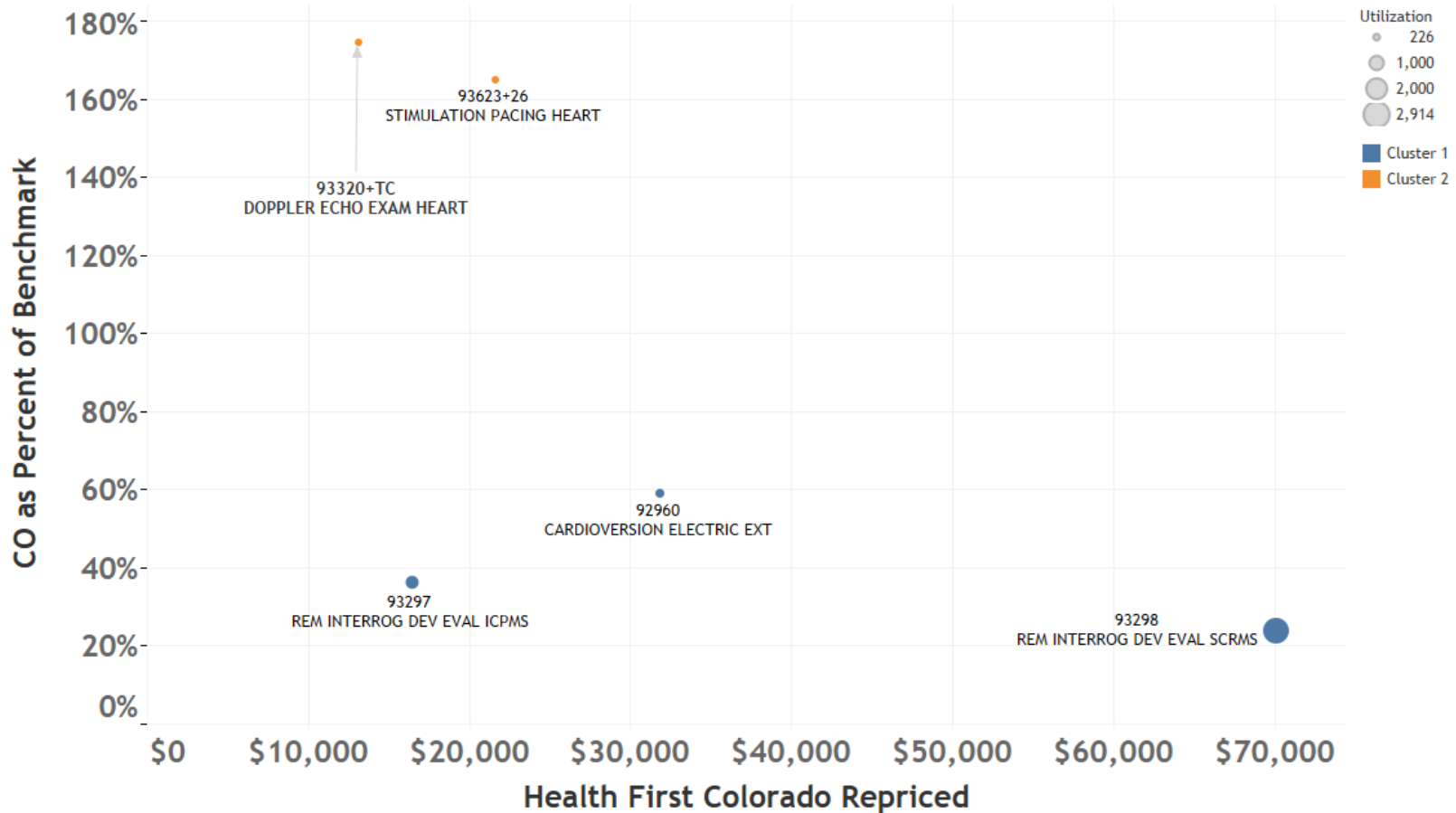
Top 10 Codes by Utilization

Physician Services - Cardiology Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	93010	ELECTROCARDIOGRAM REPORT	106.40%	136,745	51.46%
2	93306+26	TTE W/DOPPLER COMPLETE	86.90%	26,558	9.99%
3	93000	ELECTROCARDIOGRAM COMPLETE	105.60%	26,350	9.92%
4	93325+26	DOPPLER COLOR FLOW ADD-ON	106.80%	9,322	3.51%
5	93320+26	DOPPLER ECHO EXAM HEART	106.50%	6,670	2.51%
6	93303+26	ECHO TRANSTHORACIC	113.10%	5,465	2.06%
7	93308+26	TTE F-UP OR LMTD	106.40%	4,430	1.67%
8	93018	CARDIOVASCULAR STRESS TEST	103.80%	3,699	1.39%
9	93306	TTE W/DOPPLER COMPLETE	110.20%	3,558	1.34%
10	93298	REM INTERROG DEV EVAL SCRMS	23.60%	2,914	1.10%

Physician Services- Cardiology Services Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24

Physician Services - Cardiology



Physician Services - Cardiology Services

Access to Care Summary

- Medicaid provider participation was 43%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. In SFY24, utilizers decreased more rapidly causing a downward trend in both regions.
- Penetration rate was highest in Pueblo County and moderately high throughout the state, except for in the Western slope, where it was low.
- Per utilizer per year Medicaid expenditures were lower than other payers.
- Per utilizer per year Medicaid utilization was higher than other payers, except for Medicare Advantage.

Physician Services - Cardiology Services



Comments

Physician Services - Cardiology Services



MPRRAC Discussion

Physician Services - EEG Ambulatory Monitoring

- Service description:
 - **EEG Ambulatory Monitoring Services**
 - 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).

Physician Services - EEG Ambulatory Monitoring

EEG Ambulatory Monitoring Statistics	
Total Adjusted Expenditures SFY 2023-24	\$2,817,004
Total Members Utilizing Services in SFY 2023-24	3,123
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	11.10%
Total Active Providers SFY 2023-24	135
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	18.42%

EEG Ambulatory Monitoring Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$2,817,004	\$2,941,739	95.76%

Physician Services - EEG Ambulatory Monitoring

Benchmark Analysis Summary

- There are a total of 23 procedure code/modifier combinations with benchmark ratios, and 26 are excluded.
- All 23 (100%) procedure code/modifier combinations use Medicare for benchmarking
- The benchmark ratio range is 49%-342%.
- 11 (48%) procedure code/modifier combinations have a benchmark ratio that is within 100%-140%, and these codes account for 80% of the utilization.

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	1	5%	0.49%
Above 100% and Below 140%	11	48%	80%
Below 60% or Above 140%	8	35%	18%

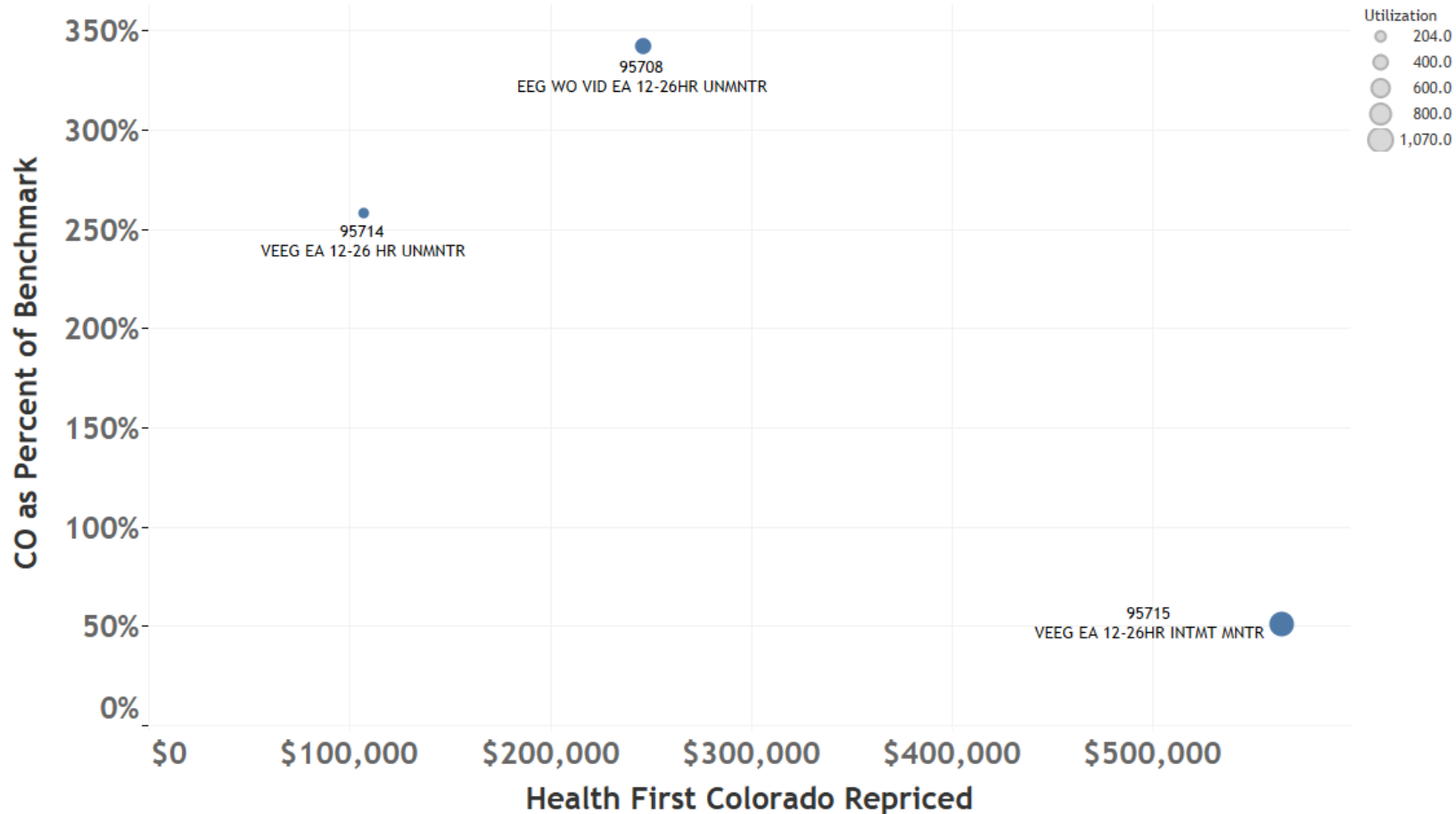
Physician Services - EEG Ambulatory Monitoring

Top 10 Codes by Utilization

Physician Services - EEG Ambulatory Monitoring Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	95720	EEG PHY/QHP EA INCR W/VEEG	116.40%	4,100	42.43%
2	95700	EEG CONT REC W/VID EEG TECH	107.70%	1,453	15.04%
3	95718	EEG PHYS/QHP 2-12 HR W/VEEG	115.50%	1,323	13.69%
4	95715	VEEG EA 12-26HR INTMT MNTR	51.00%	1,070	11.07%
5	95708	EEG WO VID EA 12-26HR UNMNTR	342.10%	467	4.83%
6	95724	EEG PHY/QHP>60<84 HR W/VEEG	118.20%	236	2.44%
7	95714	VEEG EA 12-26 HR UNMNTR	258.10%	204	2.11%
8	95719	EEG PHYS/QHP EA INCR W/O VID	113.40%	199	2.06%
9	95717	EEG PHYS/QHP 2-12 HR W/O VID	110.30%	157	1.62%
10	95721	EEG PHY/QHP>36<60 HR W/O VID	117.30%	115	1.19%

Physician Services - EEG Ambulatory Monitoring Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24
Physician Services - EEG Ambulatory Monitoring



Physician Services - EEG Ambulatory Monitoring Access to Care Summary

- Medicaid provider participation was 48%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban panel size fluctuated more due to utilizer to provider fluctuations.
- Penetration rate was highest in Hinsdale County, while lower and relatively uniform throughout the state, but was lowest in Western and the Southern border of CO.
- Several providers had a dramatic drop in the number of members served from SFY22 to SFY24.
- Per utilizer per month Medicaid expenditures were significantly lower than commercial, but similar to other payers.
- Per utilizer per year Medicaid utilization was similar to other payers, but higher than Medicare FFS.



Physician Services - EEG Ambulatory Monitoring



Comments

Physician Services - EEG Ambulatory Monitoring



MPRRAC Discussion



Physician Services - Ear, Nose, and Throat (ENT) Services

- Service description:
 - **Ear, nose, and throat (ENT) Services**
 - Ear, Nose, and Throat (ENT) Services, also known as Otolaryngology, encompass a comprehensive range of medical and surgical care for conditions affecting the ears, nose, throat, and related structures of the head and neck.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)

Physician Services - ENT Services

ENT Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$2,498,640
Total Members Utilizing Services in SFY 2023-24	42,439
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-5.20%
Total Active Providers SFY 2023-24	1,167
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	0.09%

ENT Services Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$2,498,640	\$2,879,756	86.77%

Physician Services - ENT

Benchmark Analysis Summary

- There are a total of 111 procedure code/modifier combinations with benchmark ratios, and 1 is excluded.
- 101 (91%) procedure code/modifier combinations use Medicare, and 10 (9%) use other states for benchmarking.
- The benchmark ratio range is 2%-867%.
- 51 (46%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for 41% of the utilization.

