

Medicaid Provider Rate Review Advisory Committee Meeting

Presented by: Eloiss Hulsbrink, HCPF
Jami Gazerro, HCPF
Tim Dienst, MPRRAC Chair

November 20, 2020

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**

Agenda

Welcome and Attendance	9:00 a.m.
Meeting Minutes	9:05 a.m.
Annual Training	9:10 a.m.
2020 Medicaid Provider Rate Review Recommendation Report	9:45 a.m.
Introduction to Year 1 (Cycle 2) Services	
Transportation Services (EMT/NEMT)	10:00 a.m.
Service Definitions	
Service Summary Statistics	
Preliminary Utilizer & Provider Data	
Stakeholder Feedback	10:10 a.m.
Committee Discussion	10:25 a.m.
<i>Break</i>	<i>10:40 a.m.</i>
HCBS Waivers/Targeted Case Management	10:45 a.m.
Service Definitions	
Service Summary Statistics	
Preliminary Utilizer & Provider Data	
Stakeholder Feedback	11:10 a.m.
Committee Discussion	11:35 a.m.
Next Steps & Announcements	11:55 a.m.

Meeting Minutes

September 18, 2020

MPRRAC Annual Training

Presented by:
Eloiss Hulsbrink and Jami Gazerro

Creation

- The Rate Review Process and the Medicaid Provider Rate Review Advisory Committee (MPRRAC) in the Department of Health Care Policy and Financing was created in 2015 by statute in section 25.5-4-401.5, C.R.S.

Why was it created?

- Some services did not have an existing standardized review process
- The Rate Review Process reviews services that do not have an existing review process or payment methodology on a five year review cycle
- It evaluates access, quality, rate sufficiency, and provider retention through data analysis and engagement
- Evaluation informs actionable Department recommendations

Rate Review Schedule

Year One (July 2020 – November 2021)

Home and Community Based Services Waivers	
Waiver for Persons Who are Elderly, Blind, and Disabled (EBD Waiver)	Waiver for Persons with Spinal Cord Injury (SCI Waiver)
Community Mental Health Supports Waiver (CMHS Waiver)	Children’s Habilitation Residential Program Waiver (CHRP Waiver)
Waiver for Persons with Brain Injury (BI Waiver)	Children’s HCBS Waiver (CHCBS Waiver)
Children’s Extensive Supports Waiver (CES Waiver)	Supported Living Supports Waiver (SLS Waiver)
Waiver for Persons with Developmental Disabilities (DD Waiver)	Waiver for Children with Life-Limiting Illness (CLLI Waiver)
Targeted Case Management (TCM)	
Non-Emergent Medical Transportation (NEMT)	
Emergency Medical Transportation (EMT)	

Rate Review Schedule

Year Two (July 2021 – November 2022)

Dialysis and Nephrology Services	
Laboratory and Pathology Services	
Injections and other Miscellaneous J-Codes	
Eyeglasses	
Physician Services	
Ophthalmology	Respiratory
Cardiology	Ear, Nose, and Throat
Cognitive Capabilities Assessment	Gastroenterology
Vascular	Vaccines and Immunizations
Radiology	Health Education Services
Primary Care and Evaluation and Management Services	Other Physician Services
Women's Health and Family Planning Services	

Rate Review Schedule

Year Three (July 2022 – November 2023)

Anesthesia	
Ambulatory Surgical Centers	
Surgery	
Digestive System	Integumentary System
Musculoskeletal System	Eye and Auditory System
Cardiovascular System	Other Surgeries
Respiratory System	
Maternity Services: surgery and other services	
Prenatal Plus Program	
Special Connections Program	

Rate Review Schedule

Year Four (July 2023 – November 2024)

Dental Services
Fee-for-Service Behavioral Health Services
Residential Child Care Facilities (RCCFs)
Psychiatric Residential Treatment Facilities (PRTFs)
Durable Medical Equipment (non-UPL)
Disposable Supplies
Prosthetics
Orthotics

Rate Review Schedule

Year Five (July 2024 – November 2025)

Pediatric Behavioral Therapy
Pediatric Personal Care
Home Health Services
Private Duty Nursing
Speech Therapy
Physical and Occupational Therapy

Exclusions

Service categories are generally excluded when those rates:

- are based on costs;
- have a regular process for updates, and that process is delineated in statute or regulation;
- are under a managed care plan;
- or are payments unrelated to a specific service rate.

Statute: C.R.S. 25.5-4-401.5

The MPRRAC is established to assist the Department of Health Care Policy and Financing in the review of the provider rate reimbursements under the Colorado Medical Assistance Act, per 25.5-4-401.5, C.R.S.

The MPRRAC shall:

- review the schedule for annual review of provider rates established by the Department and recommend any changes to the schedule.
- review proposals or petitions for provider rates to be reviewed or adjusted received by the advisory committee.
- provide other assistance to the state department as requested by the state department or the JBC.
- review the reports prepared by the state department on its analysis of provider rates and provide comments and feedback to the state department on the reports.
- determine whether any provider rates not scheduled for review during the next calendar year should be reviewed during that calendar year.
- with the state department, conduct public meetings to allow providers, recipients, and other interested parties an opportunity to comment on the report.
- recommend to the state department and JBC any changes to the process of reviewing provider rates, including measures to increase access to the process.

Rules of Governance

- Article I: Creation
- Article II: Appointment
- Article III: Compensation
- Article IV: Leadership
- Article V: Purpose
- Article VI: Meeting Scheduling and Materials
- Article VII: MPRRAC Member Participation
- Article VIII: Meeting Recording
- Article IX: Meeting Facilitation and Dept Participation
- Article X: Conflicts of Interest
- Article XI: Public Participation and Comment
- Article XII: Decision Making Process
- Article XIII: MPRRAC Representation
- Article XIV: Training
- Article XV: Rules of Governance

Appointment

The MPRRAC consists of the following twenty-four members, per 25.5-4-401.5(3)(b), C.R.S.

Appointed by the President of the Senate
A recipient with a disability or a representative of recipients with a disability;
A representative of hospitals providing services to recipients recommended by a statewide association of hospitals;
A representative of providers of transportation;
A representative of rural health centers;
A representative of home health providers recommended by a statewide organization of home health providers; and
A representative of providers of durable medical equipment recommended by a statewide association of durable medical equipment providers.

Appointment

Appointed by the Minority Leader of the Senate

A representative of providers of behavioral health care services;

A representative of primary care physicians who see recipients recommended by a statewide association of primary care physicians;

A representative of dentists providing services to recipients recommended by a statewide association of dentists;

A representative of federally qualified health centers;

A representative of nonmedical home- and community-based service providers; and

A representative of providers serving recipients with intellectual and developmental disabilities.

Appointment

Appointed by the Speaker of the House of Representatives

A representative of child recipients with a disability;

A representative of specialty care physicians not employed by a hospital who see recipients recommended by a statewide association whose members include at least one-third of the doctors of medicine or osteopathy licensed by the state;

A representative of providers of alternative care facilities recommended by a statewide association of alternative care facilities;

A representative of single entry point agencies;

A representative of ambulatory surgical centers; and

A representative of hospice providers recommended by a statewide association of hospice and palliative care providers.

Appointment

Appointed by the Minority Leader of the House of Representatives

A representative of substance use disorder providers recommended by a statewide association of substance use disorder providers;

A representative of facility-based physicians who see recipients. Facility-based physicians include anesthesiologists, emergency room physicians, neonatologists, pathologists, and radiologists;

A representative of pharmacists providing services to recipients;

A representative of managed care health plans;

A representative of advanced practice nurses recommended by a statewide association of nurses;
and

A representative of physical therapists or occupational therapists recommended by a statewide association representing occupational or physical therapists.

Appointment

- Each member of the MPRRAC serves at the pleasure of the official who appointed the member, per [25.5-4-401.5\(3\)\(d\), C.R.S.](#)
- Each member of the MPRRAC serves a four-year term and may be reappointed, per [25.5-4401.5\(3\)\(d\), C.R.S.](#)

Compensation

The members of the MPRRAC serve without compensation and without reimbursement for expenses, per [25.5-4-401.5\(3\)\(e\), C.R.S.](#)

Leadership

- The MPRRAC shall elect a Chair and Vice-Chair from among the members, per [25.5-4401.5\(3\)\(f\), C.R.S.](#), each September, or at such other time as determined by the MPRRAC.
- If requested by any MPRRAC member, election of the Chair and Vice-Chair shall take place by secret ballot.

Purpose

The MPRRAC was established to assist the Department of Health Care Policy and Financing (the Department) in the review of the provider rate reimbursements under the Colorado Medical Assistance Act, per [25.5-4-401.5\(3\)\(a\)](#), [C.R.S.](#)

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Operating within Limits & Understanding Goals

Colorado Revised Statutes state what each board or commission can do and what authority board members have.

<https://leg.colorado.gov/agencies/office-legislative-legal-services/colorado-revised-statutes>

Roles & Responsibilities

- Review the schedule for annual review of provider rates established by the Department and recommend any changes to the schedule, per [25.5-4-401.5\(3\)\(a\)\(I\), C.R.S.](#) and Article XI.F.
- Review the annual May 1 Rate Review Analysis Report prepared by the Department on its analysis of provider rates and provide comments and feedback to the Department on the report, per [25.5-4-401.5\(3\)\(a\)\(II\), C.R.S.](#);
- With the Department, conduct public meetings to allow stakeholders an opportunity to comment on the Rate Review Analysis Report, per [25.5-4-401.5\(3\)\(a\)\(III\), C.R.S.](#);
- Review proposals and petitions received by the MPRRAC or the Department for provider rates to be reviewed or adjusted, in alignment with [25.5-4-401.5\(3\)\(a\)\(IV\), C.R.S.](#), and Article XI.F.;

Roles & Responsibilities

- Determine by majority vote by December 1 each year, whether any provider rates not scheduled for review during the next calendar year should be reviewed during that calendar year, per [25.5-4-401.5\(3\)\(a\)\(V\)](#) and [25.5-4-401.5\(1\)\(b\)](#), C.R.S., and Article XI.F.;
- By majority vote, direct the Department to review rates that have been proposed to be excluded from the rate review schedule per [25.5-4-401.5\(1\)\(c\)\(II\)](#), C.R.S.;
- Recommend to the Department and to the Joint Budget Committee any changes to the process of reviewing provider rates, including measures to increase access to the process, per [25.5-4-401.5\(3\)\(a\)\(VI\)](#), C.R.S.;

Roles & Responsibilities

- Provide other assistance to the Department as requested by the Department or the Joint Budget Committee, per [25.5-4-401.5\(3\)\(a\)\(VII\), C.R.S.](#); and
- Aid the Department in developing strategies in response to the Rate Review Analysis Report findings, including fiscal (e.g., rates rebalancing) and non-fiscal approaches, per [25.5-4401.5\(2\)\(b\), C.R.S.](#)

Meetings Scheduling & Materials

- The MPRRAC shall meet at least once every quarter, per [25.5-4-401.5\(3\)\(g\), C.R.S.](#)
- The MPRRAC Chair or the Department may call additional meetings as necessary for the MPRRAC to complete its duties, in alignment with [25.5-4-401.5\(3\)\(g\), C.R.S.](#)
- The Department will determine the MPRRAC meeting schedule in collaboration with the MPRRAC. The Department will publicly post the meetings once scheduled, per [24-6-402, C.R.S.](#), with a minimum of one week's notice prior to the MPRRAC meetings.
- The Department will publicly post meeting agendas prior to MPRRAC meetings, per [24-6-402, C.R.S.](#), and publicly post meeting presentations, handouts, minutes, and written stakeholder feedback received upon availability.

Member Participation

- MPRRAC members must participate in 75% of scheduled MPRRAC meetings each year.
- MPRRAC members must respond to Department meeting invitations indicating if the member is unable to attend, or if able to attend, whether the member intends to attend in person, or via video or telephone conference methods.
- MPRRAC members who are unable to attend in person, must participate via the Department's video conference technology. If video conference technology is unavailable, members may participate by phone.

Member Participation

- Member participation may be addressed individually by the Department.
- The Department will report MPRRAC member participation to the appointing authorities prior to members' terms ending, or as needed.

Meeting Recording

- MPRRAC meetings are public and recorded.
- The Department shall publicly post MPRRAC meeting recordings.
- The Department cannot publicly post MPRRAC meeting recordings in which protected health information (PHI) is shared, unless provided a release of information by the appropriate individual. As such, MPRRAC members and stakeholders shall not share PHI during MPRRAC meetings.

Protected Health Information (PHI)

- Protected Health Information is individually identifiable information relating to the past, present, or future health status of an individual.
- Information such as diagnoses, treatment information, medical test results, and prescription information are considered PHI under HIPAA, as are national identification numbers and demographic information such as birth dates, gender, ethnicity, and contact/emergency contact information.
- This meeting is recorded and will be made publicly available on the Department website.
- Shared PHI may result in the portions of the meeting recording being deleted and delays posting the meeting recording.

Facilitation & Dept. Participation

- MPRRAC meetings will be jointly facilitated by the Department's Rate Review Stakeholder Relations Specialist (RRSRS), or another Department representative if the RRSRS is unavailable, and the MPRRAC Chair, or the Vice Chair if the Chair is unavailable.
- The Department will lead meetings with the MPRRAC Chair or Vice Chair in preparation for public meeting co-facilitation.
- Department staff and contracted actuaries with expertise in relevant analyses, services, and processes, will present, answer questions, and lead or participate in discussions during MPRRAC meetings.

Managing Conflicts of Interest

An actual or potential conflict of interest is based on a direct economic benefit on a business or other undertaking in which the member has a direct or substantial financial interest. This includes a directorship or an officership in a foundation or other non-profit organization.

Managing Conflicts of Interest

- If an actual, apparent, or perceived conflict of interest exists, the MPRRAC member shall disclose the basis of the conflict of interest to the MPRRAC members and other in attendance before the discussion begins or as soon thereafter as the MPRRAC member identified the actual or perceived conflict of interest.
- The nature of this committee does produce apparent conflicts of interest as each member represents a group of providers that may benefit from the discussions. We ask that committee members provide input with the interest of all Coloradans in mind, not just the providers being represented.

Managing Conflicts of Interest

- An actual conflict of interest includes discussions and votes which may have a direct economic benefit to the MPRRAC member or to a business or other undertaking in which the MPRRAC member has a direct or substantial financial interest.
- An apparent or perceived conflict of interest may occur when a MPRRAC member does not have an actual conflict of interest, but may be perceived as having an interest in the outcome of a vote which could be viewed by the public as a conflict of interest.
- Any potential actual, apparent, or perceived conflict of interest may also be raised by other MPRRAC members, the Department, and any stakeholder.
- No member of the MPRRAC may be an employee or contractor of the Department. Upon accepting employment with the Department, a member must resign his or her seat on the MPRRAC. This rule shall not apply to employees of other state agencies.

Public Participation

- MPRRAC members must adhere to the Open Meeting Requirements of the Colorado Sunshine Law, per [24-6-401](#) and [24-6-402, C.R.S.](#)
- MPRRAC meetings must be open to the public, per [25.5-4-401.5\(3\)\(a\)\(III\), C.R.S.](#)
- At MPRRAC meetings, time shall be allocated for public comment related to services and reports in the current year of review that are on the meeting agenda. Public comment related to services and reports in the current year of review that are not on the meeting agenda shall be heard when time permits.
- Stakeholder comment related to services outside of the current year of review must be directed to the Department for evaluation and resolution.

Public Participation

- The Department must track stakeholder requests and comments related to any services included within the five-year review cycle, to include the concerns, evaluation, and actions taken.
- The Department must share stakeholder requests related to services included in other years of review with the MPRRAC annually to inform MPRRAC schedule discussions, and as needed, in alignment with [25.5-4-401.5\(1\)\(a\), C.R.S.](#)

CORA and Open Meetings Law

In the spirit of open government, the Colorado Open Records Act (CORA) requires that most public records be available to the public.

The Open Meetings Law (OML), which is part of the Colorado Sunshine Law, generally requires any state or local governmental body to discuss public business or to take formal action in meetings that are open to the public.

A "meeting" refers to any kind of gathering, convened to discuss public business, whether in person, by telephone, electronically, or by other means of communication. The Colorado Supreme Court has held that "a meeting must be part of the policy-making process to be subject to the requirements of the OML." Therefore, for example, emails can be considered "meetings", but the term does not include chance meetings or social occasions where public business is not the central purpose of the meeting.

For additional information on the OML, please see the Office of Legislative Legal Services (OLLS) Frequently Asked Questions on "Open Meetings Law - State Public Body" located under the Legal Topics, "Memos of Interest" link on the OLLS webpage (<https://leg.colorado.gov/agencies/office-of-legislative-legal-services>)

Decision Making Process

- The quorum of members necessary for the MPRRAC to vote must be a majority of the entire membership of the MPRRAC, based on the total filled position membership of the MPRRAC.
- All rate review schedule, and procedural and administrative, MPRRAC decisions must be made by a majority vote, and require a formal motion, a second to the motion, and MPRRAC discussion prior to the vote.
- Public comment shall be taken, in accordance with Article XI.C. above, prior to each vote of the MPRRAC.

Decision Making Process

- MPRRAC members must disclose actual, apparent, or perceived conflicts of interest, in accordance with Article X.C. above, but shall be permitted to participate in discussions and votes.
- Minutes of the MPRRAC meetings, to include MPRRAC votes and public comments, shall be taken by the Department and posted publicly following MPRRAC meetings.

MPRRAC Representation

- Official MPRRAC business must only be conducted at a duly called MPRRAC meeting, per [246-401](#) and [24-6-402, C.R.S.](#)
- No individual MPRRAC member may make a statement of policy or position which purports to be that of the MPRRAC unless the MPRRAC adopted such a policy or position.
- No one MPRRAC member shall be prohibited from stating his or her personal opinions, provided they are clearly identified as such.

Training

- Newly appointed MPRRAC members must complete the MPRRAC Annual Training prior to attending an MPRRAC meeting, unless the MPRRAC Annual Training is scheduled for the next MPRRAC meeting.
- All MPRRAC members must complete the MPRRAC Annual Training each year, per [24-3.7102\(1\), C.R.S.](#)
- The Department must track and oversee the MPRRAC Annual Training, per [24-3.7-102\(2\), C.R.S.](#)

Rules of Governance

- Rules of Governance may be amended or repealed, and new Rules of Governance adopted, by a two-thirds vote of the total filled position membership of the MPRRAC at any regular MPRRAC meeting.
- MPRRAC and the Department must be provided written notice of the proposed revision at least 10 days in advance of the scheduled vote.
- Rules of Governance must be posted on the Department's website.

Policies



A **conflict of interest** is defined in the Rules of Governance.



Meetings will be **jointly facilitated** by the Department's Rate Review Stakeholder Relations Specialist and the MPRRAC Chair.



Meetings will be **publicly posted** once scheduled and a minimum of one week's notice prior to the MPRRAC meetings.

Agendas will be publicly posted prior to MPRRAC meetings.

Presentations, handouts, minutes, and written stakeholder comment will be publicly posted upon availability.



The Department will share analyses, conclusions, and recommendations with the MPRRAC and stakeholders.



This **Annual Training** will occur annually for all members and as needed for new members.

Requirements of Committee Members

- Ability to participate in 75% of all meetings
- Access to internet and email to communicate with Department staff, receive and/or send documents and resources necessary for participation
- Prepare by reading reports and handouts provided by the Department
- Lead with professionalism, collaboration, and respect for others
- Disclosure of conflicts of interest
- If participating meetings remotely:
 - Audio technology and internet access to access documents referenced during meetings
 - Quiet environment for audio participation

Identifying & Securing Data to Ensure Appropriate Involvement

To make informed recommendations, MPRRAC members need to regularly review documents shared both online and by the Rate Review Stakeholder Relations Specialist, Eloiss Hulsbrink.

[Rate Review Process Webpage](#)

[MPRRAC Webpage](#)

Emails/Invites from
Eloiss.Hulsbrink@state.co.us

<https://www.colorado.gov/pacific/hcpf/rate-review>

www.Colorado.gov/pacific/hcpf/Medicaid-provider-rate-review-advisory-committee

Meeting Etiquette

- Honor the Agenda
 - Remain within scope of meeting purpose and agenda items
- Identify yourself before speaking
- Mute when not speaking if online or on the phone
- Honor and respect *all meeting attendees*
 - Collaborative spirit
 - Share the air

Chat Box Rules

1. Only intended for quick comments or questions, not side discussions
2. Reading chat box messages out loud
3. Implications for participant equity

Timeline

Reports:

- Analysis Report due May 1st
- Recommendation Report due November 1st

Quarterly Meetings:

- February
- June
- August/September
- November

Year One Rate Review: Analyses

Jan.-March
2020

- Data analysis metrics identified
- Actuarial analysis statement of work finalized

March-June
2020

- Contract execution

July 2020-
Jan. 2021

- Data analyses

November
2020

- MPRRAC meeting: Services introduced

Year One Rate Review: Analyses

Jan.-March
2021

- Medicaid Provider Rate Review Analysis Report drafted

February
2021

- MPRRAC Meeting: data analyses reviewed

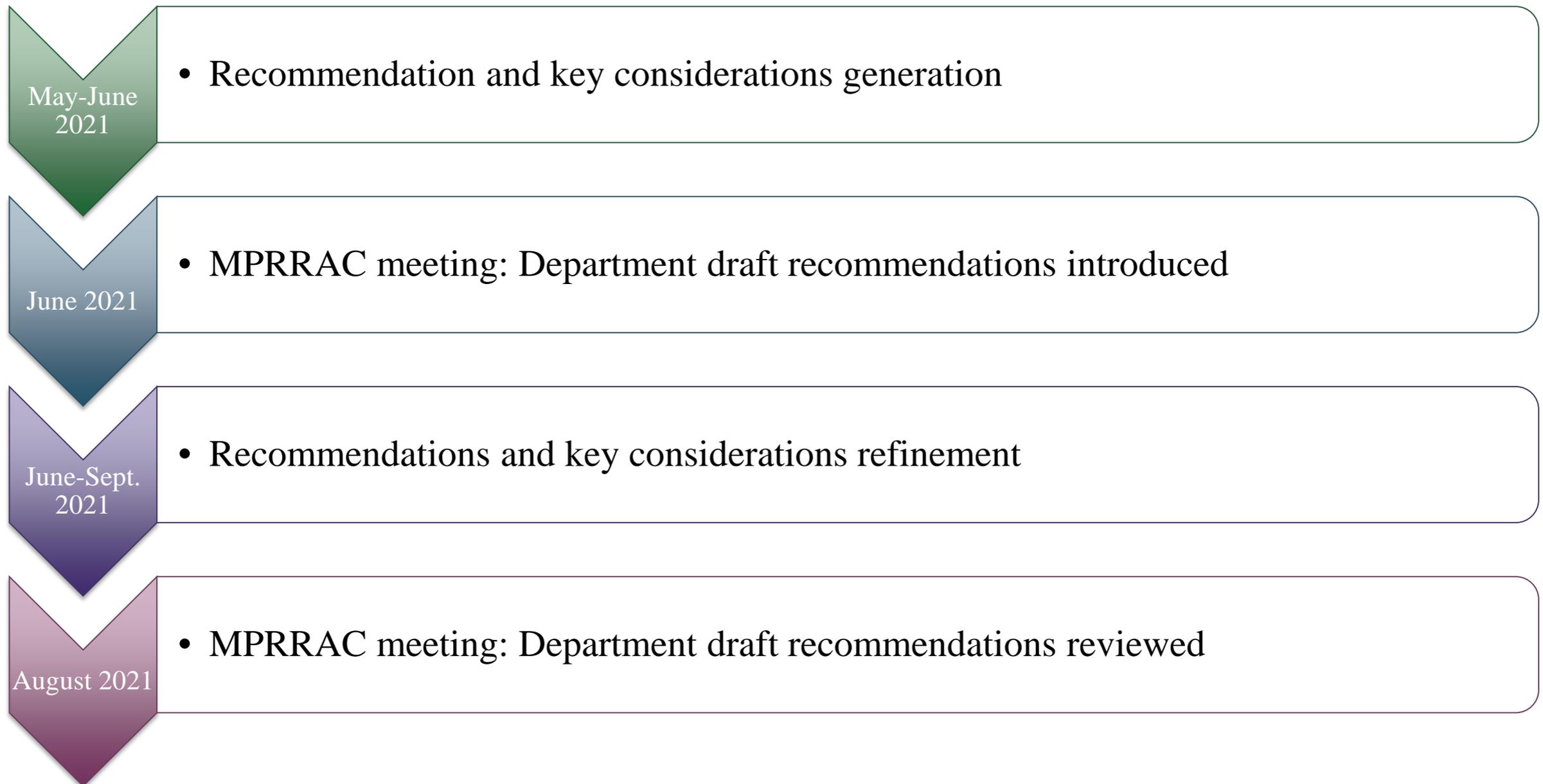
April 2021

- Medicaid Provider Rate Review Analysis Report cleared

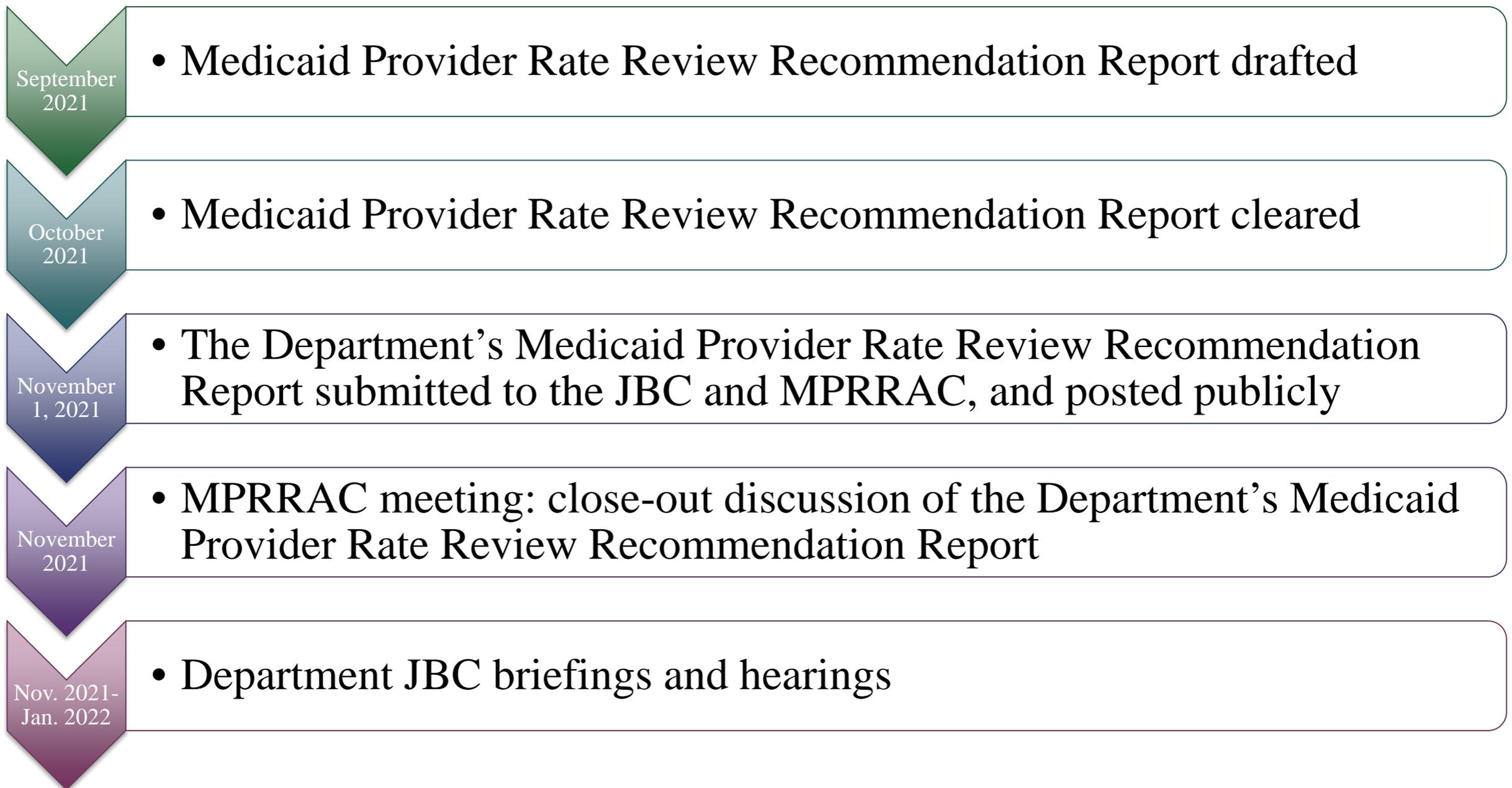
May 1, 2021

- The Department's Medicaid Provider Rate Review Analysis Report submitted to the JBC and MPRRAC, and posted publicly

Year One Rate Review: Recommendations



Year One Rate Review: Recommendations



Year One Rate Review: Implementation

Jan. 2022-
Jan. 2023

- Non-fiscal recommendations implementation

May 2022

- Long Bill published

May –Dec.
2022

- Rate increase/decrease implementation

May 2022-
May 2025

- Other fiscal recommendations implementation

November

- Annual Committee Training
- Review recently published Recommendation Report
- Department shares any requests to change the rate review schedule change or out-of-cycle requests
- Introduce the upcoming year of review, including:
 - Definitions and summaries of each service groupings under review
 - Preliminary utilization and provider data for each service grouping
- Stakeholder and committee feedback on data, evaluation, & methodology for the services under review

February

- Typically a longer meeting (9:00 a.m.-2:00p.m.)
- Present data results from rate comparison and access to care analyses
- Stakeholder and committee member feedback on provider rates for services and member access to the services or benefits under review

June

- Review recently published Analysis Report
- Department introduces Working Recommendations Document
 - Summary of Findings
 - Stakeholder and committee member feedback
 - Key Considerations
 - Recommendations in draft form
- Stakeholder and committee member feedback on Department recommendations
 - Feedback should be solution-focused

August/September

- New committee chair & vice chair nomination
- Department shares any updates or further research on services and recommendations
- Stakeholder & committee member feedback on Department recommendations

Rate Review Process Value

- Evidence-based
- Standardized
- Recurring
- Comprehensive
- Transparent
- Accessible
- Actionable

Other Department Work

- Managed care
- Payment methodologies
- Other review processes
- Rate setting

Stakeholder Requests

- Submit to Department
- Offer options – choose what prefer
- Support to move forward with chosen evaluation
- Other requests

Stakeholder & MPRRAC Feedback

- Valued
- Diversity of perspective
- Improved analyses and recommendations
- Better outcomes

Engagement Guiding Principles

- Thoroughly and thoughtfully evaluate all questions and feedback.
- Identify what feedback can be incorporated now or potentially in the future.
- Transparently communicate the outcomes of feedback and questions.
- Refer individuals to appropriate Department resources for out-of-scope topics.