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Above 60% and Below 80%	18	16%	23%
Between 80% and 100%	51	46%	41%
Above 100% and Below 140%	18	16%	32%
Below 60% or Above 140%	24	22%	4%
Below 10% or Above 500%	4	4%	0.00%

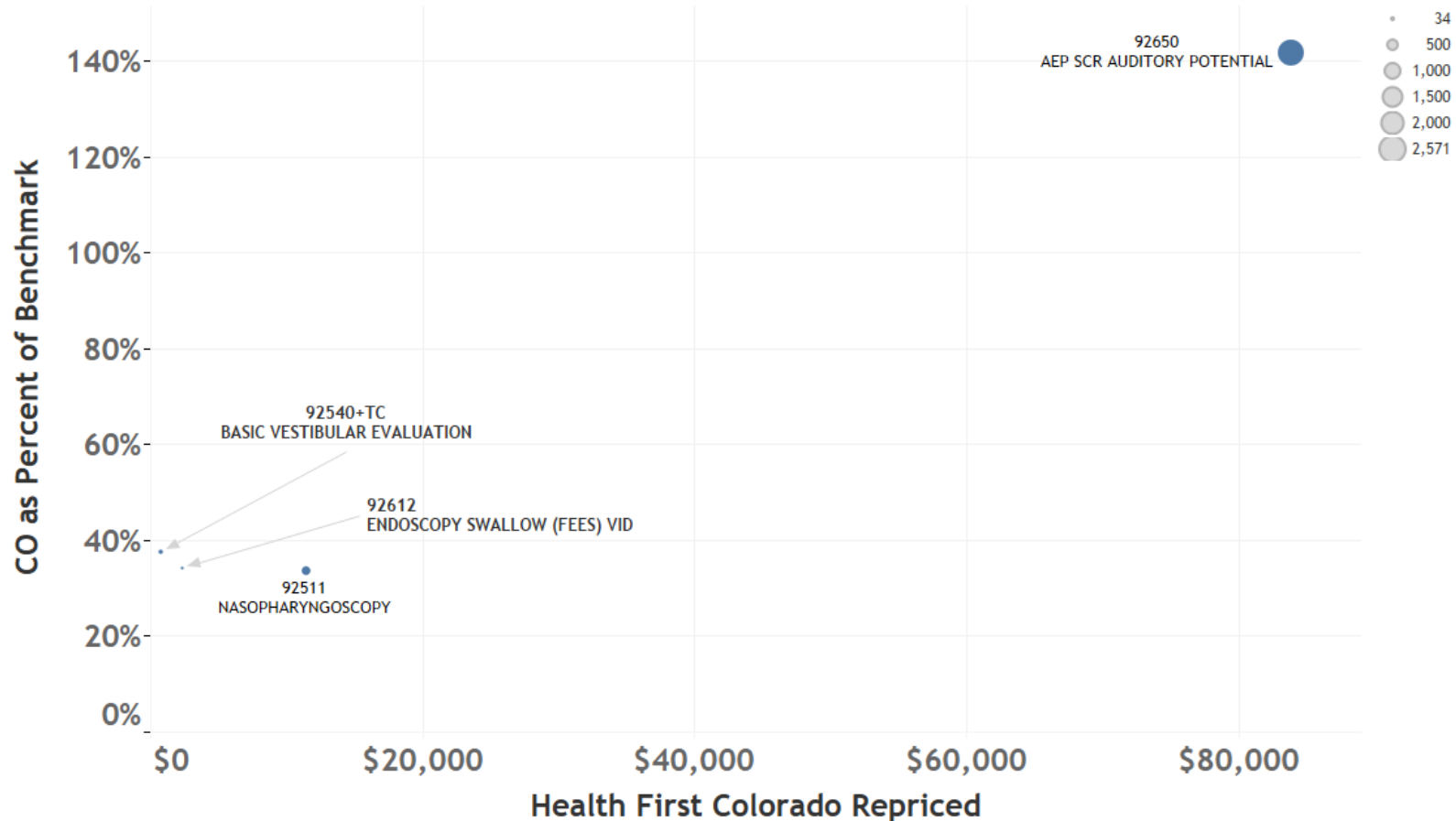
Physician Services - ENT Services

Top 10 Codes by Utilization

Physician Services - ENT Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	92551	PURE TONE HEARING TEST AIR	108.90%	15,513	19.37%
2	92567	TYMPANOMETRY	87.00%	14,492	18.10%
3	92587	EVOKED AUDITORY TEST LIMITED	106.50%	6,684	8.35%
4	92557	COMPREHENSIVE HEARING TEST	86.00%	6,481	8.09%
5	92552	PURE TONE AUDIOMETRY AIR	75.20%	5,964	7.45%
6	92633	AUD REHAB POSTLING HEAR LOSS	68.10%	4,028	5.03%
7	92555	SPEECH THRESHOLD AUDIOMETRY	76.80%	2,780	3.47%
8	92579	VISUAL AUDIOMETRY (VRA)	86.50%	2,601	3.25%
9	92650	AEP SCR AUDITORY POTENTIAL	141.70%	2,571	3.21%
10	92582	CONDITIONING PLAY AUDIOMETRY	77.60%	1,868	2.33%

Physician Services - ENT Services Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24
Physician Services - ENT



Physician Services - ENT Services

Access to Care Summary

- Medicaid provider participation was 29%.
- Panel size was highest in Montrose County and moderate in some I-25 corridor and Western CO counties. Spikes in August were caused by increasing utilizers due to back-to-school hearing checks.
- Penetration rate was highest in Montrose County and relatively low and similar throughout the state.
- Per utilizer per year Medicaid expenditures were lower than Medicare FFS, but higher than other payers.
- Per utilizer per year Medicaid utilization was higher than other payers.

Physician Services - ENT Services



Comments

Physician Services - ENT Services



MPRRAC Discussion



Physician Services - Family Planning Services

- Service description:
 - **Family Planning Services**
 - Family Planning services are preventive services that focus on sexual and reproductive health with the intent to delay, prevent or plan for a pregnancy. These include all FDA approved contraceptives, pregnancy tests, sterilization services and basic fertility services. The scope of these services range from device insertion to basic fertility counseling.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)

Physician Services - Family Planning Services

Family Planning Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$9,383,584
Total Members Utilizing Services in SFY 2023-24	36,609
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-18.18%
Total Active Providers SFY 2023-24	3,716
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-1.85%

Family Planning Services Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$9,383,584	\$7,142,821	131.37%

Physician Services - Family Planning Benchmark Analysis Summary

- There are a total of 59 procedure code/modifier combinations with benchmark ratios.
- 41 (69%) procedure code/modifier combinations use Medicare, and 18 (31%) use other states for benchmarking.
- The benchmark ratio range is 22%-702%.
- 36 (61%) procedure code/modifier combinations have a benchmark ratio that is within 80%-140%, and these codes account for 82% of the utilization.

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Below 60% or Above 140%	20	34%	10%
Between 80% and 100%	15	25%	29%
Above 100% and Below 140%	21	36%	53%
Below 10% or Above 500%	1	2%	3%

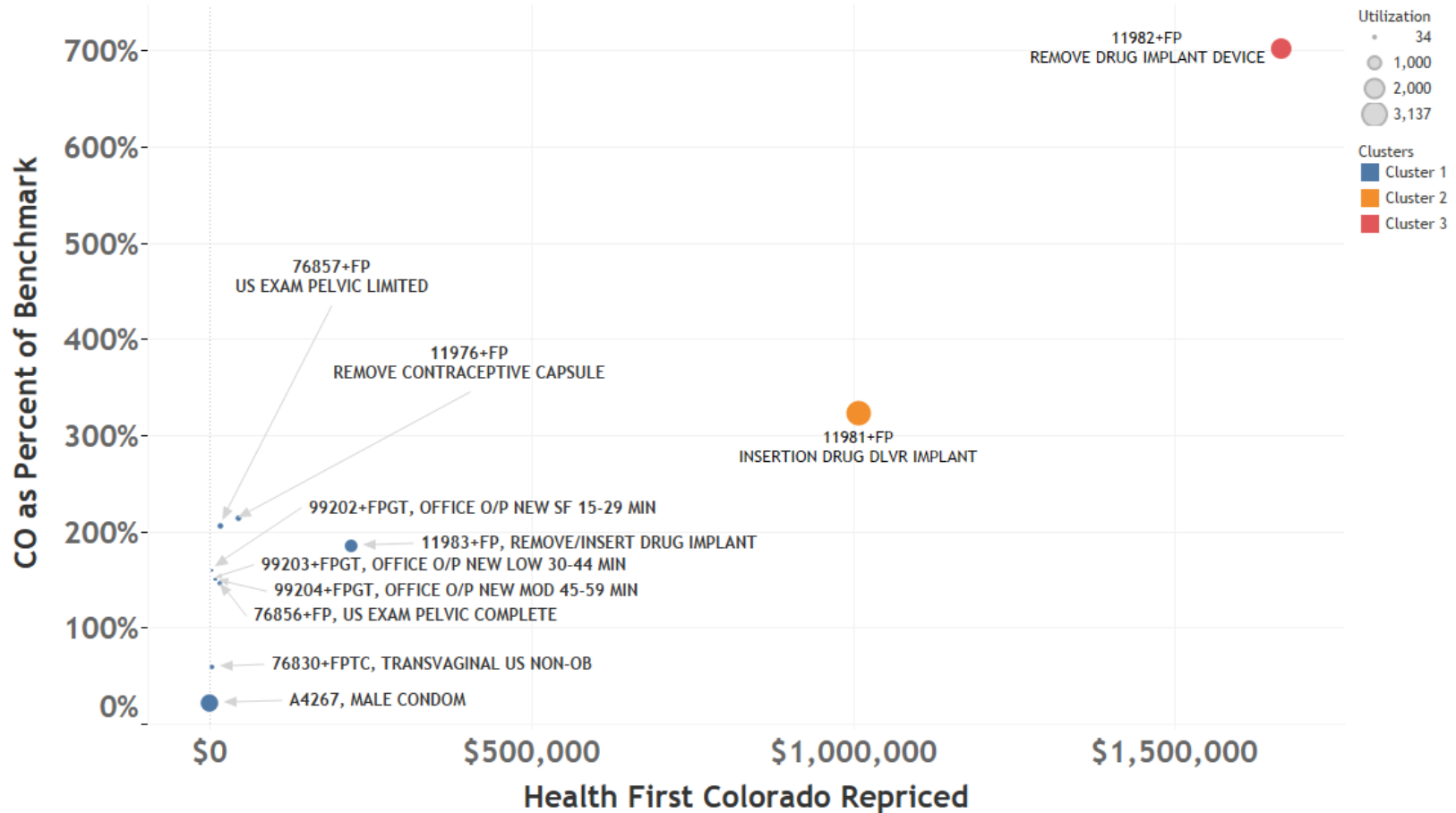
Physician Services- Family Planning Services

Top 10 Codes by Utilization

Physician Services - Family Planning Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	S4993+FP	CONTRACEPTIVE PILLS FOR BC	113.40%	25,109	29.93%
2	99213+FP	OFFICE O/P EST LOW 20-29 MIN	97.40%	13,115	15.63%
3	99214+FP	OFFICE O/P EST MOD 30-39 MIN	101.70%	9,604	11.45%
4	58300+FP	INSERT INTRAUTERINE DEVICE	72.80%	5,745	6.85%
5	58301+FP	REMOVE INTRAUTERINE DEVICE	80.80%	4,754	5.67%
6	99203+FP	OFFICE O/P NEW LOW 30-44 MIN	118.40%	3,841	4.58%
7	99212+FP	OFFICE O/P EST SF 10-19 MIN	94.60%	3,623	4.32%
8	11981+FP	INSERTION DRUG DLVR IMPLANT	323.20%	3,137	3.74%
9	99204+FP	OFFICE O/P NEW MOD 45-59 MIN	120.40%	2,592	3.09%
10	11982+FP	REMOVE DRUG IMPLANT DEVICE	701.60%	2,190	2.61%

Physician Services - Family Planning Services Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24
Physician Services - Family Planning



Physician Services - Family Planning Services Access to Care Summary

- Medicaid provider participation was 98%.
- Panel size was highest in Pueblo County and moderate in some I-25 corridor counties. In SFY24, utilizers decreased more rapidly causing a downward trend in both regions.
- Penetration rate was highest in San Juan County and relatively moderate in some counties along the I-25 corridor and South-Western and North-Eastern CO. Meanwhile, it was lower in parts of the Western Slope and South-Eastern CO.
- Per utilizer per year Medicaid utilization was slightly higher than other payers.



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Department of Health Care
Policy & Financing

Physician Services - Family Planning Services



Comments

Physician Services - Family Planning Services



MPRRAC Discussion



Physician Services - Gastroenterology Services

- Service description:
 - **Gastroenterology Services**
 - Gastroenterology services involve diagnosing and treating conditions and diseases of the digestive system. This includes conditions which impact the esophagus, stomach, intestines, liver, pancreas, or gallbladder.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)



Physician Services - Gastroenterology Services

Gastroenterology Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$202,599
Total Members Utilizing Services in SFY 2023-24	1,870
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-19.08%
Total Active Providers SFY 2023-24	190
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-17.03%

Gastroenterology Services Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$202,599	\$222,125	91.21%

Physician Services - Gastroenterology

Benchmark Analysis Summary

- There are a total of 58 procedure code/modifier combinations with benchmark ratios, and 1 is excluded.
- 58 (100%) procedure code/modifier combinations use Medicare for benchmarking.
- The benchmark ratio range is 2%-117%.
- 33 (57%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for 90% of the utilization.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	33	57%	90%
Below 60% or Above 140%	11	19%	0%
Below 10% or Above 500%	1	3%	0%

Physician Services- Gastroenterology Services

Top 10 Codes by Utilization

Physician Services - Gastroenterology Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	91200	LIVER ELASTOGRAPHY	91.50%	613	28.02%
2	91200+26	LIVER ELASTOGRAPHY	96.40%	410	18.74%
3	91065+26	BREATH HYDROGEN/METHANE TEST	117.00%	172	7.86%
4	91010+26	ESOPHAGUS MOTILITY STUDY	85.10%	118	5.39%
5	91110	GI TRC IMG INTRAL ESOPH-ILE	96.20%	85	3.88%
6	91035+26	G-ESOPH REFLX TST W/ELECTROD	84.80%	84	3.84%
7	91110+26	GI TRC IMG INTRAL ESOPH-ILE	84.90%	81	3.70%
8	91122+26	ANAL PRESSURE RECORD	85.00%	74	3.38%
9	91037+26	ESOPH IMPED FUNCTION TEST	84.50%	70	3.20%
10	91010	ESOPHAGUS MOTILITY STUDY	87.20%	68	3.11%

Physician Services - Gastroenterology

Services Access to Care Summary

- Medicaid provider participation was 36%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties, while fluctuating slightly in both regions due to utilizer to provider fluctuations.
- Penetration rate was highest in Broomfield County and relatively moderate in some counties along the I-25 corridor and Eastern CO. Meanwhile, it was lower in parts of Eastern and Western.
- The shortest drive times were along the I-25 corridor due to more providers, and some in Western CO. The majority of the state had high drive times.
- Per utilizer per month Medicaid expenditures were lower than other payers.
- Per utilizer per year Medicaid utilization was slightly higher than other payers.



Physician Services - Gastroenterology Services



Comments

Physician Services - Gastroenterology Services



MPRRAC Discussion



Physician Services - Health Education Services

- Service description:
 - **Health Education Services**
 - Health Education services refer to services designed to improve health literacy, including improving knowledge and developing life skills which are conducive to individual and/or community health. These include services intended to educate members on the dangers of alcohol, nicotine, marijuana, illicit drugs, etc.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)

Physician Services - Health Education Services

Health Education Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$202,599
Total Members Utilizing Services in SFY 2023-24	3,667
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	47.33%
Total Active Providers SFY 2023-24	307
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-16.12%

Health Education Services Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$172,629	\$202,356	85.31%

Physician Services - Health Education Services Codes by Utilization

Physician Services - Health Education Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	97535	SELF CARE MNGMENT TRAINING	87.10%	5,314	88.61%
2	96040	GENETIC COUNSELING 30 MIN	74.10%	683	11.39%

Physician Services - Health Education Services

Access to Care Summary

- Medicaid provider participation was 17%.
- Panel size was highest in El Paso County while lower and relatively uniform across CO. Increasing urban trends in SFY24 were driven by certain codes for self care management training and patient substance use education.
- Penetration rate was highest in Hinsdale County and relatively uniform across the state.
- Per utilizer per year Medicaid expenditures were lower than other payers.
- Per utilizer per year Medicaid utilization was slightly lower than other payers.