Data Analysis

- Utilization
- Provider retention
- Drive times
- Access
- Quality
- Rate comparisons

Data Limitations

- All data has limitations
- Direct and indirect measures
- Identifies outliers by comparison
- Data availability
- Doesn't provide all the answers

Additional Research

- Inform previous data findings
- Investigate MPRRAC or stakeholder feedback through research, study design, or data collection, or engagement.

Evidence-Based Process

- Stakeholder and committee member feedback is important to the Rate Review Process
 - The Department works to validate all stakeholder feedback through data and subject matter experts, unless anecdotal feedback is accompanied by data-driven evidence.
- Data-driven research conducted in the Rate Review Process is useful in identifying outliers.
 - The Department is committed to investigating outliers in the data to identify what is causing the anomaly so the Department can intervene using the most effective method.

Outcomes

- All Department recommendations to date have been approved by both OSPB and JBC
- Recent acknowledgement at JBC briefing that the process has value and Department continues to request approval in subsequent years to advance recommendations if not approved because of constraints
- Outcomes from first cycle (2015-2020):
 - Policy changes that led to improved access (e.g., EMT/NEMT)
 - Found savings in areas where the Department was overspending (e.g. anesthesia)
 - Targeted Rate Increases for critical specialty services (e.g., Alternative Care Facilities and Maternity services)

2016-2018 Process Improvement

- Completed LEAN and process improvement project
- Established:
 - Best practices
 - Methodologies
 - Payment philosophies
 - Report and process standardization
- Standardized internal rate setting processes
- Simplified reports to be more user-friendly based on feedback
- Created a recommendation update report
- Developed the external website

2019 Process Improvement

- Completed LEAN and process improvement project
- Refined:
 - Best practices
 - Report and process standardization
- Developed Guiding Principles of Stakeholder Engagement
- Developed the MPRRAC Annual Training

2019 Process Improvement

- Adoption of more comprehensive Rules of Governance to better reflect MPRRAC and operating practices, and the statute, based on MPRRAC feedback
- Adoption of completely revamped Rate Review schedule that added new services, removed non-applicable services, and grouped services in a way that allowed for better evaluation across like services based on lessons learned

2020 Process Improvement

- Updated the external website to be more user-friendly
- Started internal processes six months earlier to produce complete data earlier in the process, based on MPRRAC and stakeholder feedback
- Planning of research projects years before the start of the Year of Review, to ensure research and report completion by the start of the Year of Review.

2020 Process Improvement

- The addition of another Department employee to support MPRRAC meetings (e.g., stakeholder signup, meeting platform moderation and support)
- Continuation of real-time closed captioning services, despite changes in statewide policy
- MPRRAC Annual Training improvements to provide more information based on expressed needs

Current Process Improvement

- Zoom licensure based on MPRRAC and stakeholder feedback
- Addition of FAQ section on website
- Addition of online submission form for stakeholder feedback
- Web-based training available online for stakeholders and MPRRAC (new or refresher)
- Rate Review Cycle Closeout Report

Eloiss Hulsbrink
Rate Review Stakeholder Relations Specialist
Eloiss.Hulsbrink@state.co.us

Jami Gazerro
Operations Section Manager
Jami.Gazerro@state.co.us

Thank you for your service!

www.colorado.gov/hcpf/committees-boards-and-collaboration



Questions?

2020 Medicaid Provider Rate Review Recommendation Report

2021 Medicaid Provider Rate Review Process

Year 1, Cycle 2

Presented by: Eloiss Hulsbrink

Presentation Purpose

- Introduce Transportation, Home and Community-Based Services Waivers, and Targeted Case Management (TCM).
- Explain methods for base data validation.
- Answer questions about service descriptions, the rate comparison methodology, and the access analysis methodology.
- Solicit feedback from stakeholders and committee members on data methodology for Year 1 (Cycle 2) services.

Meeting Scope

Within Scope:

- Why particular services are or are not included in the analyses;
- The data sources used to extract data;
- Rate comparison and access analysis methodologies; and
- Feedback on how best to present data.

Out of Scope:

- The amount, scope, and duration of HCBS waiver services;
- Why rates are set at their current rate; and
- Requests for a rate to be increased.

Services Under Review

- Transportation
 - Emergency Medical Transportation (EMT)
 - Non-Emergent Medical Transportation (NEMT)
- Home and Community-Based Services (HCBS) Waivers
 - Adult Waivers: Brain Injury (BI); Elderly, Blind and Deaf (EBD), Spinal Cord Injury (SCI); Supporting Living Services (SLS); Community Mental Health Supports (CMHS); Persons with Developmental Disabilities (DD)
 - Children Waivers: Children with Life Limiting Illness (CLLI); Children's Extensive Support (CES); Children's Habilitation Residential Program (CHRP); Children's Home and Community-Based Services (CHCBS).
- Targeted Case Management (TCM)

Base Data - Validations

- Received Over 2 years of FFS data
 - March 1, 2017 - December 31, 2019 Incurred Claims
 - March 1, 2017 - December 31, 2018 used for validation and adjustment purposes only
 - Only CY 2019 will be utilized in the analysis to base results on most recent experience
- Validation steps:
 - Longitudinal paid, utilization, and record count analysis
 - Match against Enrollment file completed
 - Excluded Non-TXIX, no eligibility span, and Consumer Directed Attendant Support Services (CDASS) claims

Please Note: All figures shown are DRAFT

Transportation Services

Transportation Base Data: CY 2019 Validations

Service	Record Count	Allowed Units	Paid Dollars
EMT	248,062	1,141,591	\$25,916,501
NEMT	1,053,808	17,990,504	\$53,520,780

Please Note: All figures shown are DRAFT



Transportation Service Summary Statistics

CY 2019 Metric	EMT	NEMT
Total Paid Dollars	\$25,916,501	\$53,520,780
Distinct Utilizers	64,808	49,177
Distinct Billing Providers	257	119
Distinct Rendering Providers	499	213

Please Note: All figures shown are DRAFT



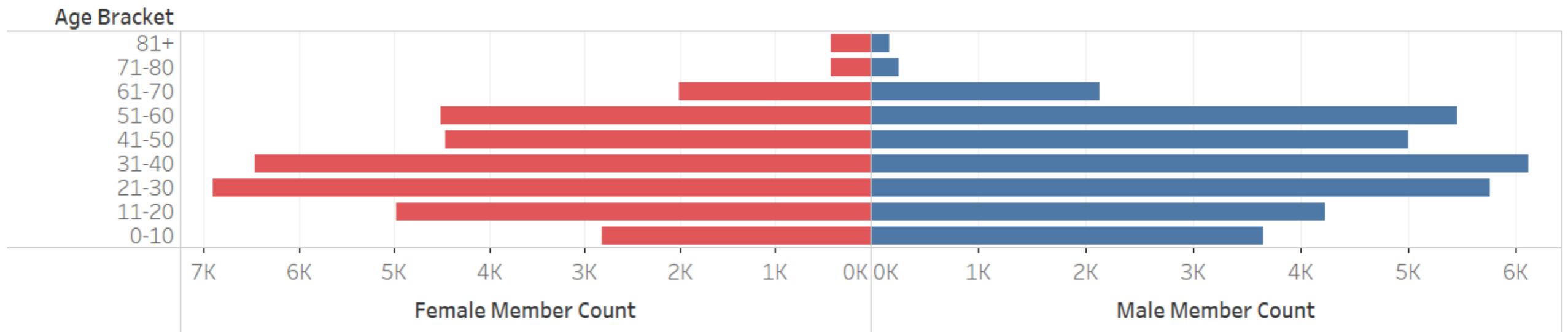
Emergency Medical Transportation (EMT)

Service Description:

- Emergency transportation to a facility.
- Available to all Colorado Medicaid members.
- Providers that render EMT services must be enrolled in Medicaid and be a county-licensed ground ambulance agency or CDPHE-listed air ambulance agency with CDPHE-certified personnel.

EMT

EMT Population Pyramid



Please Note: All figures shown are DRAFT

EMT Top 10 Codes

Service	Unique Procedure Codes	% of Total Service Paid
EMT	11	71.98%

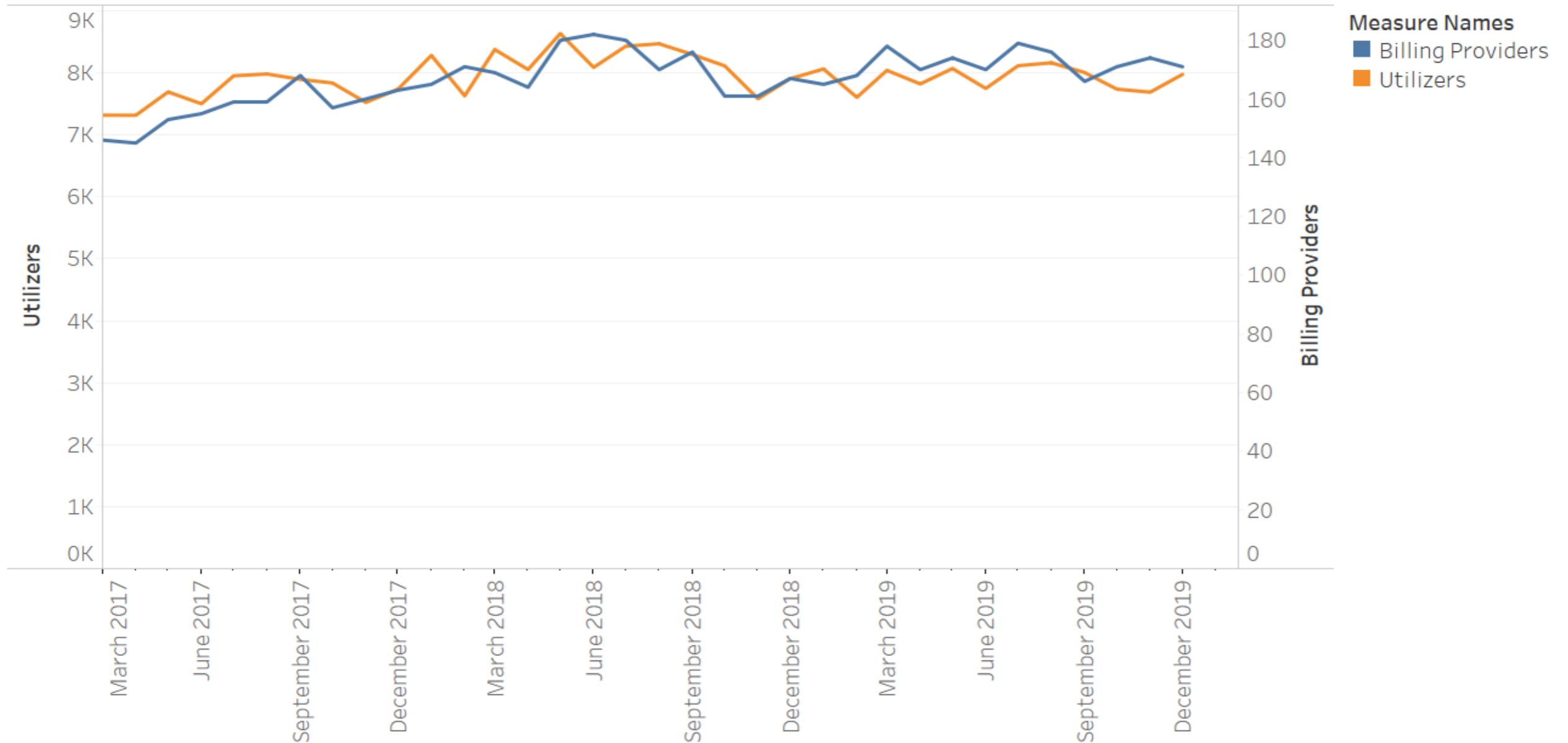
Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
A0427	ALS1-EMERGENCY	RH				17,476	23,637	\$4,337,975
A0427	ALS1-EMERGENCY	SH				15,596	23,457	\$4,322,631
A0429	BLS-EMERGENCY	SH				14,505	22,598	\$2,860,195
A0429	BLS-EMERGENCY	RH				11,784	15,222	\$1,920,287
A0430	FIXED WING AIR TRANSPORT	II				441	475	\$1,324,565
A0431	ROTARY WING AIR TRANSPORT	HH				434	444	\$1,129,350
A0429	BLS-EMERGENCY	HH				6,916	8,634	\$1,093,197
A0431	ROTARY WING AIR TRANSPORT	QN	HH			396	408	\$1,023,518
A0425	GROUND MILEAGE	HH				9456	308,701	\$641,968
A0427	ALS1-EMERGENCY	HH				2568	2,781	\$513,538

Please Note: All figures shown are DRAFT



EMT Utilizers & Providers Over Time

Utilizers and Providers Over Time



Please Note: All figures shown are DRAFT

Non-emergent Medical Transportation (NEMT)

Service Description:

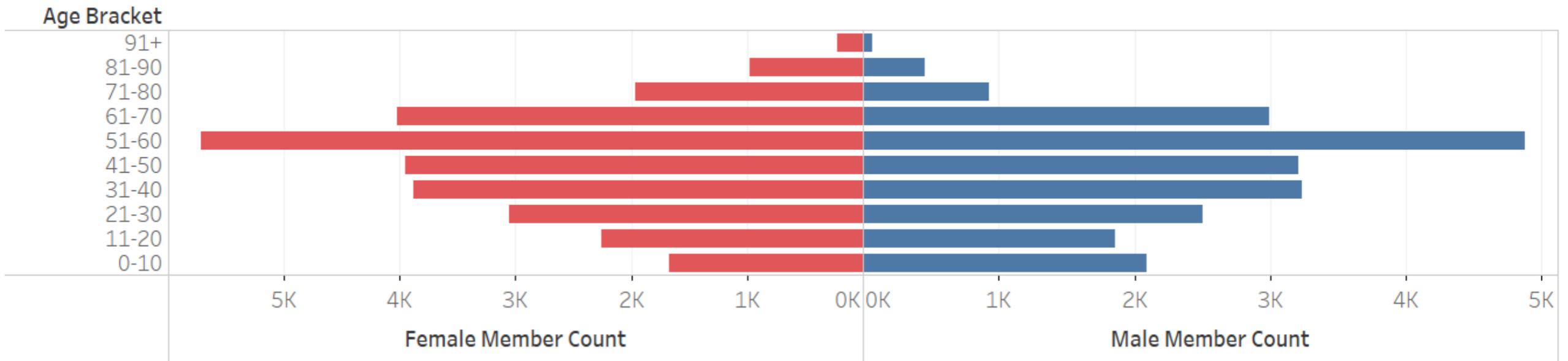
- Transportation to and from Medicaid benefits and services.
- Available to all Medicaid members who receive full State Plan benefits.
- Providers that render NEMT services must be enrolled in Medicaid and either licensed ambulance or air ambulance providers or licensed according to the Public Utilities Commission (PUC).
- Prior authorization is only required for out-of-state and air travel.