Physician Services - Health Education Services



Comments

Physician Services - Health Education Services



MPRRAC Discussion



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Physician Services - Injections and Other Miscellaneous J-Codes

- Service description:
 - **Injections and Other Miscellaneous J-Codes Services**
 - Injections and Other Miscellaneous J-Codes Services involve injectable products and other similar services which are provided in the office setting and administered by a physician. This category does not include any physician administered drugs (PADs) nor injections already covered by another service category.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)



Physician Services- Injections and Other Miscellaneous J-Codes

Injections and Other Miscellaneous J-Codes Statistics

Total Adjusted Expenditures SFY 2023-24	\$1,187,317
Total Members Utilizing Services in SFY 2023-24	1,359
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-4.83%
Total Active Providers SFY 2023-24	337
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	0.30%

Injections and Other Miscellaneous J-Codes Benchmark Rate Comparison

Colorado Repriced	Medicare Repriced	Rate Benchmark Comparison
\$1,187,317	\$921,745	130.08%

Physician Services - Injections and Other Miscellaneous J-Codes Benchmark Analysis Summary

- There are a total of 9 procedure code/modifier/region combinations with benchmark ratios, and 34 are excluded.
- 7 (78%) code/modifier/region combinations use Medicare and 2 (22%) codes use other states for benchmarking.
- The benchmark ratio range is 35%-162%.
- Code J7325, with a 116% benchmark ratio, accounts for 79% of the utilization in this category. These injections are used to treat pain caused by osteoarthritis of the knee.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	1	11%	0.00%
Between 100% and 120%	2	22%	83%
Below 60% or Above 140%	3	33%	5%
Below 10% or Above 500%	0	0%	0%

Physician Services - Injections and Other Miscellaneous J-Codes Top Codes by Utilization

Physician Services Injections and other Miscellaneous J Codes Top Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	J7325	SYNVISC OR SYNVISC-ONE	116.20%	15,434	79.30%
2	J7321	HYALGAN SUPARTZ VISCO-3 DOSE	106.10%	1,471	7.56%
3	J7327	MONOVISC INJ PER DOSE	138.00%	926	4.76%
4	J7323	EUFLEXXA INJ PER DOSE	114.50%	740	3.80%
5	J7324	ORTHOVISC INJ PER DOSE	161.90%	634	3.26%
6	J7674	METHACHOLINE CHLORIDE, NEB	34.80%	258	1.33%

Physician Services - Injections and Other Miscellaneous J-Codes Access to Care Summary

- Medicaid provider participation was 42%.
- Panel size was highest in Pueblo County and moderate in some I-25 corridor counties, while remaining stable in both regions.
- Penetration rate was highest in Hinsdale County and relatively uniform across the state.
- The shortest drive times were along the I-25 corridor due to more providers, and some in Western and Eastern CO. Much of Eastern and Western CO still had high drive times.
- Per utilizer per month Medicaid expenditures were lower than commercial payers, but higher than other payers.
- Per utilizer per year Medicaid utilization was similar to other payers, though exceeded Medicare FFS by a greater margin in SFY24.



Physician Services - Injections and Other Miscellaneous J-Codes



Comments

Physician Services - Injections and Other Miscellaneous J-Codes



MPRRAC Discussion



COLORADO

Department of Health Care
Policy & Financing

Physician Services - Neuro/Psychological Testing Services

- Service description:
 - **Neuro/Psychological Testing Services**
 - Neuro/Psychological Testing Services assess and diagnose a wide range of mental health and neurological conditions. This includes all types of depression screening, developmental screening, and screening for other mental health conditions.

Physician Services- Neuro/Psychological Testing Services

Neuro/Psychological Testing Services Statistics

Total Adjusted Expenditures SFY 2023-24	\$15,248,262
Total Members Utilizing Services in SFY 2023-24	162,851
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-3.55%
Total Active Providers SFY 2023-24	3,595
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	26.36%

Neuro/Psychological Testing Services Benchmark Rate Comparison

Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$15,248,262	\$12,476,717	122.21%

Physician Services - Neuro/Psychological Testing

Benchmark Analysis Summary

- There are a total of 17 procedure code/modifier combinations with benchmark ratios, and 5 are excluded.
- 15 (88%) procedure code/modifier combinations use Medicare, and 2 (12%) use other states for benchmarking.
- The benchmark ratio range is 54%-426%.
- 5 (29%) procedure code/modifier combinations have a benchmark ratio that is within 120%-180%, and these codes account for 77% of the utilization.

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	5	29%	2%
Above 100% and Below 120%	5	29%	18%
Above 120% and Below 180%	5	29%	77%

Physician Services - Neuro/Psychological Testing

Codes using Benchmark States for Benchmarking

- Code 96110
 - For developmental screening and testing, specifically focusing on identifying potential developmental delays in children using standardized instruments
 - No Medicare rate
- Code 96127
 - Switched from using Medicare to benchmark states for benchmarking
 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument
 - Medicare: For all developmental screenings and for all ages
 - Benchmark ratio: 392%
 - CO Medicaid: For Autism Spectrum Disorder screening only and for children and youth
 - Benchmark states: AZ, NE, NV, OK, OR, and UT
 - Benchmark ratio: 153%



Physician Services - Neuro/Psychological Testing Services

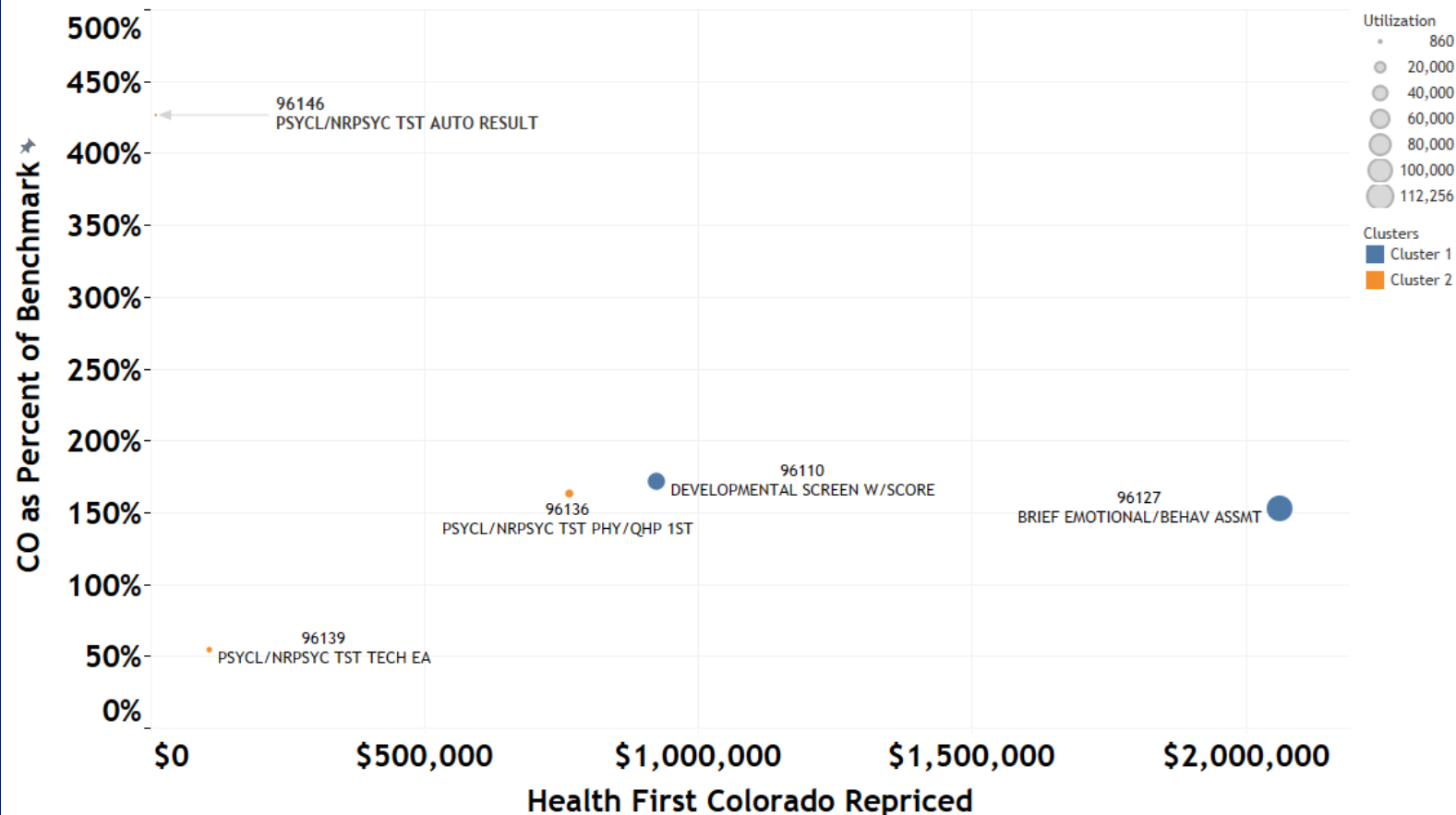
Top 10 Codes by Utilization

Physician Services - Neuro/Psychological Testing Services Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	96127	BRIEF EMOTIONAL/BEHAV ASSMT	152.90%	112,256	34.89%
2	96137	PSYCL/NRPSYC TST PHY/QHP EA	135.00%	61,941	19.25%
3	96110	DEVELOPMENTAL SCREEN W/SCORE	171.90%	50,391	15.66%
4	96133	NRPSYC TST EVAL PHYS/QHP EA	107.70%	41,449	12.88%
5	96131	PSYCL TST EVAL PHYS/QHP EA	124.90%	12,809	3.98%
6	96136	PSYCL/NRPSYC TST PHY/QHP 1ST	163.30%	11,324	3.52%
7	96132	NRPSYC TST EVAL PHYS/QHP 1ST	105.70%	10,586	3.29%
8	96139	PSYCL/NRPSYC TST TECH EA	54.40%	5,639	1.75%
9	96130	PSYCL TST EVAL PHYS/QHP 1ST	111.40%	5,024	1.56%
10	96113	DEVEL TST PHYS/QHP EA ADDL	91.30%	3,172	0.99%

Physician Services- Neuro/Psychological Testing Services Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24

Physician Services - Neuro/Psychological Testing Services



Physician Services - Neuro/Psychological Testing Services Access to Care Summary

- Medicaid provider participation was 63%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor and Western CO counties. Spikes in August were caused by increasing utilization among the school-aged population.
- Penetration rate was highest in Montrose County, some other Western CO counties, and several near the I-25 corridor.
- Per utilizer per year Medicaid utilization was slightly higher than other payers, though slightly exceeded by Medicare Advantage in SFY24.



Physician Services - Neuro/Psychological Testing Services



Comments

Physician Services - Neuro/Psychological Testing Services



MPRRAC Discussion



Eyeglasses and Vision vs Ophthalmology

Eyeglasses and Vision	Ophthalmology
<p>A range of healthcare solutions aimed at improving and maintaining visual acuity and eye health</p>	<p>Medical specialty that deals with diagnosing and treating a wide range of eye diseases and conditions, including surgical interventions</p>
<ul style="list-style-type: none">• Comprehensive eye examinations• Prescription and fitting of corrective lenses• Dispensing of eyeglasses, including frames and lenses	<ul style="list-style-type: none">• Diagnosis and Treatment• Vision Correction• Surgery
<p>May be rendered by an optometrist, as well as other providers such as a physician</p>	<p>Typically performed by an ophthalmologist who is a fully licensed medical doctor</p>



Physician Services- Ophthalmology Services

- Service description:
 - **Ophthalmology Services**
 - Ophthalmology is a medical specialty that focuses on the diagnosis, treatment, and management of eye and vision conditions.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)

Physician Services - Ophthalmology Services

Ophthalmology Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$2,792,071
Total Members Utilizing Services in SFY 2023-24	44,181
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-5.26%
Total Active Providers SFY 2023-24	1,062
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	4.02%

Ophthalmology Services Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$2,792,071	\$2,661,759	104.90%

Physician Services - Ophthalmology

Benchmark Analysis Summary

- There are a total of 73 procedure code/modifier combinations with benchmark ratios, no excluded codes.
- 66 (90%) codes use Medicare and 7 (10%) codes use other states for benchmarking.
- The benchmark ratio range is 8%-452%.
- 35 (48%) procedure code/modifier combinations have a benchmark ratio that is within 80%-110%, and these codes account for 72% of the utilization.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	20	27%	20%
Above 100% and Below 110%	15	21%	52%
Below 60% or Above 140%	20	27%	5%
Below 10% or Above 500%	1	1%	0.00%

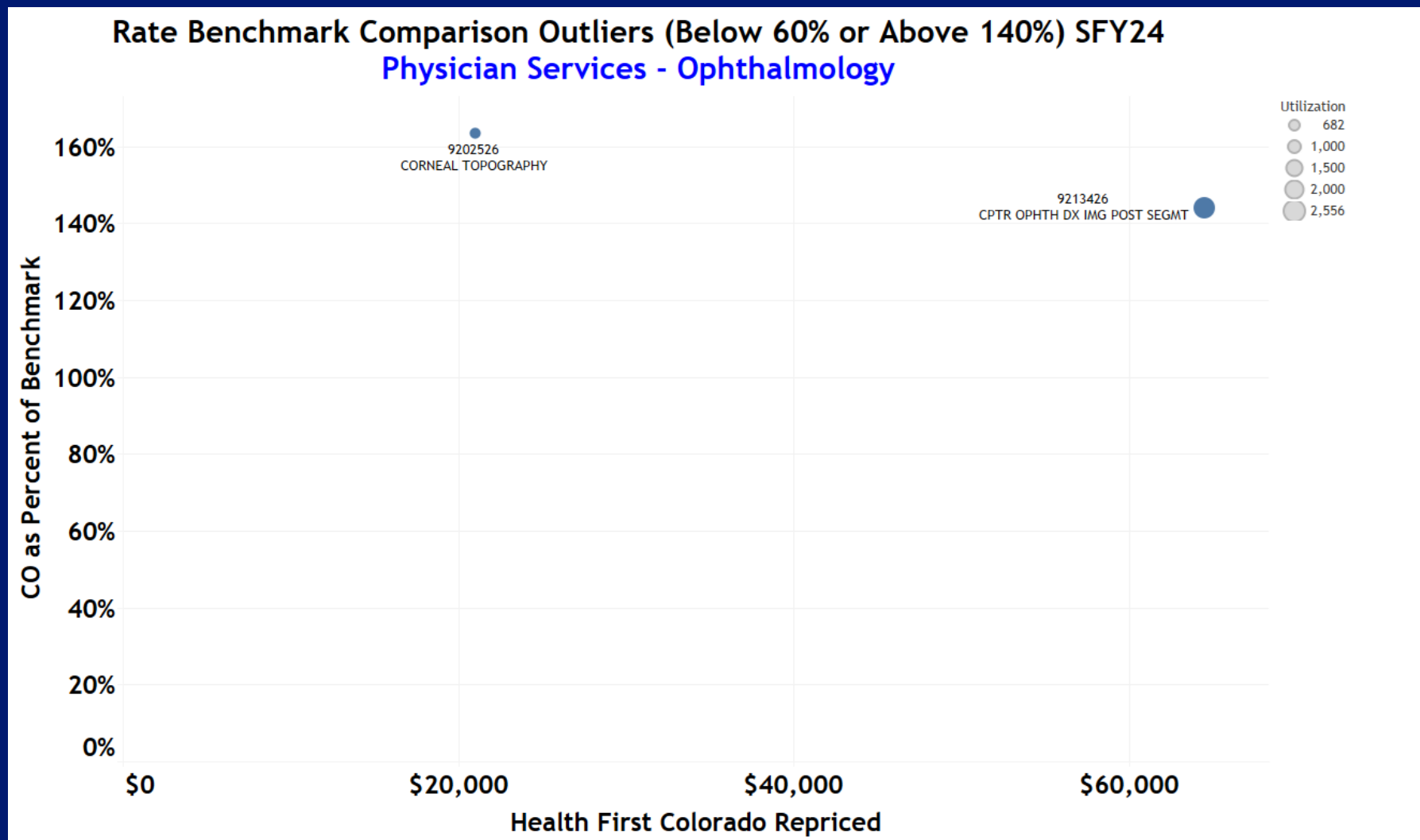
Physician Services - Ophthalmology

Services

Top 10 Codes by Utilization

Physician Services Ophthalmology Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	92250	FUNDUS PHOTOGRAPHY W/I&R	107.50%	31,234	43.21%
2	92134	CPTR OPHTH DX IMG POST SEGMENT	118.70%	9,676	13.38%
3	92060	SENSORIMOTOR EXAMINATION	94.00%	5,786	8.00%
4	92133	CMPTD OPHTH IMG OPTIC NERVE	125.20%	4,410	6.10%
5	92285	EXTERNAL OCULAR PHOTOGRAPHY	85.20%	2,804	3.88%
6	92134+26	CPTR OPHTH DX IMG POST SEGMENT	144.10%	2,556	3.54%
7	92133+26	CMPTD OPHTH IMG OPTIC NERVE	137.00%	2,101	2.91%
8	92025	CORNEAL TOPOGRAPHY	84.40%	1,623	2.25%
9	92136	OPHTHALMIC BIOMETRY	105.30%	1,522	2.11%
10	92060+26	SENSORIMOTOR EXAMINATION	105.50%	1,402	1.94%