NEMT Statewide Broker

- New statewide broker: Intelliride - effective August 1, 2020
- Help improve customer services to members and county partners
- Streamline operations and infrastructure
- Improve access for members
- Reduce administrative burden for counties

NEMT

NEMT Population Pyramid



Please Note: All figures shown are DRAFT

NEMT Top 10 Codes

Service	Unique Procedure Codes	% of Total Service Paid
NEMT	23	92.97%

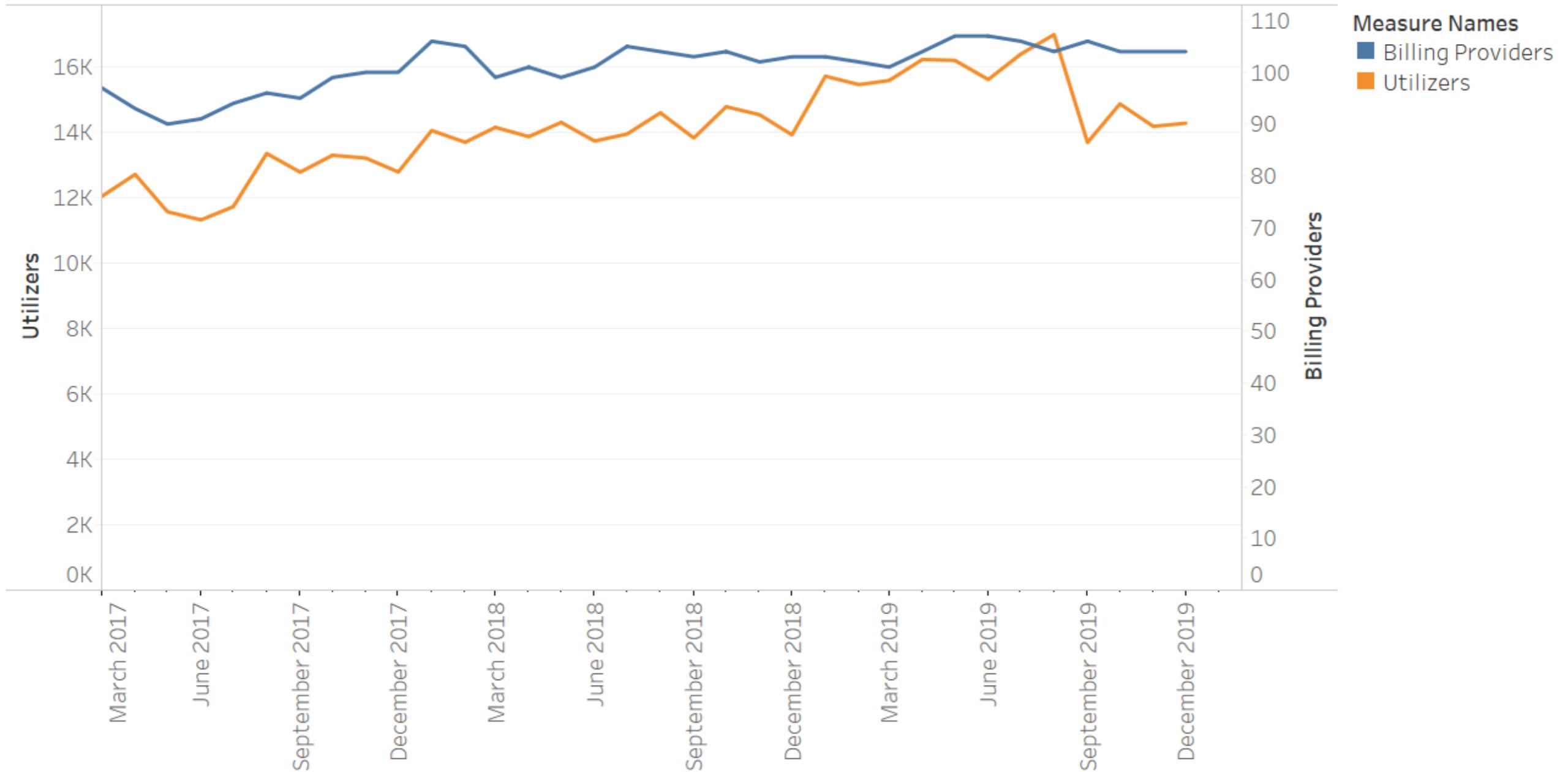
Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
A0425	GROUND MILEAGE					27,703	8,785,142	\$18,104,222
A0120	NONER TRANSPORT MINI-BUS					21,161	565,092	\$10,033,296
A0100	NONEMERGENCY TRANSPORT TAXI					17,026	231,608	\$10,023,934
A0130	NONER TRANSPORT WHEELCH VAN					5,955	149,333	\$3,998,155
A0090	INTEREST ESCORT IN NON ER					5069	6,925,006	\$2,999,708
A0434	SPECIALTY CARE TRANSPORT					293	6,965	\$1,533,674
A0100	NONEMERGENCY TRANSPORT TAXI	QY				1,346	27,157	\$1,434,455
A0200	NONER TRANSPORT LODGNG ESCRT					1029	18,265	\$1,135,195
S0209	WC VAN MILEAGE PER MI					3926	505,301	\$497,000
A0428	BLS					1684	4,171	\$480,610

Please Note: All figures shown are DRAFT



NEMT Utilizers & Providers Over Time

Utilizers and Providers Over Time



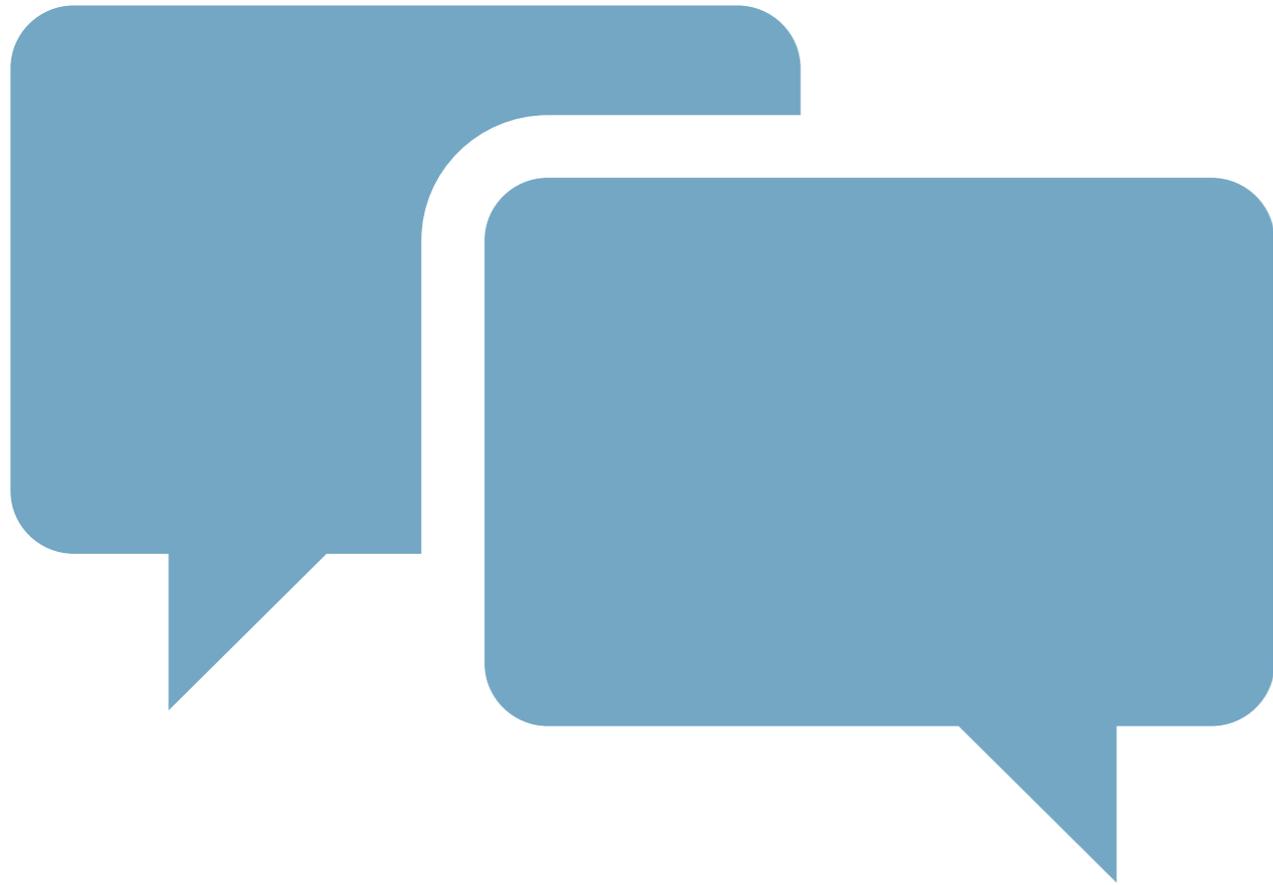
Please Note: All figures shown are DRAFT



Questions?



Stakeholder Comments - Transportation Services



Committee Discussion - Transportation Services

HCBS Waivers

HCBS Waivers Overview

HCBS Waivers allow state Medicaid agencies to waive certain Medicaid program requirements. HCBS Waivers allow states to:

- Waive certain income and/or eligibility criteria;
- Provider specific services to target groups; and
- Provide institutional level of care to individuals that live in their own home or community.

More information can be found on the [Center for Medicare and Medicaid Service's website](#).

HCBS Waivers Overview

HCBS Waivers must:

- Demonstrate cost effectiveness (i.e., that the costs of providing services in the community are expected to be lower than providing them in an institutional setting);
- Set adequate and reasonable provider standards that meet the needs of the target population;
- Ensure that services follow an individualized and person-centered plan of care; and
- Ensure the protection of people's health and welfare.

HCBS Waivers vs. Waiver Services

HCBS Waivers:

- Refers to specific waiver programs.
- Each has specific criteria.

Waiver Services:

- Refers to specific services offered to members who are on a waiver.
- Waiver services are frequently offered across multiple waivers.

Colorado HCBS Waivers

Adult Waivers:

- Persons with Brain Injury Waiver (BI)
- Community Mental Health Supports Waiver (CMHS)
- Persons with Developmental Disabilities Waiver (DD)
- Elderly, Blind and Disabled Waiver (EBD)
- Persons with Spinal Cord Injury Waiver (SCI)
- Supported Living Services Waiver (SLS)

Children's Waivers:

- Children With Life Limiting Illness Waiver (CLLI)
- Children's Extensive Support Waiver (CES)
- Children's Habilitation Residential Program Waiver (CHRP)
- Children's Home and Community Based Services Waiver (CHCBS)

HCBS Waivers Base Data: CY 2019 Validations

HCBS Adult Waivers

Service	Record Count	Allowed Units	Paid Dollars
BI	28,262	413,805	\$22,564,425
CMHS	166,719	2,929,978	\$43,015,501
DD	1,735,898	26,425,397	\$482,992,687
EBD	1,890,228	58,682,630	\$367,342,235
SCI	16,032	475,611	\$3,485,919
SLS	479,801	15,264,673	\$62,470,459

HCBS Children's Waivers

Service	Record Count	Allowed Units	Paid Dollars
CLLI	7,629	29,217	\$649,956
CES	116,637	6,748,898	\$26,413,769
CHRP	599	10,051	\$1,519,104
CHCBS	136,101	5,797,324	\$43,615,426

Please Note: All figures shown are DRAFT



HCBS Waivers Service Summary Statistics

HCBS Adult Waivers

CY 2019 Metric	BI	CMHS	DD
Total Paid Dollars	\$22,564,425	\$43,015,501	\$482,992,687
Distinct Utilizers	561	3,783	6,679
Distinct Billing Providers	172	557	531
Distinct Rendering Providers	172	559	547

CY 2019 Metric	EBD	SCI	SLS
Total Paid Dollars	\$367,342,235	\$3,485,919	\$62,470,459
Distinct Utilizers	26,430	225	5,204
Distinct Billing Providers	831	76	416
Distinct Rendering Providers	852	76	427

Please Note: All figures shown are DRAFT



Consumer Directed Attendant Support Services (CDASS)

- Waiver service that empowers clients to hire, train, and manage attendants of their choice to best fit their unique personal care, homemaker, and health maintenance needs.
- A formula is used to calculate a member's allocation amount; the member has the flexibility to use that allocation amount.
- The Department will conduct a modified rate benchmark comparison.

Persons with Brain Injury Waiver (BI)

Purpose: Provide a home or community-based alternative to hospital or specialized nursing facility care for persons with a brain injury.