Physician Services - Ophthalmology Services Outlier Bubble Chart



Physician Services - Ophthalmology Services

Access to Care Summary

- Medicaid provider participation was 32%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban panel size trended upward, then decreased in early SFY24 due to decreasing utilizers.
- Penetration rate was highest in Baca County and moderate in some counties along the I-25 corridor and in South-Western CO. Meanwhile, it was lower in the Western slope.
- Per utilizer per year Medicaid expenditures were lower than commercial payers and Medicare Advantage, but higher than Medicare FFS.
- Per utilizer per year Medicaid utilization was similar to commercial payers, and slightly less than other payers.



Physician Services - Ophthalmology Services



Comments

Physician Services - Ophthalmology Services



MPRRAC Discussion



Physician Services - Primary Care Evaluation and Management (E&M) Services

- Service description:
 - **Primary Care Evaluation and Management (E&M) Services**
 - Primary care/E&M services include basic office visits available to all Health First Colorado members that involve diagnosing and treating a patient's health. These encounters can lead to members being referred to specialists for additional services.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)

Physician Services - Primary Care E&M Services

Primary Care E&M Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$199,091,256
Total Members Utilizing Services in SFY 2023-24	450,127
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-9.39%
Total Active Providers SFY 2023-24	16,152
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	2.09%

Primary Care E&M Services Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$199,091,256	\$216,034,533	92.16%

Physician Services - Primary Care and Evaluation & Management Services Benchmark Analysis Summary

- There are total of 86 procedure code/modifier combinations with Benchmark ratios, and 16 are excluded.
- 63 (73%) procedure code/modifier combinations use Medicare, and 23 (27%) use other states for benchmarking.
- The benchmark ratio range is 42%-177%.
- 40 (47%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, these codes account for 83% of the total FY24 utilization.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	40	47%	83%
Between 101% and 140%	37	43%	8%
Below 60% or Above 140%	4	5%	3%

Physician Services - Primary Care E&M Services

Top 10 Codes by Utilization

Physician Services - Primary Care E&M Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	99284	EMERGENCY DEPT VISIT MOD MDM	89.40%	297,008	15.98%
2	99232	SBSQ HOSP IP/OBS MODERATE 35	84.40%	215,580	11.60%
3	99233	SBSQ HOSP IP/OBS HIGH 50	85.00%	198,301	10.67%
4	99285	EMERGENCY DEPT VISIT HI MDM	92.00%	181,234	9.75%
5	99283	EMERGENCY DEPT VISIT LOW MDM	85.70%	120,064	6.46%
6	99223	1ST HOSP IP/OBS HIGH 75	97.80%	77,978	4.20%
7	99291	CRITICAL CARE FIRST HOUR	89.40%	73,530	3.96%
8	99391	PER PM REEVAL EST PAT INFANT	98.60%	68,800	3.70%
9	99417	PROLNG OP E/M EACH 15 MIN	167.90%	59,755	3.22%
10	99392	PREV VISIT EST AGE 1-4	98.80%	59,095	3.18%

Physician Services - Primary Care E&M Services Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24
Physician Services - Primary Care and Evaluation & Management Services



Physician Services - Primary Care E&M

Services Access to Care Summary

- Medicaid provider participation was 73%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban and rural panel size trended downward in SFY24 due to decreasing utilizers.
- Penetration rate was highest in Pueblo County and moderate to high across CO, except for parts of Western and Eastern CO, where it was lower.
- Drive times were relatively short statewide, with providers serving many locations. Higher drive times were mostly in rural locations in Western and Eastern CO.
- Per utilizer per year Medicaid utilization was lower than Medicare Advantage, but higher than other payers.



Physician Services - Primary Care and Evaluation & Management Services Preventative Care Codes Summary

- 18 (18%) of the 102 procedure code/modifier combinations are Preventative Care codes.
- The benchmark ratio range is 85% - 112%.
- All preventative codes use other states for benchmarking.

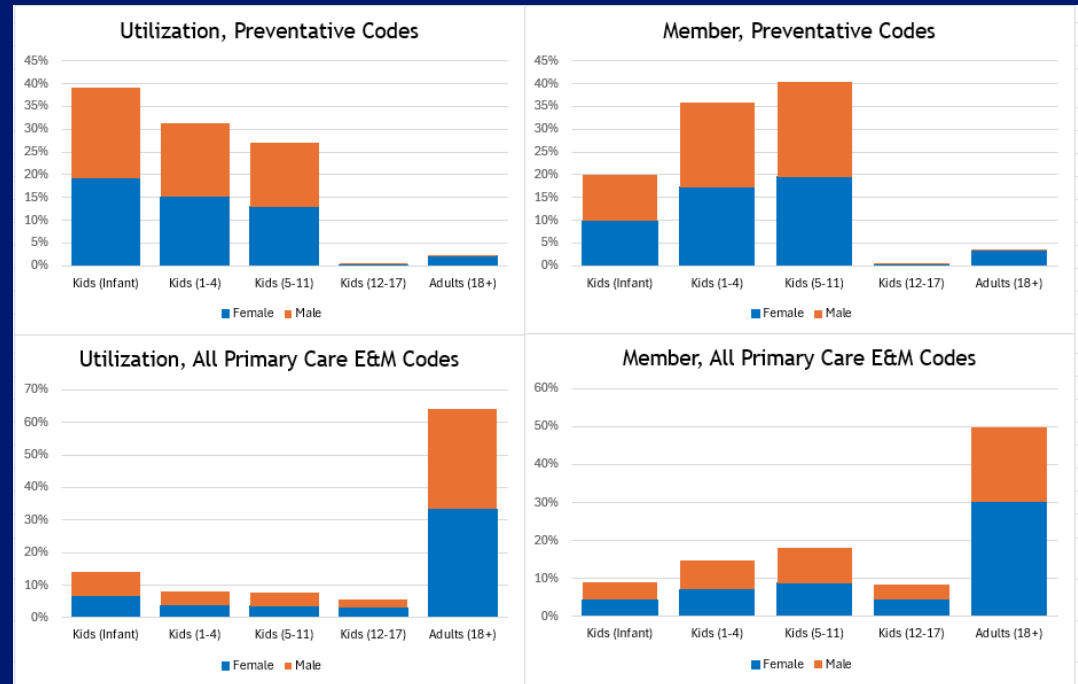
	Utilization	CO Repriced	Member Count
All Primary Care E&M Codes	1,858,562	\$199,091,256	450,127
Preventative Codes	202,685	\$18,416,384	125,618
Percentage of Preventative Codes Over All Primary Care E&M Codes	11%	9%	28%



Physician Services - Primary Care and Evaluation & Management Services

Preventative Care Codes Summary

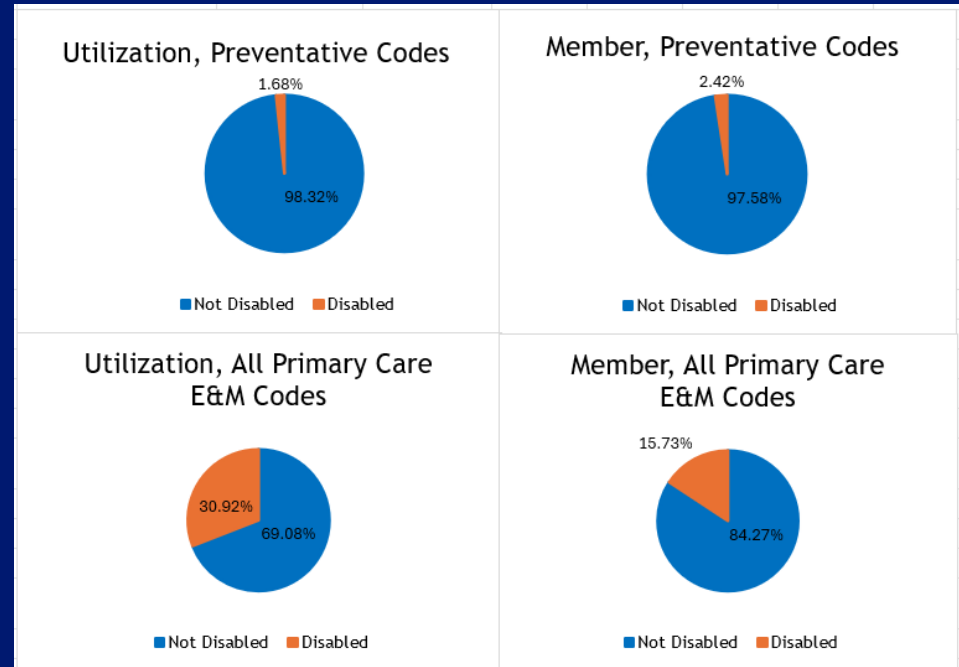
- Adult population:
 - Preventative codes: 3%
 - All Primary Care E&M codes: 50%
- Female adult population:
 - Preventative codes: 98%
 - All Primary Care E&M codes: 61%
- Possible Causes:
 - Kids have regular check-ups
 - Females have more health awareness and Well Woman Exam
 - Society often encourages women to prioritize health and wellness



Physician Services - Primary Care and Evaluation & Management Services

Preventative Care Codes Summary

- Disabled Member population:
 - Preventative codes: 2%
 - All Primary Care E&M codes: 16%
- Possible causes:
 - Providers lacking the specialized training or resources
 - Providers not having adequate equipment or accommodations, workflows, and office layout and design



Physician Services - Primary Care and Evaluation & Management Services Preventative Care Codes Summary

- Visit Types
 - 87% of Preventative Care visits are well visits utilized by kids between the age 0 and 11
- Region
 - 89% of the utilization happened in Urban area, regardless Preventative Care codes or all Primary Care E&M codes
- Telemedicine
 - More than 99.9% of the utilization happened as regular in-person visits, regardless Preventative Care codes or all Primary Care E&M codes



Physician Services - Primary Care E&M Services



Comments

Physician Services - Primary Care E&M Services



MPRRAC Discussion



Physician Services - Radiology Services

- Service description:
 - Radiology Services
 - Radiology services primarily consist of imaging services. These services include but are not limited to angiograms, computed tomography (CT scans), electrocardiograms (ECG), magnetic resonance imaging (MRI scans), mammograms, positron emission tomography (PET scans), radiation treatment, ultrasounds, and X-rays.
- Last review:
 - 2022 Medicaid Provider Rate Review Analysis Report

Physician Services - Radiology Services

Radiology Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$66,921,079
Total Members Utilizing Services in SFY 2023-24	355,122
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-9.44%
Total Active Providers SFY 2023-24	7,896
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-3.26%

Radiology Services Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$66,921,079	\$68,086,028	98.29%

Physician Services - Radiology

Benchmark Analysis Summary

- There are a total of 1760 procedure code/modifier combinations with benchmark ratios, and 30 are excluded.
- 1625 (92%) procedure code/modifier combinations use Medicare, and 135 (8%) use other states for benchmarking.
- The benchmark ratio range is 4%-667%.
- 1276 (73%) procedure code/modifier combinations have a benchmark ratio that is within 80%-140%, and these codes account for 93% of the utilization.