Number of members served in CY2019: 561

Expenditures in CY 2019:
\$22,564,425

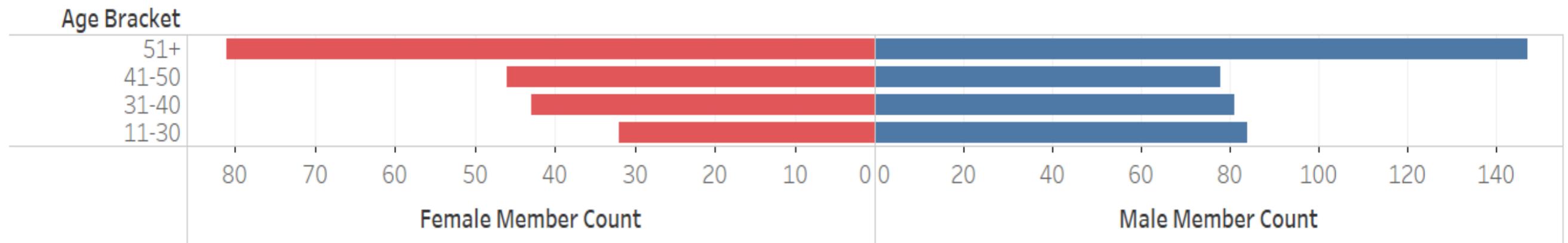
Services:

1. Adult Day Services*
2. Behavioral Management
3. CDASS*
4. Day Treatment
5. Home Modification*
6. Independent Living Skills Training (ILST)*
7. Mental Health Counseling
8. Non-Medical Transportation (NMT)*
9. Personal Care*
10. Personalized Emergency Response System (PERS)*
11. Respite Care*
12. Specialized Medical Equipment & Supplies/Assistive Devices*
13. Substance Abuse Counseling
14. Supported Living Program
15. Transitional Living Program
16. Transition Set Up*

*Service, or similar services, are available across multiple HBCS Waivers

BI

BI Population Pyramid



Please Note: All figures shown are DRAFT

BI Top 10 Codes

Service	Unique Procedure Codes	% of Total Service Paid
BI	15	98.87%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
T2033	RES, NOS WAIVER PER DIEM	U6				258	74,413	\$18,610,880
T2013	HABIL ED WAIVER PER HOUR	U6				126	45,869	\$1,598,915
T1019	PERSONAL CARE SER PER 15 MIN	U6				128	193,410	\$888,000
T1019	PERSONAL CARE SER PER 15 MIN	U6	HR			61	73,731	\$339,492
S5102	ADULT DAY CARE PER DIEM	U6				45	5,250	\$269,950
A0100	NONEMERGENCY TRANSPORT TAXI	U6	HB			PHI	PHI	PHI
S5165	HOME MODIFICATIONS PER SERV	U6				PHI	PHI	PHI
A0100	NONEMERGENCY TRANSPORT TAXI	U6				51	3,307	\$115,416
S5161	EMER RSPNS SYS SERV PERMONTH	U6				135	1,154	\$70,633
T2033	RES, NOS WAIVER PER DIEM	U6	HQ			PHI	PHI	PHI

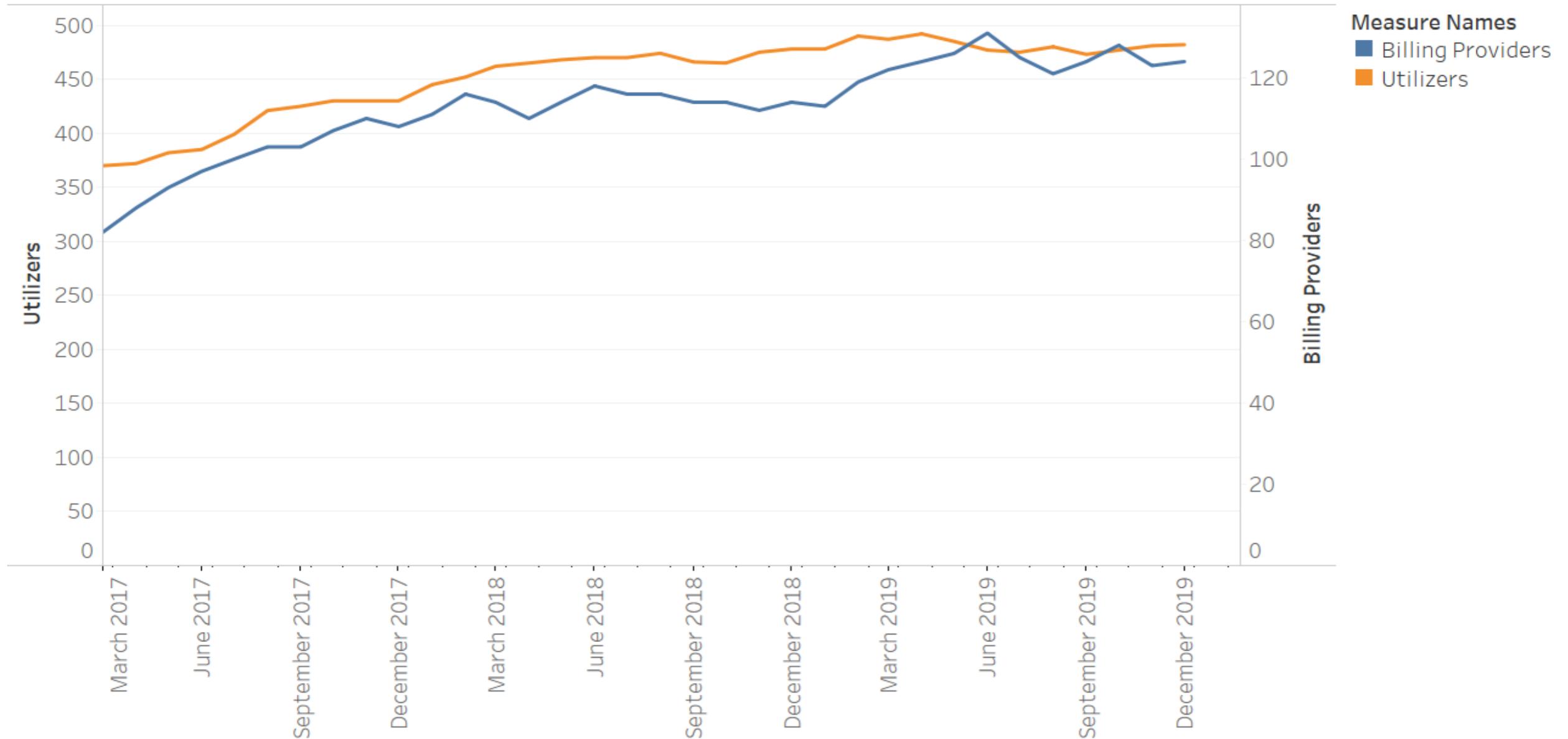
*Some data blinded for PHI

Please Note: All figures shown are DRAFT



BI Utilizers & Providers Over Time

Utilizers and Providers Over Time



Please Note: All figures shown are DRAFT

Community Mental Health Supports Waiver (CMHS)

Purpose: Provide a home or community-based alternative to nursing facility care for persons experiencing severe and persistent mental health illness.

Number of members served in
CY 2019: 3,783

Expenditures in CY 2019:
\$43,015,501

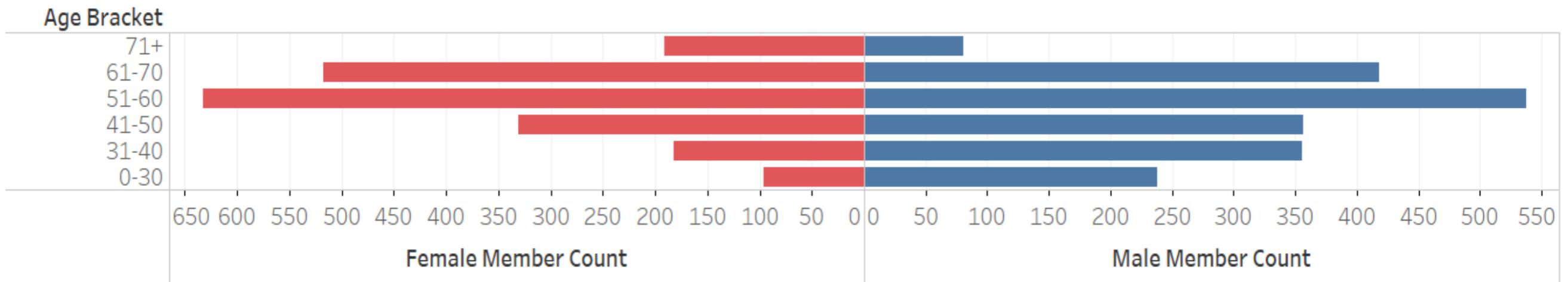
Services:

1. Adult Day Services*
2. Alternative Care Facilities (ACFs)*
3. CDASS*
4. Home Modification*
5. Homemaker Services*
6. Life Skills Training*
7. Non-Medical Transportation (NMT)*
8. Peer Mentorship*
9. Personal Care*
10. Personalized Emergency Response System (PERS)*
11. Respite Care*
12. Specialized Medical Equipment & Supplies/Assistive Devices*
13. Transition Set Up*

*Service, or similar services, are available across multiple HCBS Waivers.

CMHS

CMHS Population Pyramid



Please Note: All figures shown are DRAFT

CMHS Top 10 Codes

Service	Unique Procedure Codes	% of Total Service Paid
CMHS	17	98.53%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
T2031	ASSIST LIVING WAIVER/DIEM	UA				1,622	477,569	\$28,916,058
T1019	PERSONAL CARE SER PER 15 MIN	UA				625	1,229,014	\$5,649,970
S5130	HOMAKER SERVICE NOS PER 15M	UA				996	740,559	\$3,403,593
T1019	PERSONAL CARE SER PER 15 MIN	UA	HR			253	336,179	\$1,543,583
A0100	NONEMERGENCY TRANSPORT TAXI	UA				1022	74,573	\$1,319,440
S5161	EMER RSPNS SYS SERV PERMONTH	UA				906	8,371	\$458,510
S5185	MED REMINDER SERV PER MONTH	UA				720	6,258	\$379,680
S5105	CENTERBASED DAY CARE PERDIEM	UA				62	11,778	\$290,613
S5105	CENTERBASED DAY CARE PERDIEM	UA	TF			58	9,144	\$284,458
S5165	HOME MODIFICATIONS PER SERV	UA				PHI	PHI	PHI

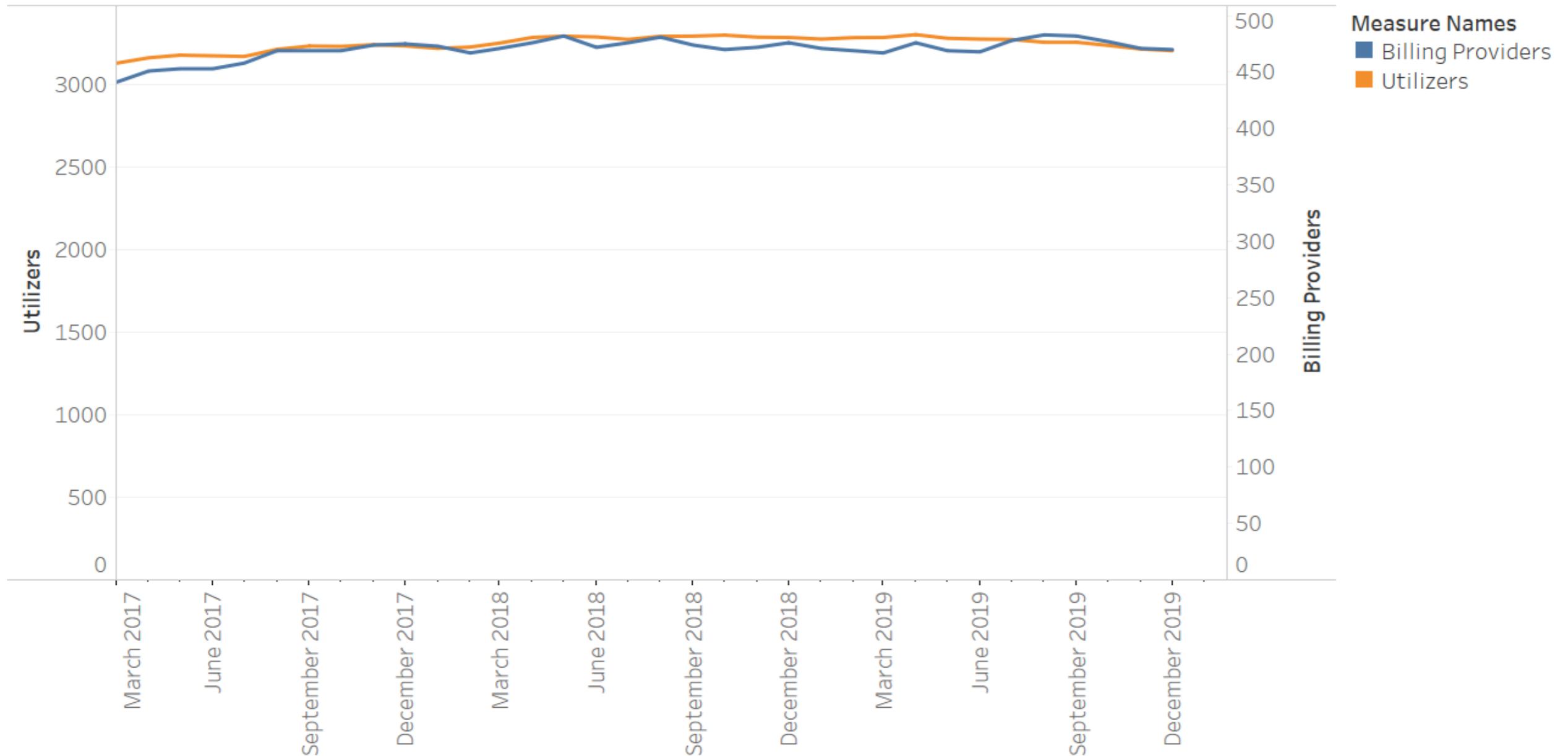
*Some data blinded for PHI

Please Note: All figures shown are DRAFT



CMHS Utilizers & Providers Over Time

Utilizers and Providers Over Time



Please Note: All figures shown are DRAFT

Persons with Developmental Disabilities Waivers (DD)

Purpose: Provide services and/or supports to individuals with intellectual and developmental disabilities who are in need of services and supports 24-hours a day that will allow them to live safely and participate in the community.

Number of members served in
CY 2019: 6,679

Expenditures in CY 2019:
\$482,992,687

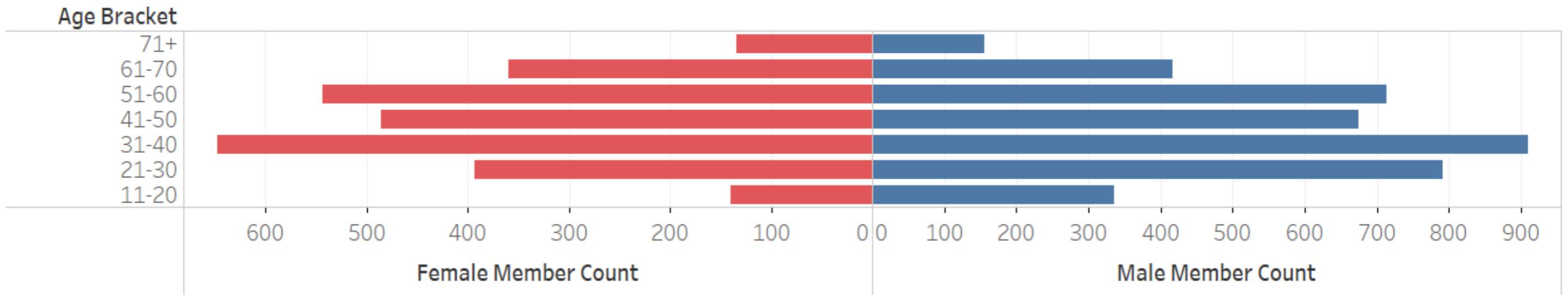
Services:

1. Behavioral Services*
2. Day Habilitation (Specialized Habilitation, Supported Community Connections)*
3. Dental Services*
4. Non-Medical Transportation (NMT)*
5. Peer Mentorship*
6. Prevocational Services*
7. Residential Habilitation Services (24-hour Individual or Group)
8. Specialized Medical Equipment & Supplies*
9. Supported Employment*
10. Transition Set Up*
11. Vision Services*

*Service, or similar services, are available across multiple HCBS Waivers.