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	698	40%	55%
Above 100% and Below 140%	578	33%	38%
Below 60% or Above 140%	377	21%	7%
Below 10% or Above 500%	15	0.85%	0%

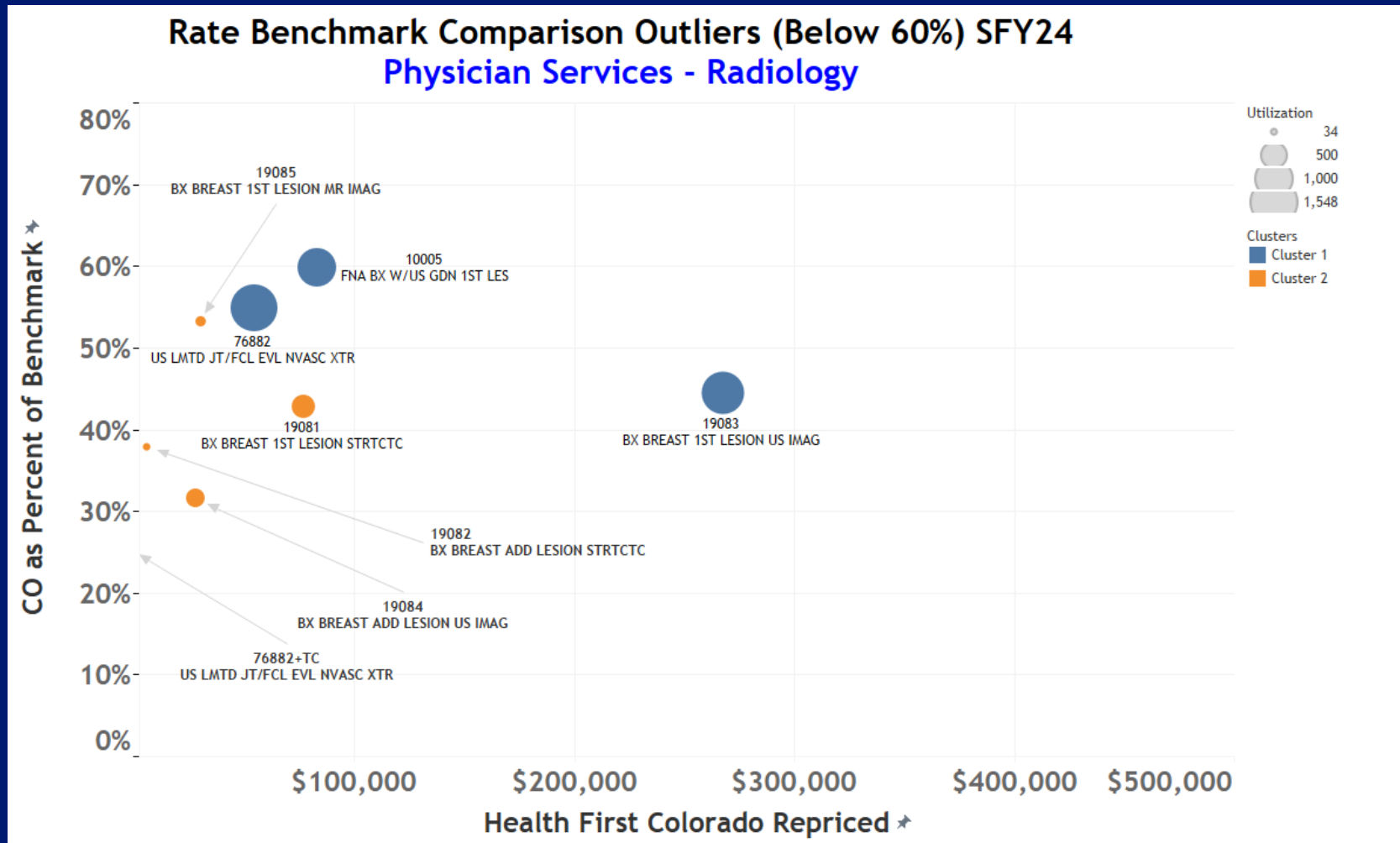
Physician Services - Radiology Services

Top 10 Codes by Utilization

Physician Services - Radiology Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	71045+26	X-RAY EXAM CHEST 1 VIEW	134.40%	134,044	10.20%
2	74177+26	CT ABD & PELV W/CONTRAST	90.80%	58,194	4.43%
3	70450+26	CT HEAD/BRAIN W/O DYE	106.50%	49,881	3.79%
4	71046+26	X-RAY EXAM CHEST 2 VIEWS	173.20%	48,508	3.69%
5	74018+26	X-RAY EXAM ABDOMEN 1 VIEW	140.30%	26,390	2.01%
6	76705+26	ECHO EXAM OF ABDOMEN	99.60%	25,553	1.94%
7	73630+26	X-RAY EXAM OF FOOT	85.20%	23,247	1.77%
8	73610+26	X-RAY EXAM OF ANKLE	85.20%	20,244	1.54%
9	73130+26	X-RAY EXAM OF HAND	85.20%	19,542	1.49%
10	72125+26	CT NECK SPINE W/O DYE	102.40%	19,493	1.48%

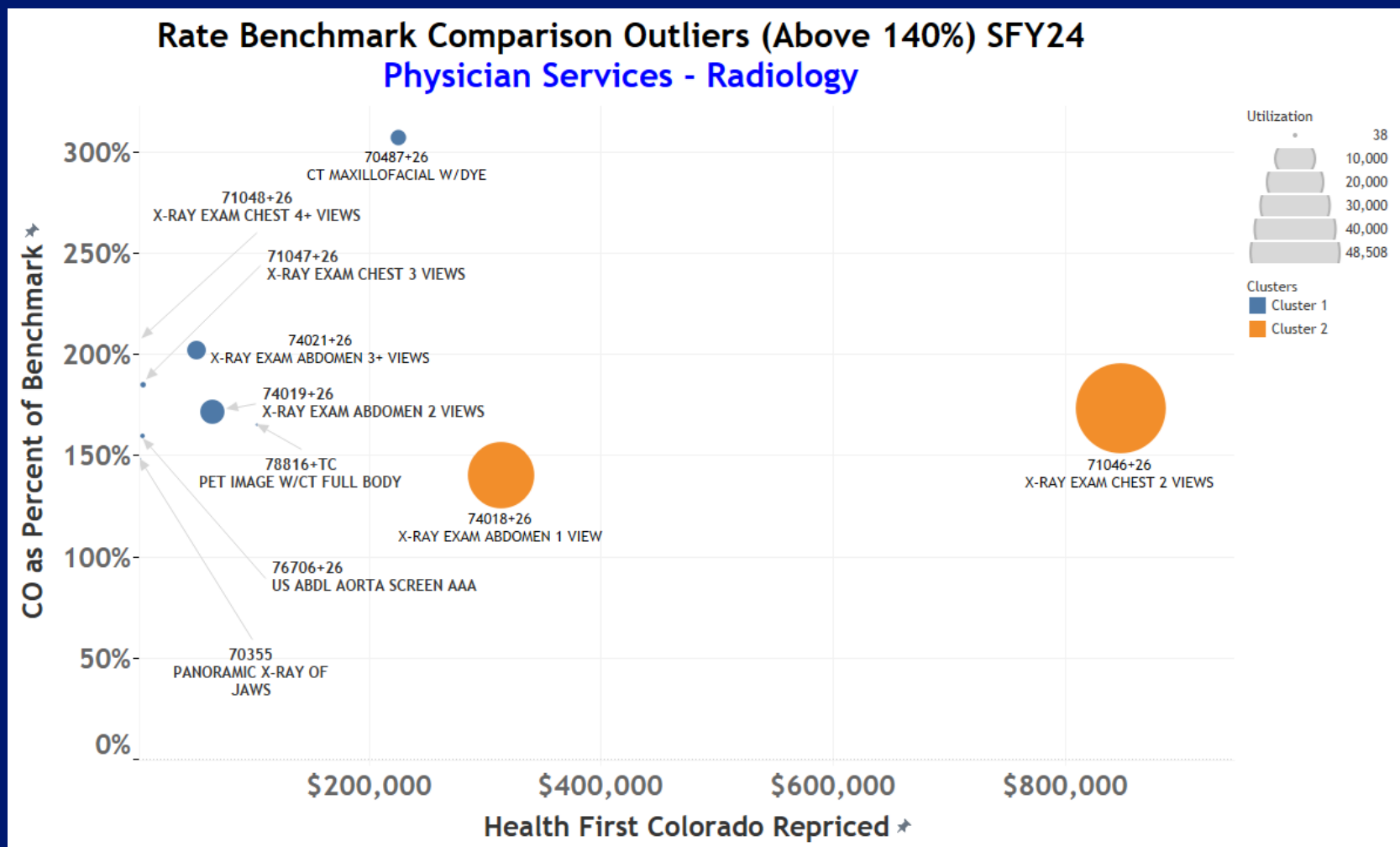
Physician Services - Radiology Services

Outlier Bubble Chart Below 60%



Physician Services - Radiology Services

Outlier Bubble Chart Above 140%



Physician Services - Radiology Services

Access to Care Summary

- Medicaid provider participation was 37%.
- Panel size was highest in El Paso County, moderate in some I-25 corridor counties, and trended down across both regions in SFY24 due to utilizers decreasing more quickly.
- Penetration rate was highest in Sedgwick County and moderate to high across CO, except for in the Western slope, where it was low.
- Per utilizer per year Medicaid utilization was similar to Medicare Advantage, and higher than other payers.

Physician Services - Radiology Services



Comments

Physician Services - Radiology Services



MPRRAC Discussion

Physician Services - Respiratory Services

- Service description:
 - **Respiratory Services**
 - Respiratory services include diagnostic evaluation and procedures of the nose, trachea, bronchi, lungs, and pleura (a set of membranes which cover the lungs). Also included in this category are the management of chronic respiratory conditions such as COPD and asthma.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)

Physician Services- Respiratory Services

Respiratory Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$1,145,246
Total Members Utilizing Services in SFY 2023-24	43,165
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-12.76%
Total Active Providers SFY 2023-24	2,298
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-2.05%

Respiratory Services Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$1,145,246	\$1,111,929	103.00%

Physician Services - Respiratory

Benchmark Analysis Summary

- There are a total of 88 procedure code/modifier combinations with benchmark ratios, and 3 are excluded.
- 83 (94%) procedure code/modifier combinations use Medicare as a benchmark, 5 (6%) use other states as a benchmark.
- The benchmark ratio range is 27%-392%.
- 71 (81%) procedure code/modifier combinations have a benchmark ratio that is within 60%-140%, and these codes account for 90% of the utilization.

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Above 60% and Below 80%	20	23%	49%
Between 80% and 100%	23	26%	15%
Above 100% and Below 140%	28	32%	27%
Below 60% or Above 140%	17	19%	9%

Physician Services - Respiratory Services

Top 10 Codes by Utilization

Physician Services - Respiratory Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	94760	MEASURE BLOOD OXYGEN LEVEL	74.10%	42,294	48.61%
2	94640	AIRWAY INHALATION TREATMENT	172.30%	7,932	9.12%
3	94010	BREATHING CAPACITY TEST	123.10%	7,473	8.59%
4	94375+26	RESPIRATORY FLOW VOLUME LOOP	107.90%	3,996	4.59%
5	94060+26	EVALUATION OF WHEEZING	125.30%	3,845	4.42%
6	94060	EVALUATION OF WHEEZING	109.40%	2,930	3.37%
7	94729+26	CO/MEMBANE DIFFUSE CAPACITY	83.40%	2,714	3.12%
8	94375	RESPIRATORY FLOW VOLUME LOOP	96.10%	2,668	3.07%
9	94726+26	PULM FUNCT TST PLETHYSMOGRAP	93.50%	2,303	2.65%
10	94762	MEASURE BLOOD OXYGEN LEVEL	116.40%	1,867	2.15%

Physician Services - Respiratory Services Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24

Physician Services - Respiratory



Physician Services - Respiratory Services

Access to Care Summary

- Medicaid provider participation was 34%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban panel size initially increased, then trended down in SFY24 due to utilizers decreasing more quickly.
- Penetration rate was highest in Jefferson County and moderate in several counties near the I-25 corridor. It was lower in Western and Eastern CO.
- Per utilizer per year Medicaid utilization was higher than other payers.

Physician Services - Respiratory Services



Comments

Physician Services - Respiratory Services



MPRRAC Discussion

Physician Services - Sleep Study Services

- Service description:
 - **Sleep Study Services**
 - Sleep studies 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). This service is typically provided by hospitals, clinics, independent laboratories, or Independent Diagnostic Testing Facilities (IDTF).

Physician Services- Sleep Study Services

Sleep Study Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$3,540,026
Total Members Utilizing Services in SFY 2023-24	12,522
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-3.16%
Total Active Providers SFY 2023-24	198
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	10.61%

Sleep Study Services Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$3,540,026	\$2,862,835	123.65%

Physician Services - Sleep Study

Benchmark Analysis Summary

- There are a total of 42 procedure code/modifier combinations with benchmark ratios.
- 33 (79%) procedure code/modifier combinations use Medicare, and 9 (21%) use other states for benchmarking.
- The benchmark ratio range is 31%-192%.
- 21 (50%) procedure code/modifier combinations have a benchmark ratio that is within 80%-140%, and these codes account for 67% of the utilization.

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	9	21%	5%
Above 100% and Below 140%	12	29%	62%
Below 60% or Above 140%	19	45%	33%
Below 10% or Above 500%	0	0.00%	0.00%

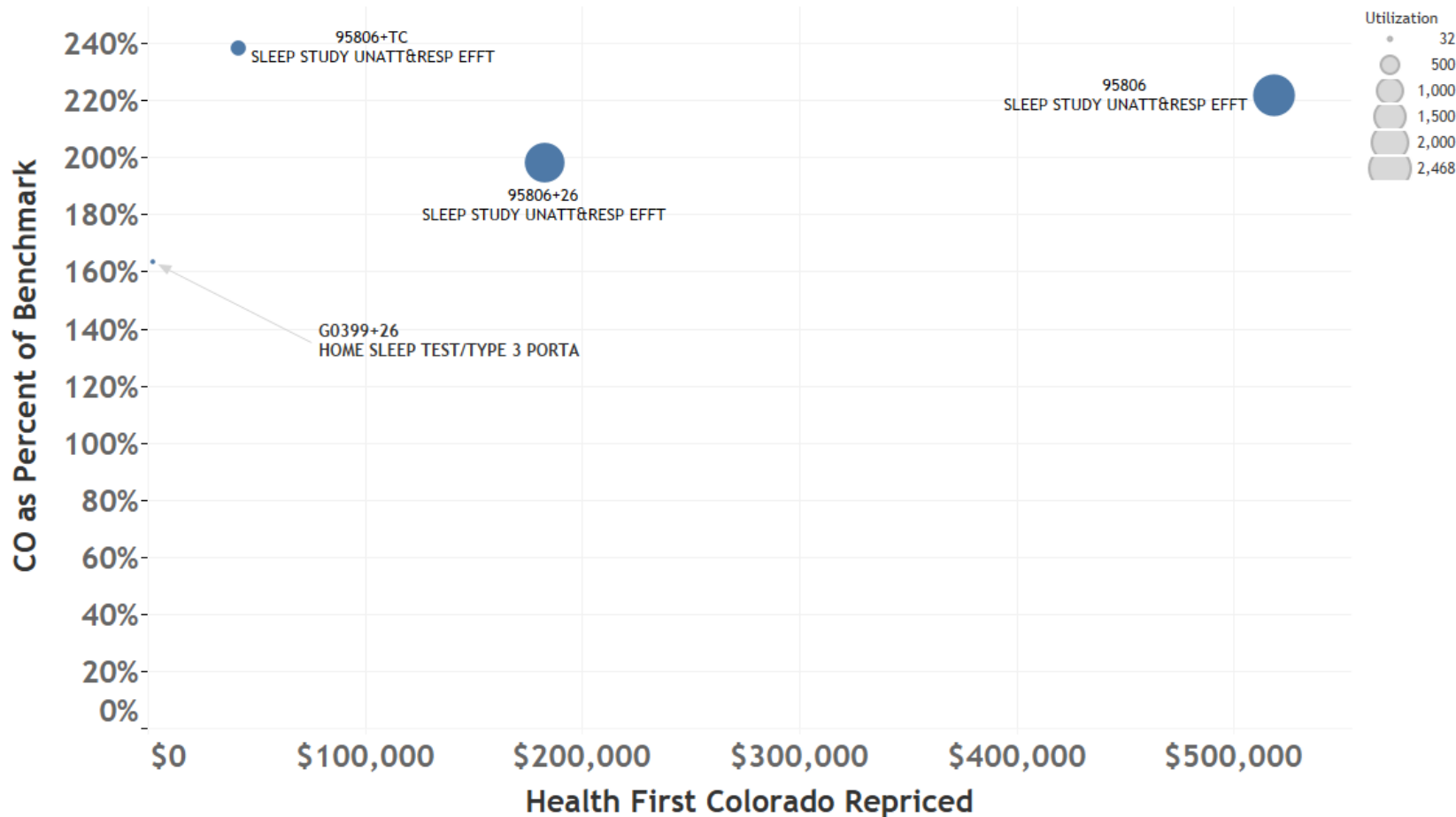
Physician Services - Sleep Study Services

Top 10 Codes by Utilization

Physician Services - Sleep Study Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	91200	POLYSOM 6/> YRS 4/> PARAM	117.40%	2,922	18.69%
2	91200+26	SLEEP STUDY UNATT&RESP EFFT	221.50%	2,468	15.78%
3	91065+26	SLEEP STUDY UNATT&RESP EFFT	198.00%	2,228	14.25%
4	91010+26	POLYSOM 6/>YRS CPAP 4/> PARM	116.90%	1,977	12.64%
5	91110	SLP STDY UNATTENDED	137.80%	1,415	9.05%
6	91035+26	SLP STDY UNATTENDED	133.80%	959	6.13%
7	91110+26	POLYSOM 6/> YRS 4/> PARAM	109.40%	909	5.81%
8	91122+26	POLYSOM 6/>YRS CPAP 4/> PARM	107.90%	795	5.08%
9	91037+26	POLYSOM <6 YRS 4/> PARAMTRS	94.20%	557	3.56%
10	91010	POLYSOM 6/> YRS 4/> PARAM	107.60%	342	2.19%

Physician Services - Sleep Study Services Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24
Physician Services - Sleep Study



Physician Services - Sleep Study Services

Access to Care Summary

- Medicaid provider participation was 13%.
- Panel size was highest in Pueblo County and moderate in some I-25 corridor counties. Urban and rural panel size fluctuated due to utilizer to provider fluctuations.
- Penetration rate was highest in Pueblo County and moderate throughout the state, except for in the Western slope, where it was low.
- The shortest drive times were along the I-25 corridor due to more providers, and some parts of Western and Eastern CO. Much of Western and Eastern CO still had high drive times.
- A few providers had a dramatic drop in the number of members served from SFY22 to SFY24.
- Per utilizer per year Medicaid utilization was slightly higher than other payers.



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Policy & Financing

Physician Services - Sleep Study Services



Comments

Physician Services - Sleep Study Services



MPRRAC Discussion

Physician Services- Vaccines

Immunizations Services

- Service description:
 - **Vaccines Immunizations Services**
 - Vaccines & Immunizations services promote and facilitate the prevention of preventable diseases. All vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are covered for all members. Additionally members under the age of 19 receive all vaccines included in the Vaccines for Children (VFC) Program via VFC providers who are also enrolled Medicaid providers.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)



Physician Services - Vaccines Immunizations Services

Vaccines Immunizations Services Statistics

Total Adjusted Expenditures SFY 2023-24	\$23,640,025
Total Members Utilizing Services in SFY 2023-24	213,285
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-8.32%
Total Active Providers SFY 2023-24	7,678
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	2.58%

Vaccines Immunizations Services Benchmark Rate Comparison

Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$23,640,025	\$24,852,249	95.12%



Physician Services - Vaccines Immunizations

Benchmark Analysis Summary

- There are a total of 70 procedure code/modifier combinations with benchmark ratios, and 17 are excluded.
- 32 (46%) procedure code/modifier combinations use Medicare, and 38 (54%) use other states for benchmarking.
- The benchmark ratio range is 44%-250%.
- 60 (86%) procedure code/modifier combinations have a benchmark ratio that is within 80%-140%, and these codes account for 94% of the utilization.

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	27	39%	49%
Above 100% and Below 140%	33	47%	45%
Below 60% or Above 140%	8	11%	0.36%
Below 10% or Above 500%	0	0%	0%

Physician Services - Vaccines

Immunizations Services

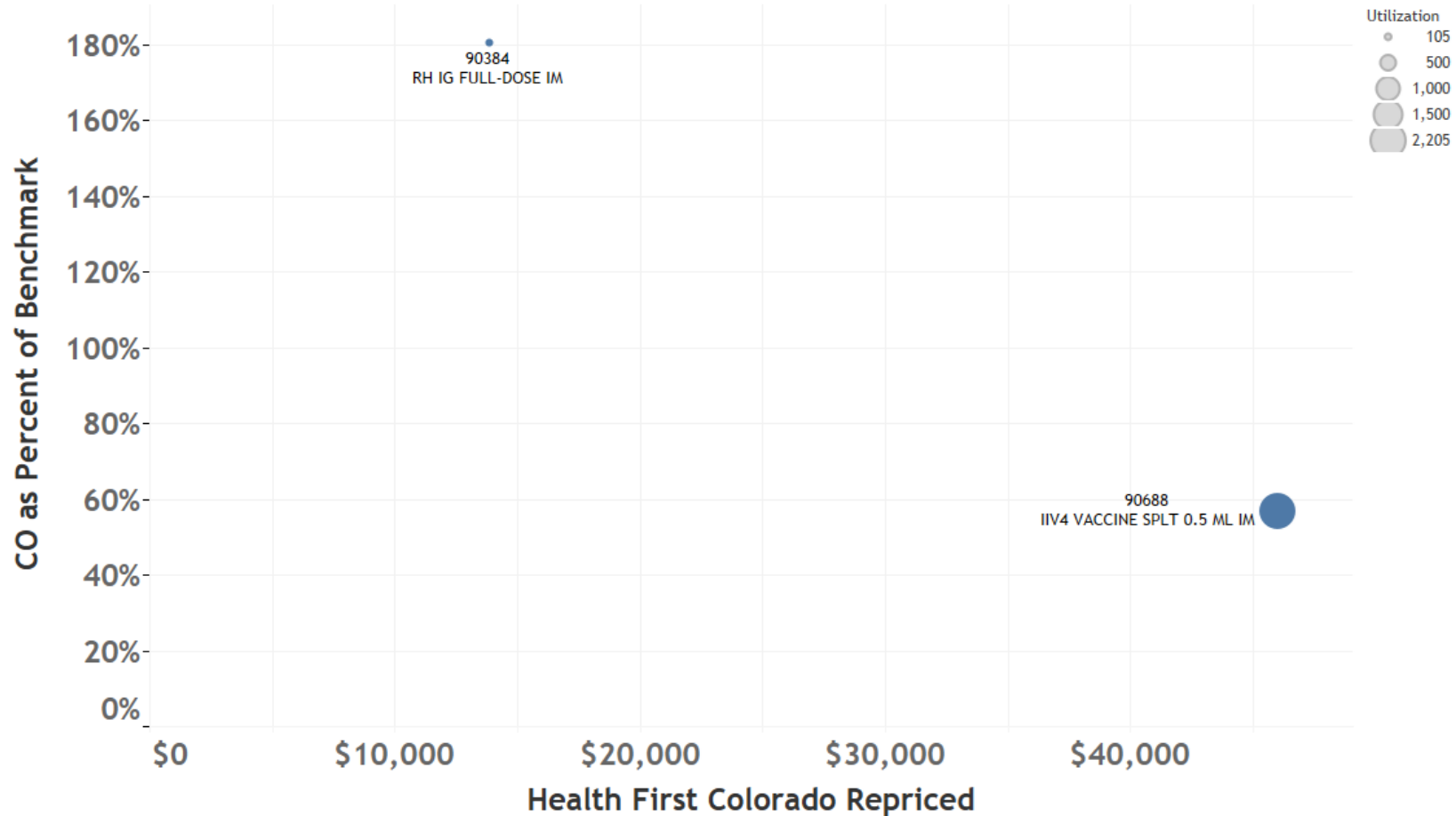
Top 10 Codes by Utilization

Physician Services - Vaccines Immunizations Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	90460	IM ADMIN 1ST/ONLY COMPONENT	91.90%	237,718	34.71%
2	90471	IMMUNIZATION ADMIN	101.80%	129,883	18.97%
3	96372	THER/PROPH/DIAG INJ SC/IM	103.90%	83,753	12.23%
4	90472	IMMUNIZATION ADMIN EACH ADD	83.60%	50,345	7.35%
5	90686	IIV4 VACC NO PRSV 0.5 ML IM	109.20%	38,186	5.58%
6	90480	ADMN SARSCOV2 VACC 1 DOSE	68.90%	37,682	5.50%
7	90715	TDAP VACCINE 7 YRS/> IM	124.10%	19,262	2.81%
8	91320	CORONAVIRUS VACCINE 21	85.70%	13,928	2.03%
9	91322	CORONAVIRUS VACCINE 23	92.10%	13,570	1.98%
10	90750	HZV VACC RECOMBINANT IM	101.90%	8,372	1.22%

Physician Services - Vaccines Immunizations

Services Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24
Physician Services - Vaccines Immunizations



Physician Services - Vaccines

Immunizations Services

Access to Care Summary

- Medicaid provider participation was 56%.
- Panel size was highest in Mesa County and moderate in some I-25 corridor and Western CO counties. October-November spikes were likely from annual flu vaccines. Utilizers decreased at a faster rate in SFY24, causing a decreasing trend in both areas.
- Penetration rate was highest in Douglas county and moderate to high in several counties across CO.
- Per utilizer per year Medicaid expenditures were lower than other payers, though close to Medicare FFS.
- Per utilizer per year Medicaid utilization was similar to other payers, though exceeded more by Medicare Advantage in SFY24.



Physician Services - Vaccines Immunizations Services



Comments

Physician Services - Vaccines Immunizations Services



MPRRAC Discussion

Physician Services- Vascular Services

- Service description:
 - **Vascular Services**
 - Vascular services involve testing and treatment related to the functioning of arteries and veins. The treatment for conditions such as peripheral artery disease (PAD), deep vein thrombosis (DVT), varicose veins, and aneurysms fall into this category.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)

Physician Services - Vascular Services

Vascular Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$3,742,201
Total Members Utilizing Services in SFY 2023-24	75,569
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-12.42%
Total Active Providers SFY 2023-24	3,608
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	0.00%

Vascular Services Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$3,742,201	\$3,993,852	93.70%

Physician Services - Vascular Benchmark Analysis Summary

- There are a total of 77 procedure code/modifier combinations with benchmark ratios.
- 72 (94%) procedure code/modifier combinations use Medicare, and 5 (6%) use other states for benchmarking.
- The benchmark ratio range is 43%-206%.
- 72 (94%) procedure code/modifier combinations have a benchmark ratio that is within 80%-140%, and these codes account for 47% of the utilization.
- Code 36415, with a 43% benchmark ratio, accounts for 53% of the utilization. This is a routine blood draw where a needle is inserted into a vein to collect a blood sample for testing.

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 40% and 50%	1	1%	53%
Between 80% and 100%	30	39%	21%
Above 100% and Below 140%	42	55%	25%
Above 140%	2	3%	0.00%

Physician Services - Vascular Services

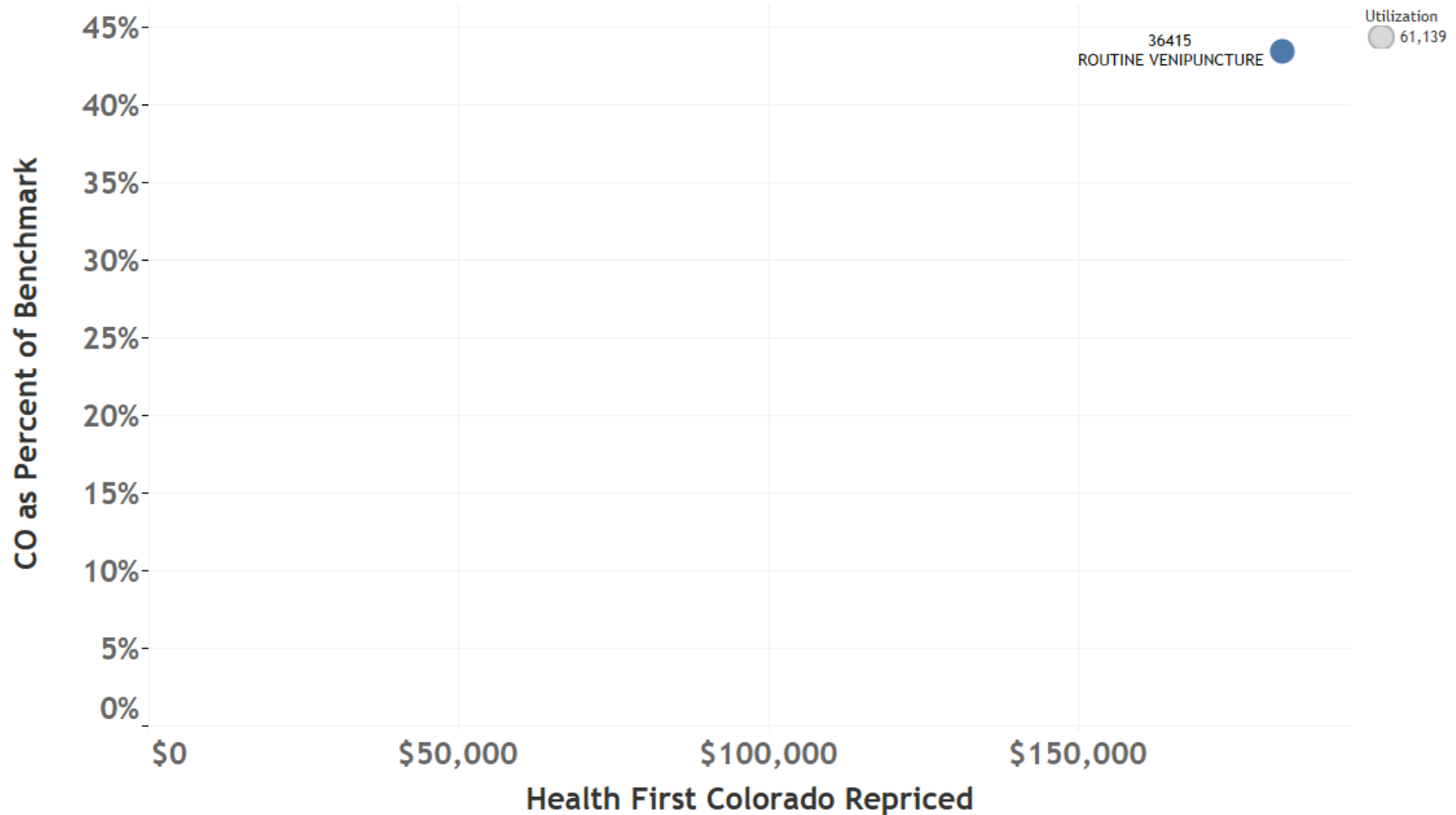
Top 10 Codes by Utilization

Physician Services - Vascular Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	36415	ROUTINE VENIPUNCTURE	43.50%	61,139	53.28%
2	93971+26	EXTREMITY STUDY	86.20%	12,759	11.12%
3	93975+26	VASCULAR STUDY	107.50%	10,356	9.03%
4	93970+26	EXTREMITY STUDY	108.50%	6,086	5.30%
5	93976+26	VASCULAR STUDY	106.50%	5,678	4.95%
6	93971	EXTREMITY STUDY	94.00%	4,985	4.34%
7	93970	EXTREMITY STUDY	93.60%	3,214	2.80%
8	93976	VASCULAR STUDY	107.10%	1,411	1.23%
9	93975	VASCULAR STUDY	108.90%	971	0.85%
10	93923	UPR/LXTR ART STDY 3+ LVLS	100.70%	799	0.70%

Physician Services - Vascular Services Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24

Physician Services - Vascular



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Physician Services - Vascular Services

Access to Care Summary

- Medicaid provider participation was 22%.
- Panel size was highest in Pueblo County and moderate in some I-25 corridor counties. Utilizers decreased at a faster rate in SFY24, causing a decreasing trend in both areas.
- Penetration rate was highest in Eagle county and moderate in several counties near the I-25 corridor, and was lowest in Western Colorado.
- Per utilizer per year Medicaid expenditures were higher than Medicare FFS, but lower than other payers.
- Per utilizer per year Medicaid utilization was similar to commercial payers, and lower than other payers until SFY24, when Medicare FFS decreased to similar amounts.