DD

DD Population Pyramid



Please Note: All figures shown are DRAFT

DD Top 10 Codes

Service	Unique Procedure Codes	% of Total Service Paid
DD	16	58.97%

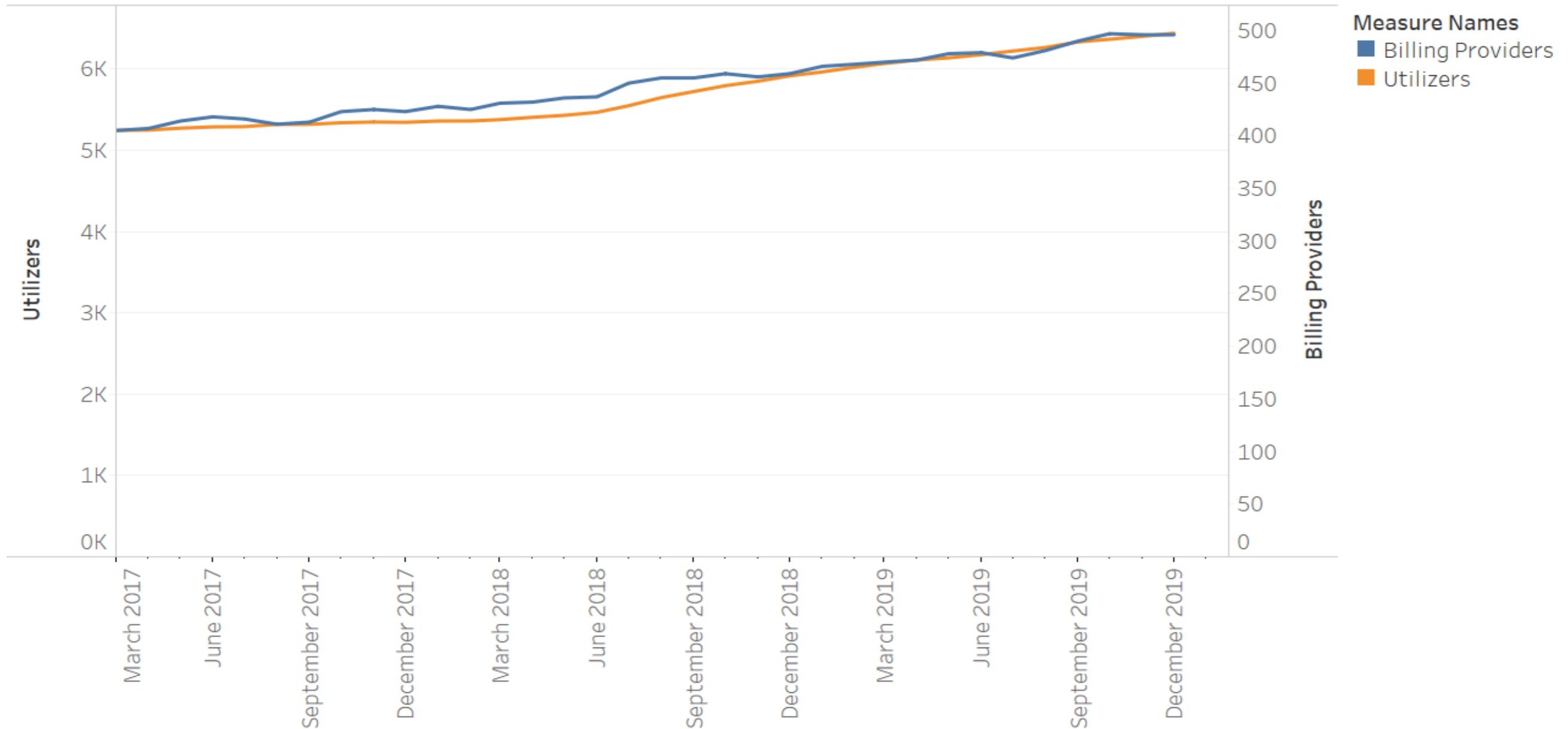
Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
T2016	HABIL RES WAIVER PER DIEM	U3	TG	TT		879	266,804	\$48,063,563
T2016	HABIL RES WAIVER PER DIEM	U3	TG	22	TT	618	184,506	\$41,818,511
T2016	HABIL RES WAIVER PER DIEM	U3	TF	22	TT	745	225,138	\$35,322,344
T2016	HABIL RES WAIVER PER DIEM	U3	TG	22		408	113,037	\$27,619,712
T2016	HABIL RES WAIVER PER DIEM	U3	TF	TT		670	203,486	\$26,217,916
T2016	HABIL RES WAIVER PER DIEM	U3	TG			448	126,950	\$24,666,583
T2016	HABIL RES WAIVER PER DIEM	U3	SC	HQ		170	52,560	\$24,622,942
T2016	HABIL RES WAIVER PER DIEM	U3	22	TT		728	215,255	\$22,706,525
T2016	HABIL RES WAIVER PER DIEM	U3	22			585	167,087	\$19,002,383
T2019	HABIL SUP EMPL WAIVER 15MIN	U3	SC			1078	1,048,243	\$14,760,288

Please Note: All figures shown are DRAFT



DD Utilizers & Providers Over Time

Utilizers and Providers Over Time



Please Note: All figures shown are DRAFT

Elderly, Blind, and Disabled Waiver (EBD)

Purpose: Provide a home or community-based alternative to nursing facility care for persons who are elderly, blind, or have a disability.

Number of members served in CY 2019: 26,430

Expenditures in CY 2019:
\$367,342,235

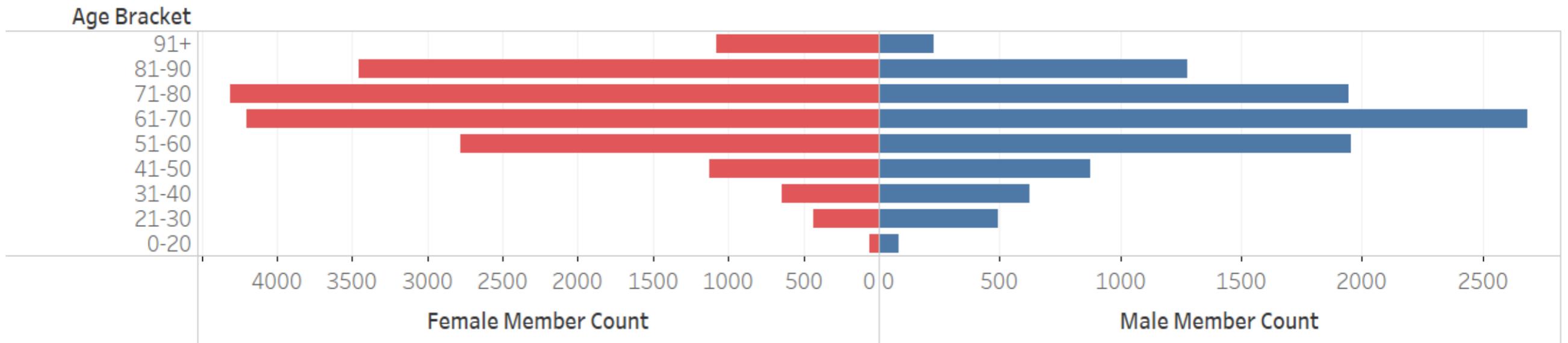
Services:

1. Adult Day Services*
2. Alternative Care Facilities (ACFs)*
3. CDASS*
4. Home Modification*
5. Homemaker Services*
6. In-Home Support Services (IHSS)*
7. Life Skills Training*
8. Non-Medical Transportation (NMT)*
9. Medication Reminder*
10. Peer Mentorship*
11. Personal Care*
12. Personal Emergency Response System (PERS)*
13. Respite Care*
14. Transition Set Up*

*Service, or similar services, are available across multiple HCBS Waivers.

EBD

EBD Population Pyramid



Please Note: All figures shown are DRAFT

EBD Top 10 Codes

Service	Unique Procedure Codes	% of Total Service Paid
EBD	20	91.26%

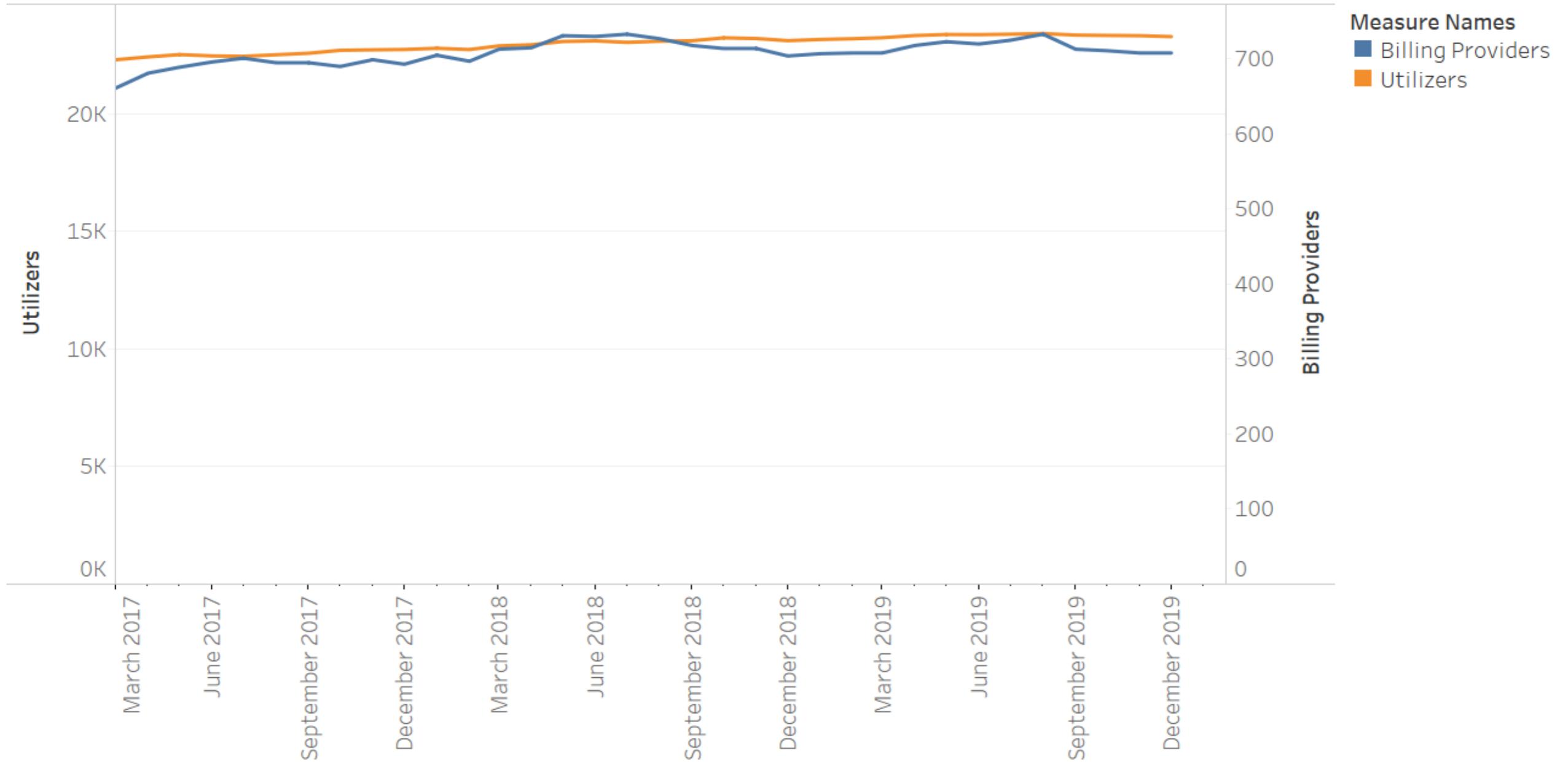
Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
T1019	PERSONAL CARE SER PER 15 MIN	U1				8,710	21,916,028	\$100,682,268
H0038	SELF-HELP/PEER SVC PER 15MIN	U1				3,666	9,646,618	\$72,002,516
T2031	ASSIST LIVING WAIVER/DIEM	U1				2,653	679,942	\$34,721,078
T1019	PERSONAL CARE SER PER 15 MIN	U1	HR	KX		2,761	7,426,185	\$34,161,649
T1019	PERSONAL CARE SER PER 15 MIN	U1	HR			4333	5,638,409	\$25,885,646
S5130	HOMAKER SERVICE NOS PER 15M	U1				6,589	5,369,581	\$24,659,232
S5130	HOMAKER SERVICE NOS PER 15M	U1	KX			1,851	2,904,161	\$13,346,906
T1019	PERSONAL CARE SER PER 15 MIN	U1	KX			1421	2,587,340	\$11,904,383
S5105	CENTERBASED DAY CARE PERDIEM	U1				2022	442,310	\$10,914,912
S5161	EMER RSPNS SYS SERV PERMONTH	U1				14037	134,204	\$6,956,630

Please Note: All figures shown are DRAFT



EBD Utilizers & Providers Over Time

Utilizers and Providers Over Time



Please Note: All figures shown are DRAFT

Persons with Spinal Cord Injury Waiver (SCI)

Purpose: Provide a home or community-based alternative to nursing facility care for persons with a spinal cord injury.

**Number of members served in
CY 2019:** 225

Expenditures in CY 2019:
\$3,485,919

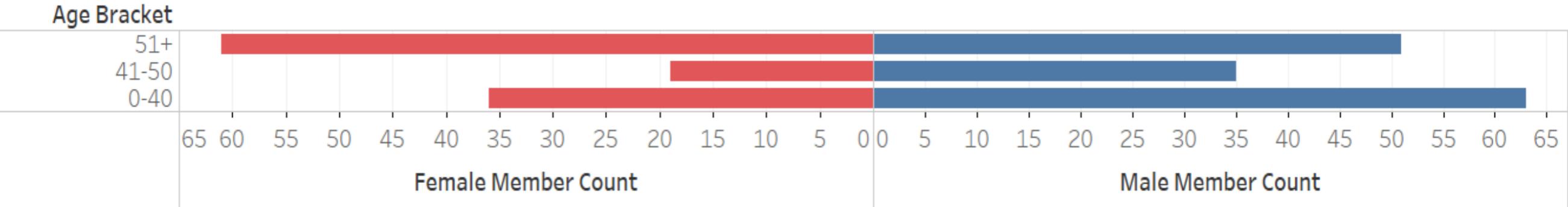
Services:

1. Adult Day Services*
2. Complementary & Integrative Health Services (Acupuncture, Chiropractic, Massage)
3. CDASS*
4. Home Modification*
5. Homemaker Services*
6. In-Home Support Services (IHSS)*
7. Life Skills Training*
8. Non-Medical Transportation (NMT)*
9. Peer Mentorship*
10. Personal Care*
11. Personalized Emergency Response System (PERS)*
12. Respite Care*
13. Specialized Medical Equipment & Supplies*
14. Transition Set Up*

*Service, or similar services, are available across multiple HCBS Waivers.