Physician Services - Vascular Services



Comments

Physician Services - Vascular Services



MPRRAC Discussion

Physician Services - Women's Health Services

- Service description:
 - **Women's Health Services**
 - Women's Health services are services that treat health issues including reproductive tissue related issues, frequently associated with women. This includes preventative care, such as routine screenings to monitor breast and cervical health. As well as treatments to address menstrual disorder and menopause.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)

Physician Services- Women's Health Services

Women's Health Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$261,731,955
Total Members Utilizing Services in SFY 2023-24	628,186
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-8.62%
Total Active Providers SFY 2023-24	17,842
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	3.61%

Women's Health Services Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$261,731,955	\$303,636,926	86.20%

Physician Services - Women's Health

Benchmark Analysis Summary

- There are a total of 116 procedure code/modifier combinations with benchmark ratios, and 3 are excluded.
- 91 (78%) procedure code/modifier combinations use Medicare, 25 (22%) use other states for benchmarking.
- The benchmark ratio range is 32%-241%.
- 73 (63%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for 88% of the utilization.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	73	63%	88%
Above 100% and Below 140%	27	23%	9%
Below 60% or Above 140%	3	3%	0.00%

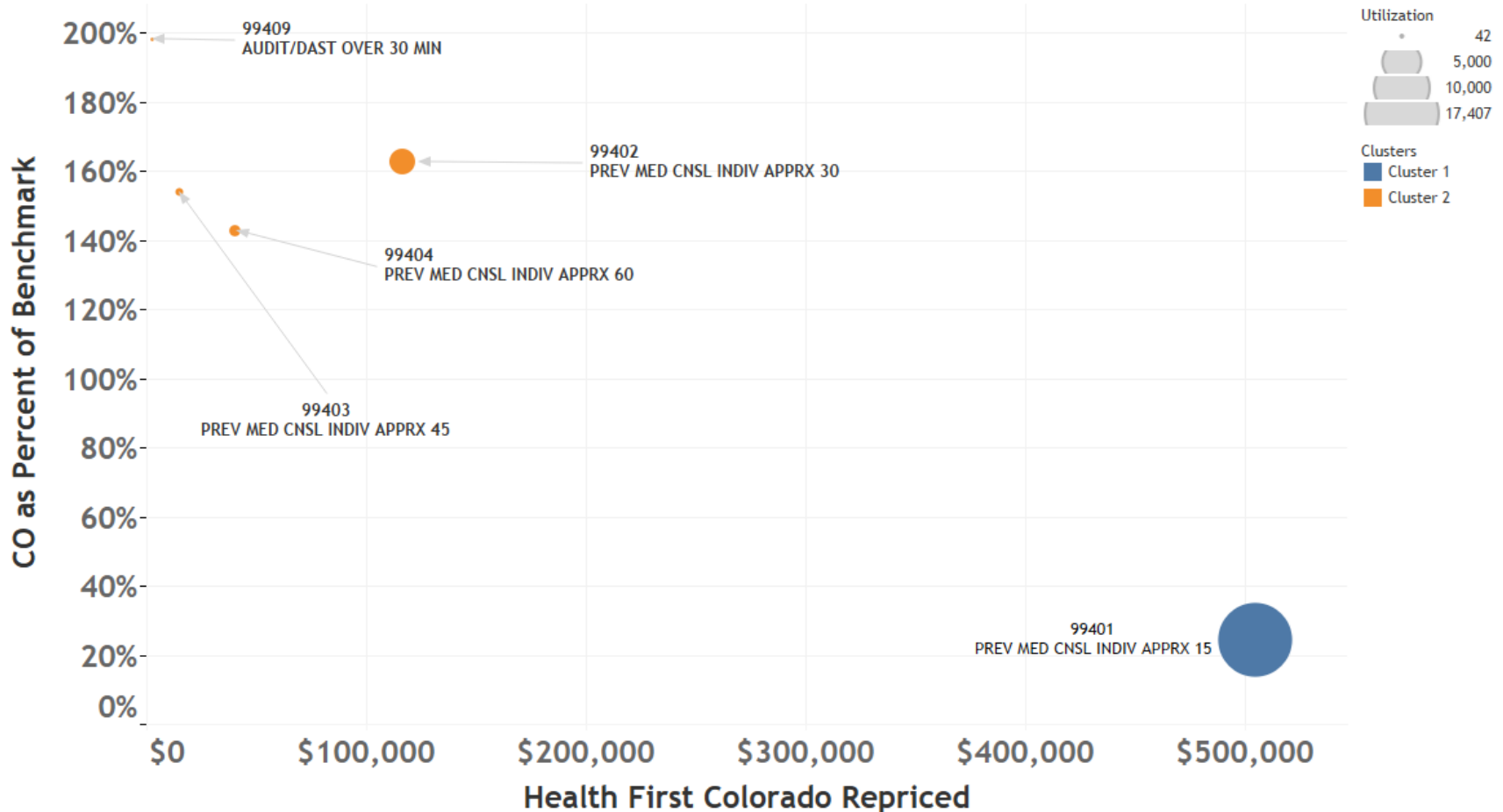
Physician Services - Women's Health Services

Top 10 Codes by Utilization

Physician Services - Women's Health Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	99214	OFFICE O/P EST MOD 30-39 MIN	83.20%	833,080	31.79%
2	99213	OFFICE O/P EST LOW 20-29 MIN	82.70%	673,448	25.70%
3	99215	OFFICE O/P EST HI 40-54 MIN	83.10%	190,483	7.27%
4	99204	OFFICE O/P NEW MOD 45-59 MIN	82.20%	188,336	7.19%
5	99203	OFFICE O/P NEW LOW 30-44 MIN	92.40%	169,134	6.45%
6	99214+GT	OFFICE O/P EST MOD 30-39 MIN	112.60%	116,214	4.43%
7	99212	OFFICE O/P EST SF 10-19 MIN	83.80%	62,334	2.38%
8	99205	OFFICE O/P NEW HI 60-74 MIN	84.60%	48,942	1.87%
9	88175	CYTOPATH C/V AUTO FLUID REDO	73.00%	34,898	1.33%
10	99215+GT	OFFICE O/P EST HI 40-54 MIN	111.10%	33,875	1.29%

Physician Services - Women's Health Services Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24
Physician Services - Womens Health



Physician Services - Women's Health Services

Access to Care Summary

- Medicaid provider participation was 68%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor and Western CO counties. Utilizers decreased at a faster rate in SFY24, causing a decreasing trend in both areas.
- Penetration rate was highest in Pueblo County and high or moderate in several across CO, and was lowest in the Western Slope.
- Telemedicine utilization was relatively stable over the period.
- Per utilizer per year Medicaid expenditures were lower than other payers.
- Per utilizer per year Medicaid utilization was lower than Medicare Advantage, but higher than commercial payers.



Physician Services - Women's Health Services



Comments

Physician Services - Women's Health Services



MPRRAC Discussion



Physician Services - Other Services

- Service description:
 - **Other Services**
 - Other Physician Services include allergy services, diagnostic and therapeutic skin procedures, genetic counseling, health and behavior assessments, infusions, motion analysis, neurology, psychiatric treatment, and treatment of wounds. In addition, this category encompasses several miscellaneous services that do not fit into the other subcategories of physician services.
- Last review:
 - [2022 Medicaid Provider Rate Review Analysis Report](#)

Physician Services- Other Services

Other Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$10,784,814
Total Members Utilizing Services in SFY 2023-24	97,231
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-8.68%
Total Active Providers SFY 2023-24	4,737
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-1.56%

Other Services Benchmark Rate Comparison		
Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$10,784,814	\$11,781,731	91.54%

Physician Services - Other

Benchmark Analysis Summary

- There are a total of 303 procedure code/modifier combinations with benchmark ratios, and 7 are excluded.
- 279 (92%) procedure code/modifier combinations use Medicare, 24 (8%) use other states for benchmarking.
- The benchmark ratio range is 0.29%-367%.
- 130 (43%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for 87% of the utilization.

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	130	43%	87%
Below 60% or Above 140%	74	24%	1%
Below 10% or Above 500%	8	3%	0.00%

Physician Services - Other Services

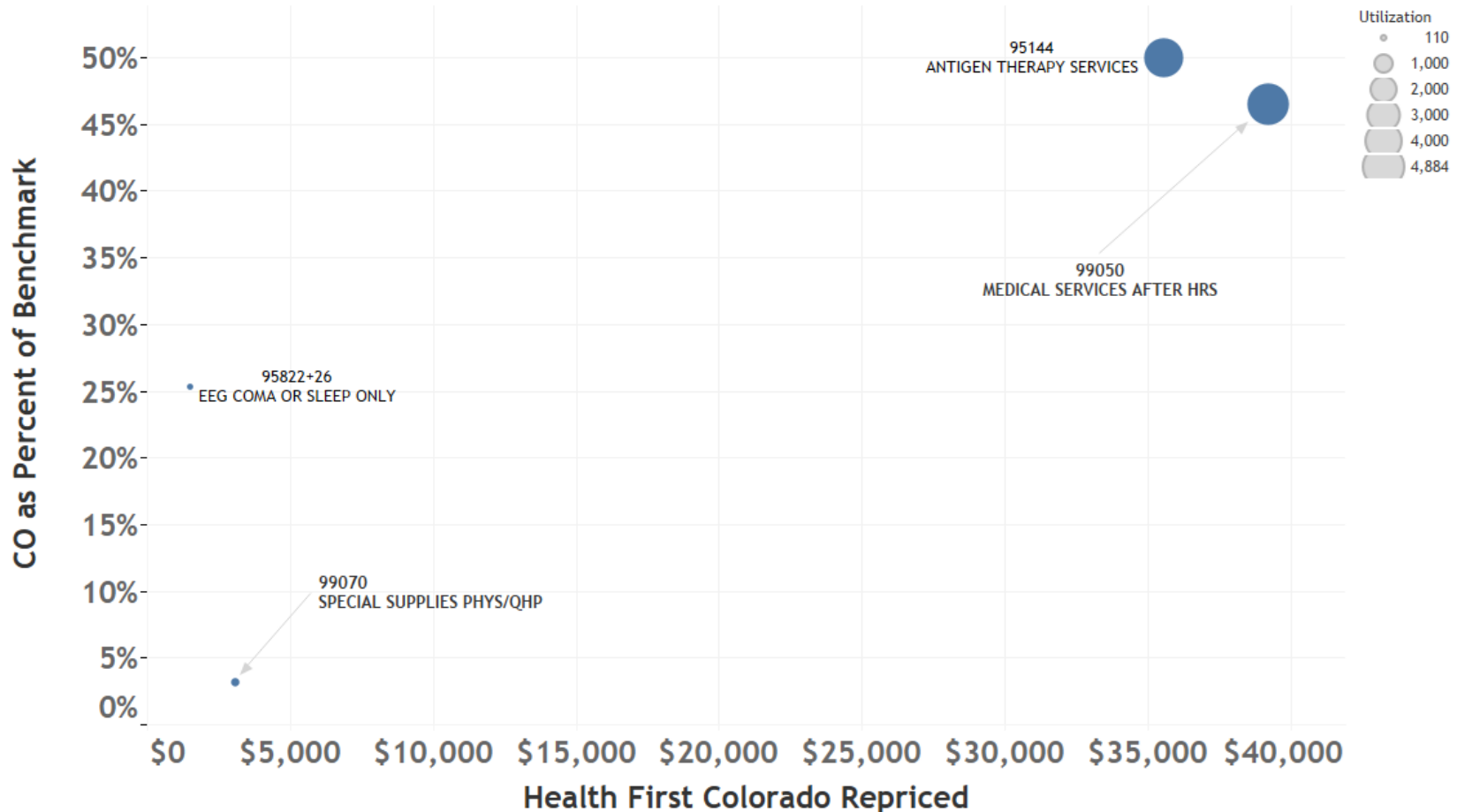
Top 10 Codes by Utilization

Physician Services - Other Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	95004	PERCUT ALLERGY SKIN TESTS	93.10%	309,464	40.11%
2	95165	ANTIGEN THERAPY SERVICES	89.00%	186,604	24.18%
3	95117	IMMUNOTHERAPY INJECTIONS	100.70%	38,746	5.02%
4	99173	VISUAL ACUITY SCREEN	85.70%	35,009	4.54%
5	95044	ALLERGY PATCH TESTS	84.80%	26,966	3.49%
6	95024	ICUT ALLERGY TEST DRUG/BUG	88.90%	17,599	2.28%
7	99153	MOD SED SAME PHYS/QHP EA	97.40%	16,432	2.13%
8	99152	MOD SED SAME PHYS/QHP 5/>YRS	85.00%	13,498	1.75%
9	99177	OCULAR INSTRUMNT SCREEN BIL	114.00%	12,995	1.68%
10	95115	IMMUNOTHERAPY ONE INJECTION	90.50%	12,227	1.58%

Physician Services - Other Services

Outlier Bubble Chart

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24
Physician Services - Other



Physician Services - Other Services

Access to Care Summary

- Medicaid provider participation was 68%.
- Panel size was highest in Montrose County and moderate in some I-25 corridor and Western CO counties. Spikes in August were caused by increasing utilizers due to back-to-school vision checks.
- Penetration rate was highest in Montrose County and moderate in several counties near the I-25 corridor and in Western CO, and was lowest in Eastern Colorado.
- Per utilizer per month Medicaid expenditures were lower than other payers.
- Per utilizer per year Medicaid utilization was lower than Medicare Advantage, but higher than other payers.



Physician Services - Other Services



Comments

Physician Services - Other Services



MPRRAC Discussion



Specialty Care Services



Specialty Care Services

- Service description:
 - Specialty Care Services
 - Specialty care services include skin substitutes and E-consult codes. Skin substitutes are advanced wound care products designed to replace or regenerate damaged skin. Skin substitute products are categorized and reimbursed based on their composition: Allogenic Acellular, Allogenic Cellular, Xenogenic and Injections. E-consult is defined as an asynchronous dialogue initiated by a treating practitioner seeking a consulting practitioner's expert opinion without a face-to-face member encounter with the consulting practitioner.