SCI

SCI Population Pyramid



Please Note: All figures shown are DRAFT

SCI Top 10 Codes

Service	Unique Procedure Codes	% of Total Service Paid
SCI	17	92.82%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
H0038	SELF-HELP/PEER SVC PER 15MIN	U1	SC			82	289,379	\$2,160,500
T1019	PERSONAL CARE SER PER 15 MIN	U1	SC			PHI	PHI	PHI
97124	MASSAGE THERAPY	U1	SC			116	11,060	\$157,794
S5130	HOMAKER SERVICE NOS PER 15M	U1	SC	KX		43	27,395	\$125,351
S5130	HOMAKER SERVICE NOS PER 15M	U1	SC			PHI	PHI	PHI
97814	ACUPUNCT W/STIMUL ADDL 15M	U1	SC			87	5,941	\$110,039
T1019	PERSONAL CARE SER PER 15 MIN	U1	SC	KX		35	23,323	\$106,536
T1019	PERSONAL CARE SER PER 15 MIN	U1	SC	HR	KX	31	13,743	\$63,022
A0100	NONEMERGENCY TRANSPORT TAXI	U1	SC			PHI	PHI	PHI
98942	CHIROPRACTIC MANJ 5 REGIONS	U1	SC			64	2,190	\$52,170

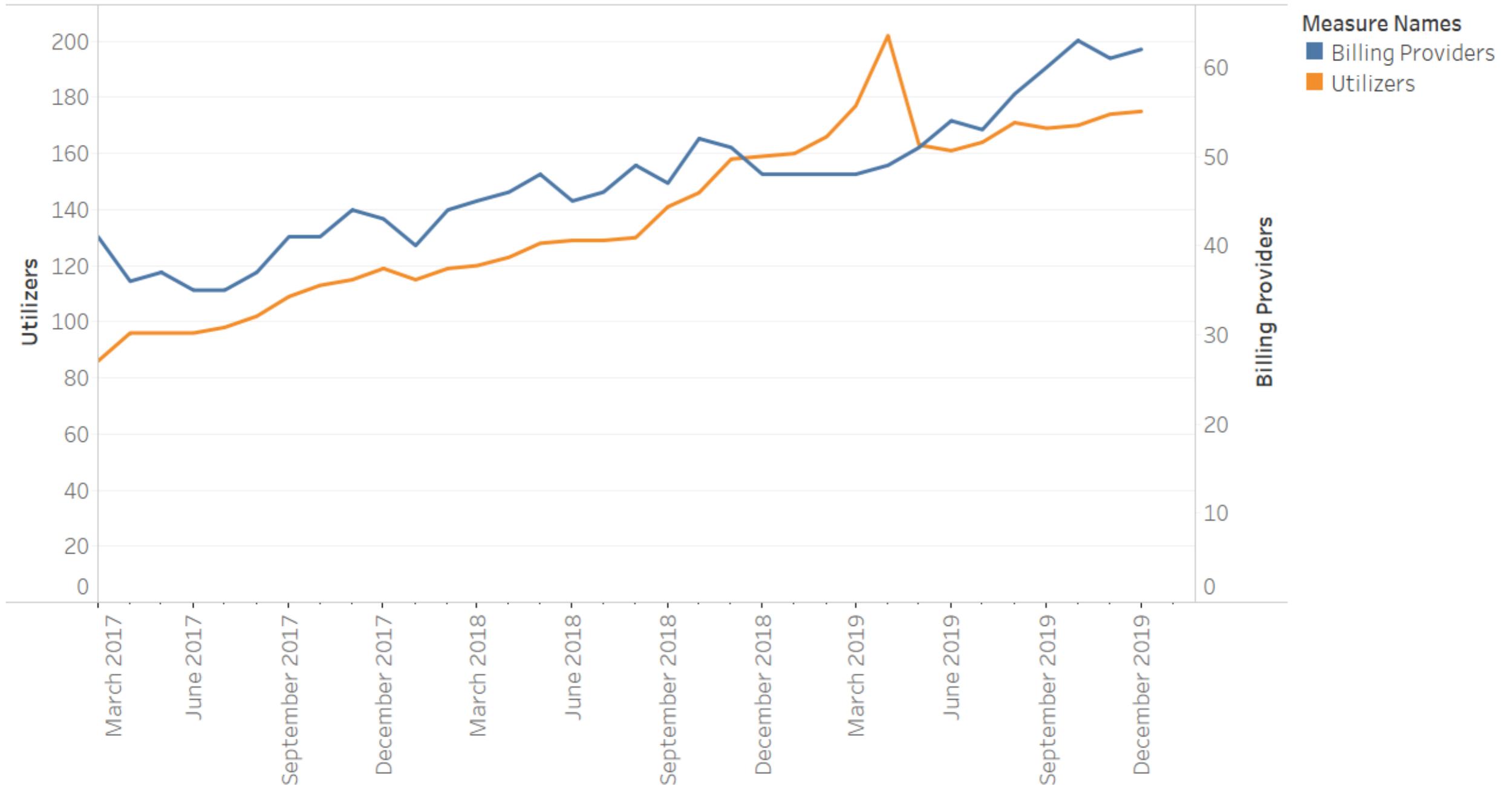
*Some data blinded for PHI

Please Note: All figures shown are DRAFT



SCI Utilizers & Providers Over Time

Utilizers and Providers Over Time



Please Note: All figures shown are DRAFT

Supported Living Services Waiver (SLS)

Purpose: Provide persons with developmental disabilities supported living services in the person's home or community.

Number of members served in CY 2019: 5,204

Expenditures in CY 2019:
\$62,470,459

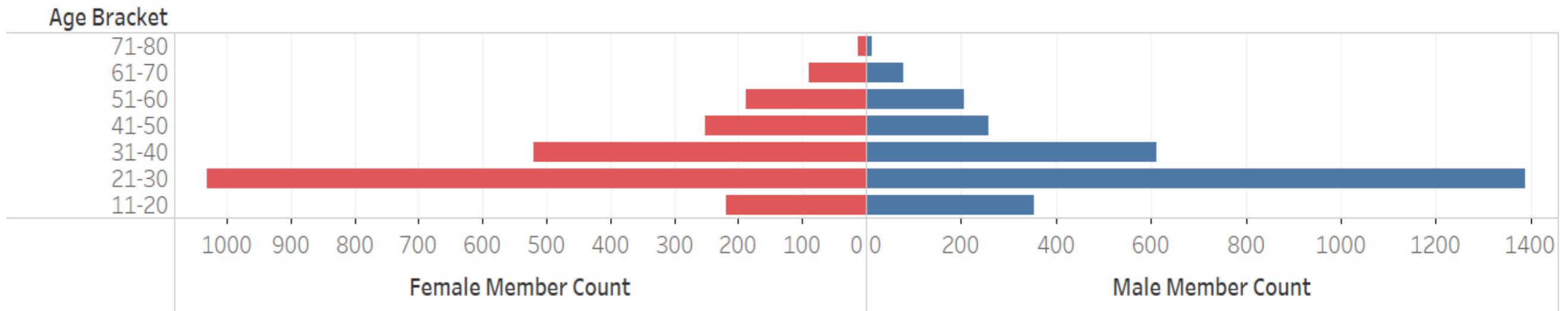
Services:

1. Assistive Technology*
2. Behavioral Services*
3. CDASS*
4. Day Habilitation (Specialized Habilitation, Supported Community Connections)*
5. Dental Services*
6. Home Modification*
7. Homemaker Services*
8. Life Skills Training*
9. Mentorship/Peer Mentorship*
10. Non-Medical Transportation (NMT)*
11. Personal Care*
12. Personalized Emergency Response System (PERS)*
13. Prevocational Services*
14. Professional Services (Hippotherapy, Massage & Movement Therapy)
15. Respite Services*
16. Specialized Medical Equipment & Supplies*
17. Supported Employment*
18. Transition Set Up*
19. Vehicle Modifications*
20. Vision Services*

*Service, or similar services, are available across multiple HCBS Waivers.

SLS

SLS Population Pyramid



Please Note: All figures shown are DRAFT

SLS Top 10 Codes

Service	Unique Procedure Codes	% of Total Service Paid
SLS	28	59.04%

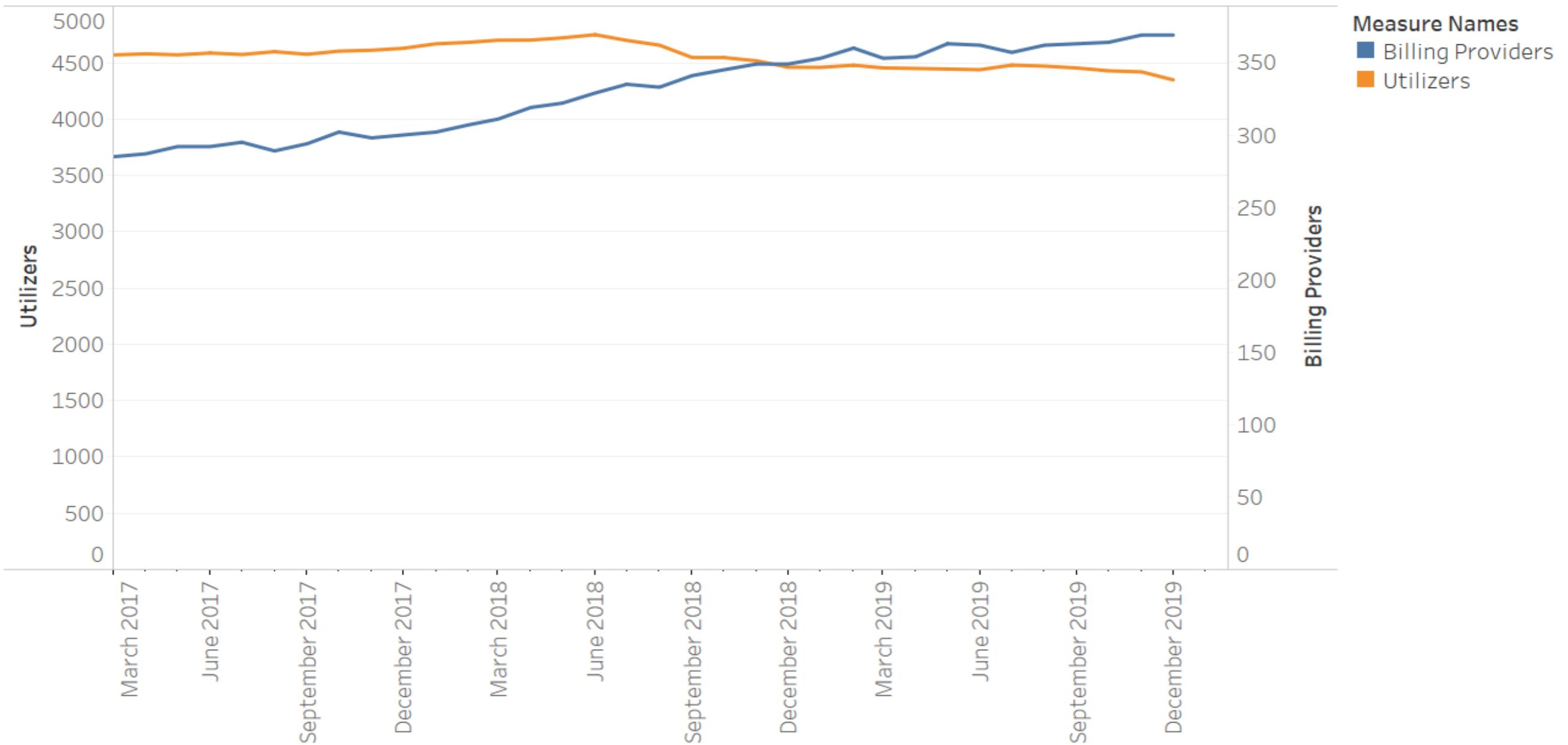
Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
T2021	DAY HABIL WAIVER PER 15 MIN	U8	22			1,216	1,843,578	\$6,241,148
T1019	PERSONAL CARE SER PER 15 MIN	U8				1,789	1,141,502	\$6,073,091
S5150	UNSKILLED RESPITE CARE /15M	U8				1,026	990,862	\$5,276,313
T2021	DAY HABIL WAIVER PER 15 MIN	U8				1,191	1,346,608	\$4,178,852
S5130	HOMAKER SERVICE NOS PER 15M	U8	22			1127	421,028	\$2,794,437
T2021	DAY HABIL WAIVER PER 15 MIN	U8	22	HQ		702	934,874	\$2,623,323
T2021	DAY HABIL WAIVER PER 15 MIN	U8	TF			419	656,385	\$2,515,160
T2003	N-ET; ENCOUNTER/TRIP	U8	22			1065	182,036	\$2,484,788
T2021	DAY HABIL WAIVER PER 15 MIN	U8	TG			261	445,398	\$2,361,363
T2003	N-ET; ENCOUNTER/TRIP	U8				2097	354,802	\$2,333,728

Please Note: All figures shown are DRAFT



SLS Utilizers & Providers Over Time

Utilizers and Providers Over Time



Please Note: All figures shown are DRAFT

HCBS Waivers Service Summary Statistics

HCBS Children's Waivers

CY 2019 Metric	CLLI	CES	CHRP	CHCBS
Total Paid Dollars	\$649,956	\$26,413,769	\$1,519,104	\$43,615,426
Distinct Utilizers	180	2,199	44	1,854
Distinct Billing Providers	13	180	18	62
Distinct Rendering Providers	13	183	18	62

Please Note: All figures shown are DRAFT



Children with a Life-Limiting Illness Waiver (CLLI)

Purpose: Provide services and supports in the home and community for children with a life-limiting illness and to allow the family to seek curative treatment while the child is receiving palliative or hospice care.