Specialty Care Services

Specialty Care Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$45,409
Total Members Utilizing Services in SFY 2023-24	*
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-22.22%
Total Active Providers SFY 2023-24	12
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-7.69%

Specialty Care Services Benchmark Rate Comparison		
Colorado Repriced	Other States Repriced	Rate Benchmark Comparison
\$45,409	\$55,997	81.09%

*Blinded for PHI

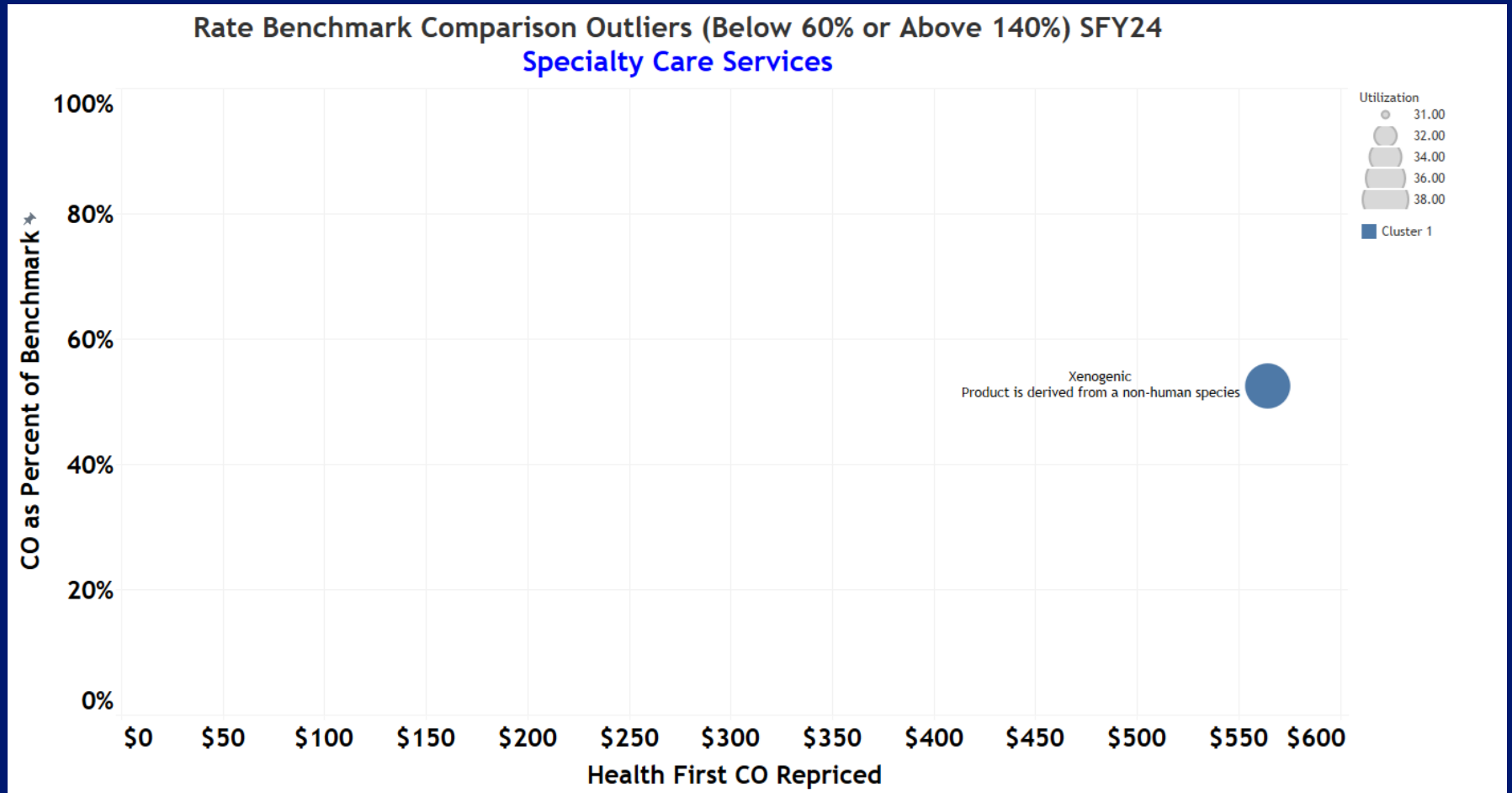
Specialty Care Services

Skin Substitute Groups by Utilization

Specialty Care Skin Substitute Groups by Utilization					
Code Count	Skin Sub Group	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
7	Allogenic Cellular	Product is derived from human cells and contains whole and/or living cells	81.20%	1,034	86.00%
27	Allogenic Acellular	Product is derived from human cells and does not contain living cells	83.00%	130	10.80%
20	Xenogenic	Product is derived from a non-human species	52.50%	38	3.20%
3	Injection	Injectable products	*30.24%	0	0

*Rate-only comparison due to no utilization.

Specialty Care Services Outlier Bubble Chart



Specialty Care Services Access to Care Summary

- Medicaid provider participation was 18%.
- Panel size was highest in Weld County, but overall utilization was very low across urban and rural regions.
- Penetration rate was highest in Eagle County, and was lower and relatively uniform across the other counties.
- The majority of the state had high drive times. The shortest drive times were a portion of the I-25 corridor due to more providers, and some in Western and Eastern CO.
- Per utilizer per month Medicaid expenditures were much lower than other payers.
- Per utilizer per year Medicaid utilization was higher than commercial payers, but lower than other payers.



Specialty Care Services



Comments

Specialty Care Services



MPRRAC Discussion



Early Intervention Targeted Case Management (TCM) Services



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Early Intervention TCM Services

- Service description:
 - Early Intervention TCM Services
 - These services provide developmental support to children 0-3 who have a significant developmental delay or a condition that has a high probability of resulting in a developmental delay. Services are provided through Early Intervention Service Brokers and may include:
 - Locating, coordinating, and monitoring developmental disabilities services
 - Coordinating with other non-developmental disabilities funded services to ensure non-duplication of services
 - Monitoring the effective provision of services across multiple funding sources
- Benchmark States:
 - Louisiana, Maine, Missouri, North Carolina
- Last review:
 - 2021 Medicaid Provider Rate Review Analysis Report



Early Intervention TCM Services

Early Intervention TCM Services Statistics

Total Adjusted Expenditures SFY 2023-24	\$5,111,573
Total Members Utilizing Services in SFY 2023-24	7,975
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-3.66%
Total Active Providers SFY 2023-24	108
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	0.93%

Early Intervention TCM Services Benchmark Rate Comparison

Colorado Repriced	Benchmark Repriced	Rate Benchmark Comparison
\$5,111,573	\$6,948,604	73.60%

Early Intervention TCM Services Access to Care Summary

- Medicaid provider participation was 97%.
- Panel size was highest in Adams County and moderate in some I-25 corridor and North-Western CO counties. Urban providers increased in SFY23, causing a decreasing trend that stabilized into SFY24.
- Penetration rate was highest in Summit County, while lower and relatively uniform across Colorado.
- Members utilizing telemedicine increased by a notable amount, while the percent of visits that were telemedicine only increased modestly.
- The shortest drive times were along the I-25 corridor due to more providers, and some parts of Western and Eastern CO. Much of Western and Eastern CO still had high drive times.



Early Intervention TCM Services



Comments

Early Intervention TCM Services



MPRRAC Discussion



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Targeted Case Management (TCM)



Targeted Case Management (TCM)

- Service description:
 - Targeted Case Management (TCM) Services
 - Targeted case management (TCM) services allow for the assistance of eligible individuals in gaining access to medical, social, educational, and other services. Targeted Case management services do not include the direct delivery of the service or services for which an eligible individual has been referred.
- Last review:
 - [2021 Medicaid Provider Rate Review Analysis Report](#)

	Transition Coordination (TCM-TC)	Case Management (TCM-CM)
Target Population	Members who live in a congregate setting and wish to transition to living in a community based setting. or Members who are considered at-risk for institutionalization.	Members who are enrolling or are enrolled in HCBS waiver programs.
Eligibility Requirements	Medicaid Members over the age of 18 And fall into one of the following groups <ul style="list-style-type: none"> • Members who live in a Congregate setting that is not an assisted living facility • Members who are considered at risk for institutionalization based on the Departments program criteria 	Members who are financially eligible for Long-Term Care Medicaid and meet functional Level of Care for Long-term services and supports or HCBS waiver programs.
Service Model/Benefit scope	Meant to be a transitory service that is provided to members until they are considered to be “low community risk” and the members are connected with Medicaid Services permanently.	This is an ongoing benefit that is meant to ensure the coordination of member services. The coordinated services include enrollment, assessments, long term care, HCBS waiver programs and services. CMAs also monitor services for which the member has prior authorization.
Provider Agencies	Transition Coordination Agencies (TCs)	CMAs (Case Management Agencies)

TCM-CM

Case Management Services

- Service description:
 - Case Management Services
 - This service ensures that a member is receiving services as outlined by CMS in their Person Centered Service Plan. This service was redesigned with the goal making access to case management services more equitable. The redesign requires that HCBS Targeted Case Management services be rendered exclusively by case management agencies (CMAs) as fee for service. The redesign was implemented July 1st 2024, although the old documentation system (i.e., Benefits Utilization System (BUS)) was deprecated on July 5th 2023 and replaced with the new documentation system - the Care and Case Management (CCM) system.

TCM - CM

Case Management Services

- Billing Units
 - Most case management services provided by CMAs are reimbursed monthly for each member for which they provide services.
 - The only services that are not reimbursed are quarterly monitoring
 - Monitoring visits are billed quarterly when the service is provided
 - Monitoring visits done via Telemedicine are billed at a lower rate
 - Colorado also pays an additional rural add on rate for in person monitoring visits to members who live in rural areas
- Benchmark States:
 - Louisiana
 - Maine
 - Massachusetts
 - Montana



TCM - Case Management Services

TCM - Case Management Services Statistics

Total Adjusted Expenditures SFY 2023-24	\$51,621,578
Total Members Utilizing Services in SFY 2023-24	47,507
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	187.33%
Total Active Providers SFY 2023-24	28
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	40.00%

TCM - Case Management Services Benchmark Rate Comparison

Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$51,621,578	\$59,167,102	87.25%

TCM - Case Management Services

Access to Care Summary

- Medicaid provider participation was 90%.
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban and rural utilizers increased in SFY24, causing an increasing trend.
- Penetration rate was highest in Douglas County and relatively uniform across CO, though was lower in Western CO.
- The shortest drive times were along the I-25 corridor due to more providers, and some parts of Western and Eastern CO. Much of Western and Eastern CO still had high drive times.

TCM - Case Management Services



Comments

TCM - Case Management Services



MPRRAC Discussion



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TCM - Transition Coordination Services

- Service description:
 - Transition Coordination Services
 - This service, available to members over 18 living in a congregate setting other than assisted living facilities or other group homes, supports transition to a community setting from an institutional setting. This includes comprehensive assessments for transition, community risk assessments, development of a transition plan, referrals, and monitoring/follow-up activities. Provided by transition coordination agencies (TCAs), services continues until the member is successfully connected to Medicaid services within their residential community and the risk of community living discontinuity is assessed as minimal.
- Benchmark States:
 - Minnesota, Missouri, and South Dakota



TCM- Transition Coordination Services

TCM- Transition Coordination Services Statistics

Total Adjusted Expenditures SFY 2023-24	\$4,765,822
Total Members Utilizing Services in SFY 2023-24	1,080
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	23.85%
Total Active Providers SFY 2023-24	24
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	0.00%

TCM- Transition Coordination Services Benchmark Rate Comparison

Colorado Repriced	Medicare/Other States Repriced	Rate Benchmark Comparison
\$4,765,822	\$3,889,268	122.54%

TCM - Transition Coordination Services

Access to Care Summary

- Medicaid provider participation was 90%.
- Panel size was highest in Pueblo County and moderate in several counties near the I-25 corridor. Panel size throughout Colorado notably decreased in SFY22 because utilizers decreased and providers increased.
- Penetration rate was highest in Lincoln County, but relatively low or not present in many counties across Western and Eastern CO, suggesting members may be receiving services from TCAs in other counties.
- The majority of the state had high drive times. The shortest drive times were a portion of the I-25 corridor due to more providers and some in Western CO.



TCM - Transition Coordination Services



Comments

TCM - Transition Coordination Services



MPRRAC Discussion



Overall Benchmark Ratios

Year 3 (2025)		
Service Category	Service Subcategory	Benchmark Ratio
Dialysis	Facility	81.02%
Dialysis	Non-Facility	85.49%
DIDD Dental Services	DIDD	74.65% (ADA) 117.25% (Other states)
Durable Medical Equipment (DME)	Durable Medical Equipment	91.71%
Prosthetics, Orthotics, and Disposable Supplies (POS)	Prosthetics	74.07%
Prosthetics, Orthotics, and Disposable Supplies (POS)	Orthotics	82.66%
Prosthetics, Orthotics, and Disposable Supplies (POS)	Other and Disposable Supplies	106.06%
Eyeglasses and Vision	Eyeglasses Vision	81.14%
Laboratory and Pathology Services	Laboratory and Pathology Services	93.47%
Outpatient PT/OT/ST	PT	100.85%
Outpatient PT/OT/ST	OT	96.57%
Outpatient PT/OT/ST	ST	93.63%
Physician Services	Cardiology	95.03%
Physician Services	EEG Ambulatory Monitoring	95.76%
Physician Services	ENT	86.77%
Physician Services	Family Planning	131.37%
Physician Services	Gastroenterology	91.21%

Overall Benchmark Ratios Cont..

Year 3 (2025) Continued...		
Service Category	Service Subcategory	Benchmark Ratio
Physician Services	Health Education	85.31%
Physician Services	Injections and Other Miscellaneous J-Codes	130.08%
Physician Services	Neuro/Psychological Testing Services	122.21%
Physician Services	Ophthalmology	104.90%
Physician Services	Primary Care E&M	92.16%
Physician Services	Radiology	98.29%
Physician Services	Respiratory	103.00%
Physician Services	Sleep Study	123.65%
Physician Services	Vaccines Immunizations	95.12%
Physician Services	Vascular	93.70%
Physician Services	Women's Health	86.20%
Physician Services	Other	91.54%
Specialty Care Services	Specialty Care Services	81.09%
Early Intervention TCM	Early Intervention	73.60%
Targeted Case Management (TCM)	Case Management	87.25%
Targeted Case Management (TCM)	Transition Coordination	122.54%

Expectations for July 2025 Public Meetings

- How can the HCPF team help the committee make recommendations during the July public meetings?
 - What information could help the committee deliberate?

Next Steps

NEXT MEETING:
Friday, July 18th & 25th, 2025
9:00am - 2:00pm

Reminder to MPRRAC: The July meetings are to create recommendations for the JBC!

Please continue to review all stakeholder feedback in the Google folder!



Announcements

MEETING MINUTES

- Sent to Chair and Vice Chair, then to committee
- Posted on website a week after the meeting

WEBSITE

- <https://hcpf.colorado.gov/rate-review-public-meetings>

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Thank you!