Number of members served in CY 2019: 180

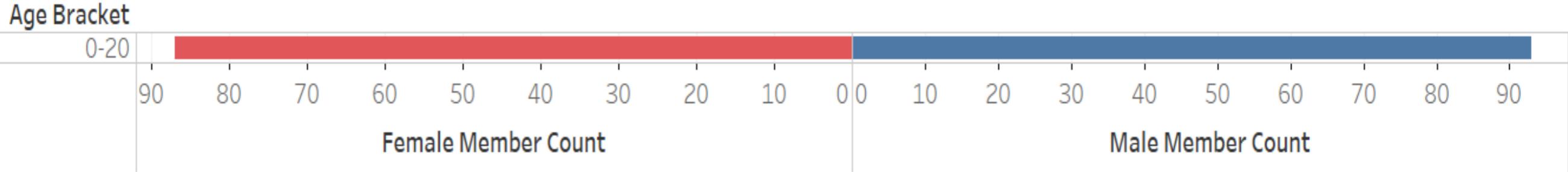
Expenditures in CY 2019:
\$649,956

Services:

1. Expressive Therapy
 - Art & Play Therapy
 - Music Therapy
2. Massage Therapy
3. Palliative/Supportive Care
 - Care Coordination
 - Pain and Symptom Management
4. Respite Care
5. Therapeutic Services
 - Bereavement Counseling
 - Therapeutic Life-Limiting Illness Support - Individual/Family/Group

CLLI

CLLI Population Pyramid



Please Note: All figures shown are DRAFT

CLLI Top 10 Codes

Service	Unique Procedure Codes	% of Total Service Paid
CLLI	9	97.64%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
H2032	ACTIVITY THERAPY, PER 15 MIN	UD				130	11,556	\$187,147
S0257	END OF LIFE COUNSELING	UD	HR			86	6,040	\$151,976
97124	MASSAGE THERAPY	UD				108	5,752	\$104,345
S0257	END OF LIFE COUNSELING	UD				35	2,214	\$55,853
S9123	NURSING CARE IN HOME RN	UD				PHI	PHI	PHI
S0257	END OF LIFE COUNSELING	UD	HK			PHI	PHI	PHI
S5151	UNSKILLED RESPITECARE /DIEM	UD				PHI	PHI	PHI
G9012	OTHER SPECIFIED CASE MGMT	UD				PHI	PHI	PHI
S0257	END OF LIFE COUNSELING	UD	HQ			PHI	PHI	PHI
S9125	RESPIRE CARE, IN THE HOME, P	UD	TD			PHI	PHI	PHI

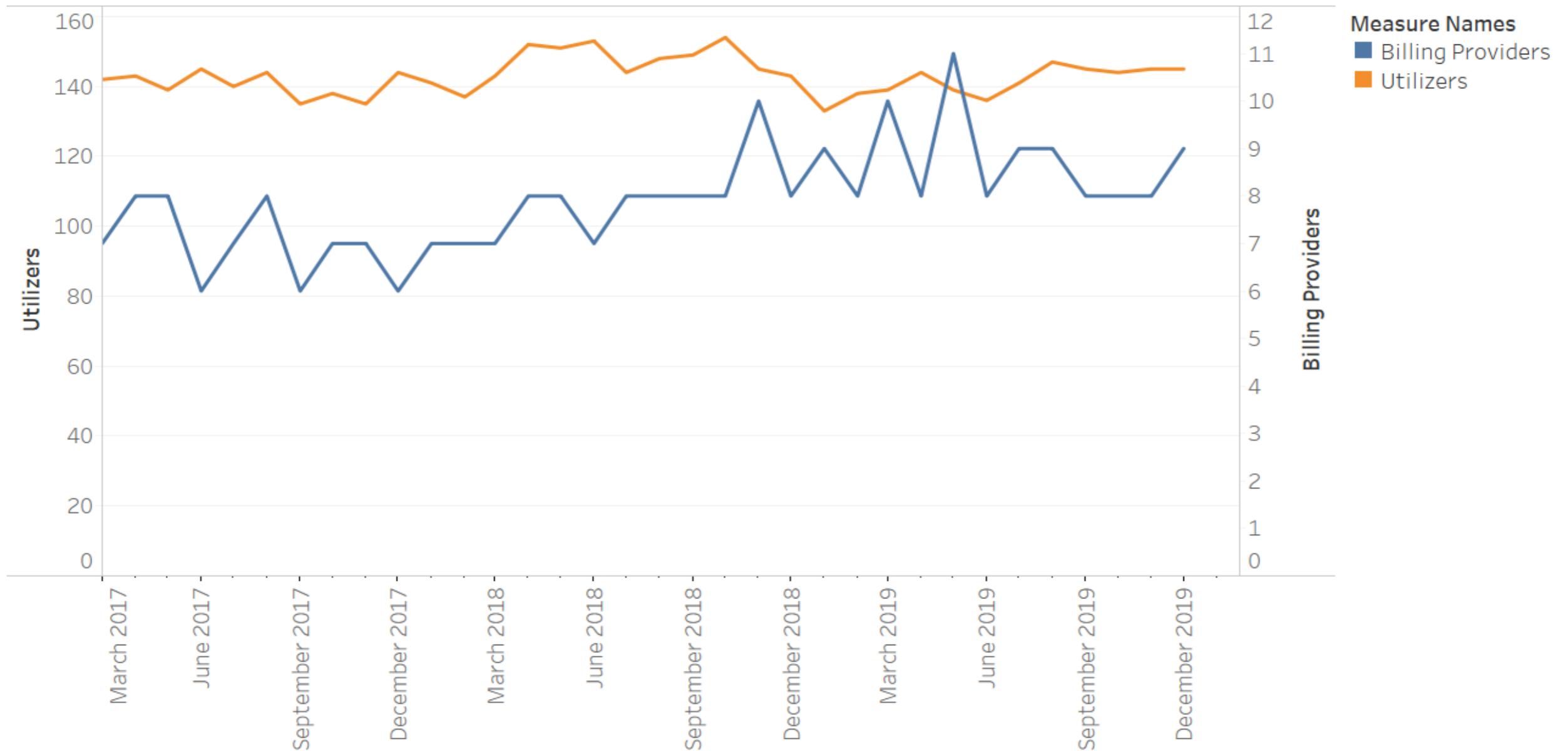
*Some data blinded for PHI

Please Note: All figures shown are DRAFT



CLLI Utilizers & Providers Over Time

Utilizers and Providers Over Time



Please Note: All figures shown are DRAFT

Children's Extensive Support Waiver (CES)

Purpose: Provide Health First Colorado benefits in the home or community for children with developmental disabilities or delays who are most in need due to the severity of their disability.

Number of members served in CY 2019: 2,199

Expenditures in CY 2019:
\$26,413,769

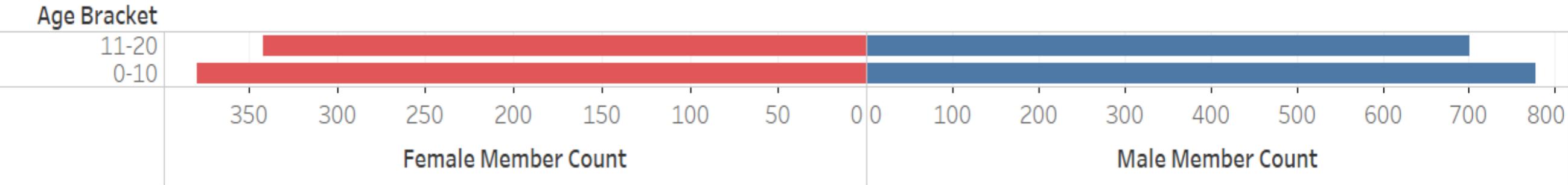
Services:

1. Adapted Therapeutic Recreation & Fees
2. Assistive Technology*
3. Community Connector
4. Home Accessibility Adaptations*
5. Homemaker Services*
6. Parent Education
7. Professional Services (includes Hippotherapy, Massage & Movement Therapy)*
8. Respite Services
9. Specialized Medical Equipment & Supplies*
10. Vehicle Adaptations*

*Service, or similar services, are available across multiple HCBS Waivers.

CES

CES Population Pyramid



Please Note: All figures shown are DRAFT

CES Top 10 Codes

Service	Unique Procedure Codes	% of Total Service Paid
CES	16	94.20%

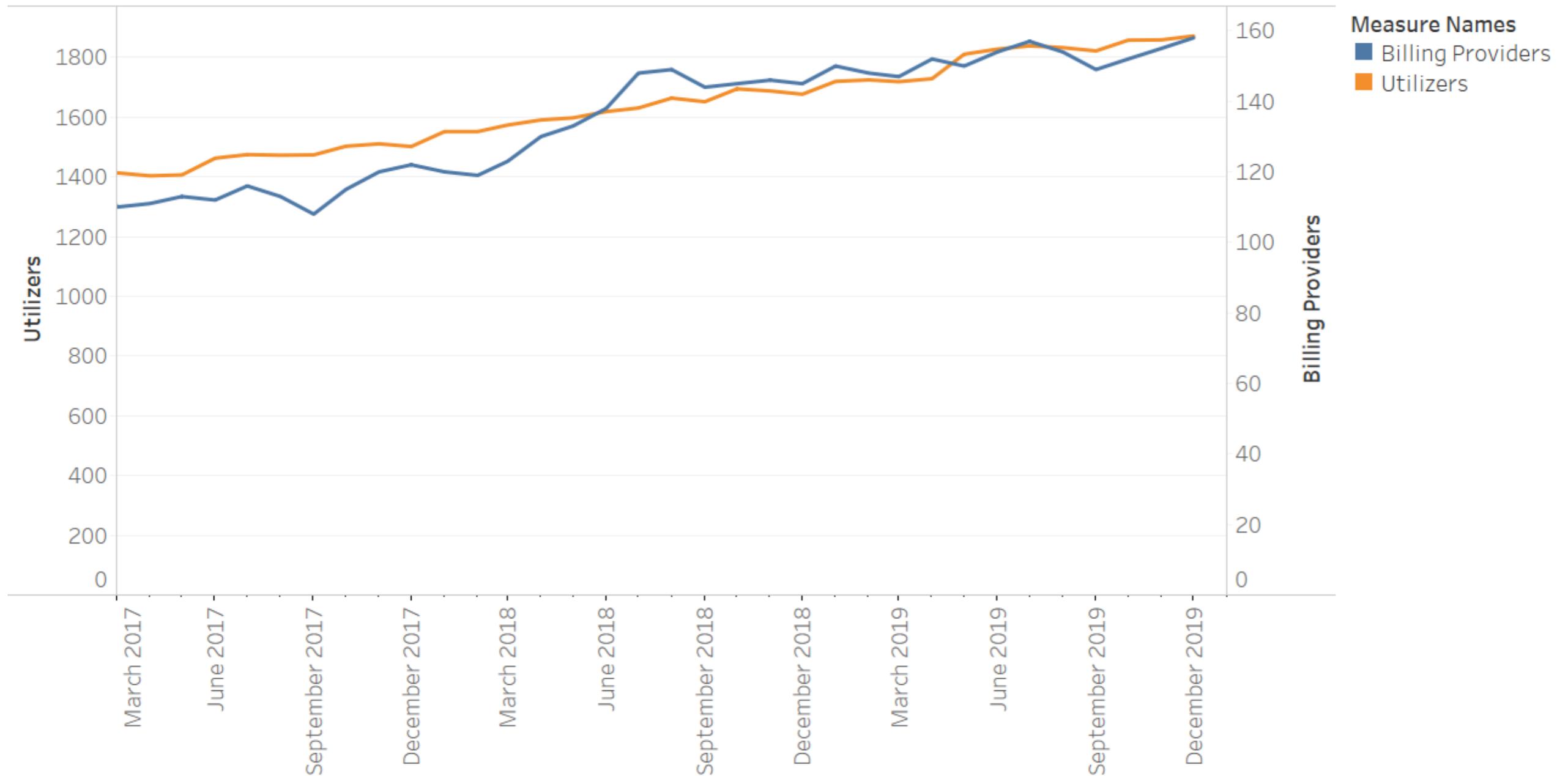
Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
S5150	UNSKILLED RESPITE CARE /15M	U7				1,302	1,556,097	\$8,276,133
H2021	COM WRAP-AROUND SV, 15 MIN	U7				967	704,839	\$6,341,236
S5130	HOMAKER SERVICE NOS PER 15M	U7	22			661	291,637	\$1,933,586
97124	MASSAGE THERAPY	U7				635	91,498	\$1,753,690
G0176	OPPS/PHP;ACTIVITY THERAPY	U7	22			511	62,693	\$1,464,270
S5151	UNSKILLED RESPITECARE /DIEM	U7	HQ			320	1,370,873	\$1,370,805
S5130	HOMAKER SERVICE NOS PER 15M	U7				481	311,374	\$1,272,020
S5165	HOME MODIFICATIONS PER SERV	U7				212	988,134	\$988,113
G0176	OPPS/PHP;ACTIVITY THERAPY	U7				493	50,766	\$811,521
S5151	UNSKILLED RESPITECARE /DIEM	U7				242	3,241	\$669,349

Please Note: All figures shown are DRAFT



CES Utilizers & Providers Over Time

Utilizers and Providers Over Time



Please Note: All figures shown are DRAFT

Children's Habilitation Residential Program Waiver (CHRP)

Purpose: Provides assistance to children and youth, age birth (0) through twenty (20) years of age who have been determined to have a developmental disability. These children and youth require high levels of service to remain in the community. The waiver serves as an alternative to placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities.

Number of members served in CY 2019: 44

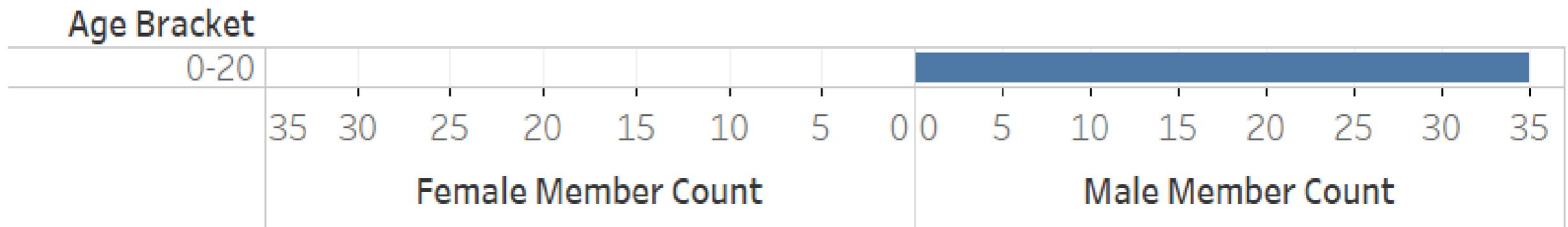
Expenditures in CY 2019:
\$1,519,104

Services:

1. Supported Community Connections*
2. Respite*
3. Professional Services (Hippotherapy, Massage & Movement Therapy)*
4. Intensive Support Services*
5. Transition Support Services*
6. Habilitation services:
 - Cognitive Services
 - Communication Services
 - Community Connections
 - Emergency Services
 - Personal Assistance
 - Self-Advocacy Training
 - Travel Services

CHRP

CHRP Population Pyramid



*Some data blinded for PHI

Please Note: All figures shown are DRAFT

CHRP Top 10 Codes

Service	Unique Procedure Codes	% of Total Service Paid
CHRP	5	99.85%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
H0041	FOS C CHLD NON-THER PER DIEM	U9	TG			PHI	PHI	PHI
H0041	FOS C CHLD NON-THER PER DIEM	U9	TG	22		PHI	PHI	PHI
H0041	FOS C CHLD NON-THER PER DIEM	U9	TF	22		PHI	PHI	PHI
H0041	FOS C CHLD NON-THER PER DIEM	U9	TF			PHI	PHI	PHI
T2016	HABIL RES WAIVER PER DIEM	U9	TG	22		PHI	PHI	PHI
T2016	HABIL RES WAIVER PER DIEM	U9	TF	22		PHI	PHI	PHI
T2016	HABIL RES WAIVER PER DIEM	U9	TG			PHI	PHI	PHI
T2016	HABIL RES WAIVER PER DIEM	U9	TF			PHI	PHI	PHI
H0041	FOS C CHLD NON-THER PER DIEM	U9	22			PHI	PHI	PHI
H2021	COM WRAP-AROUND SV, 15 MIN	U9				PHI	PHI	PHI

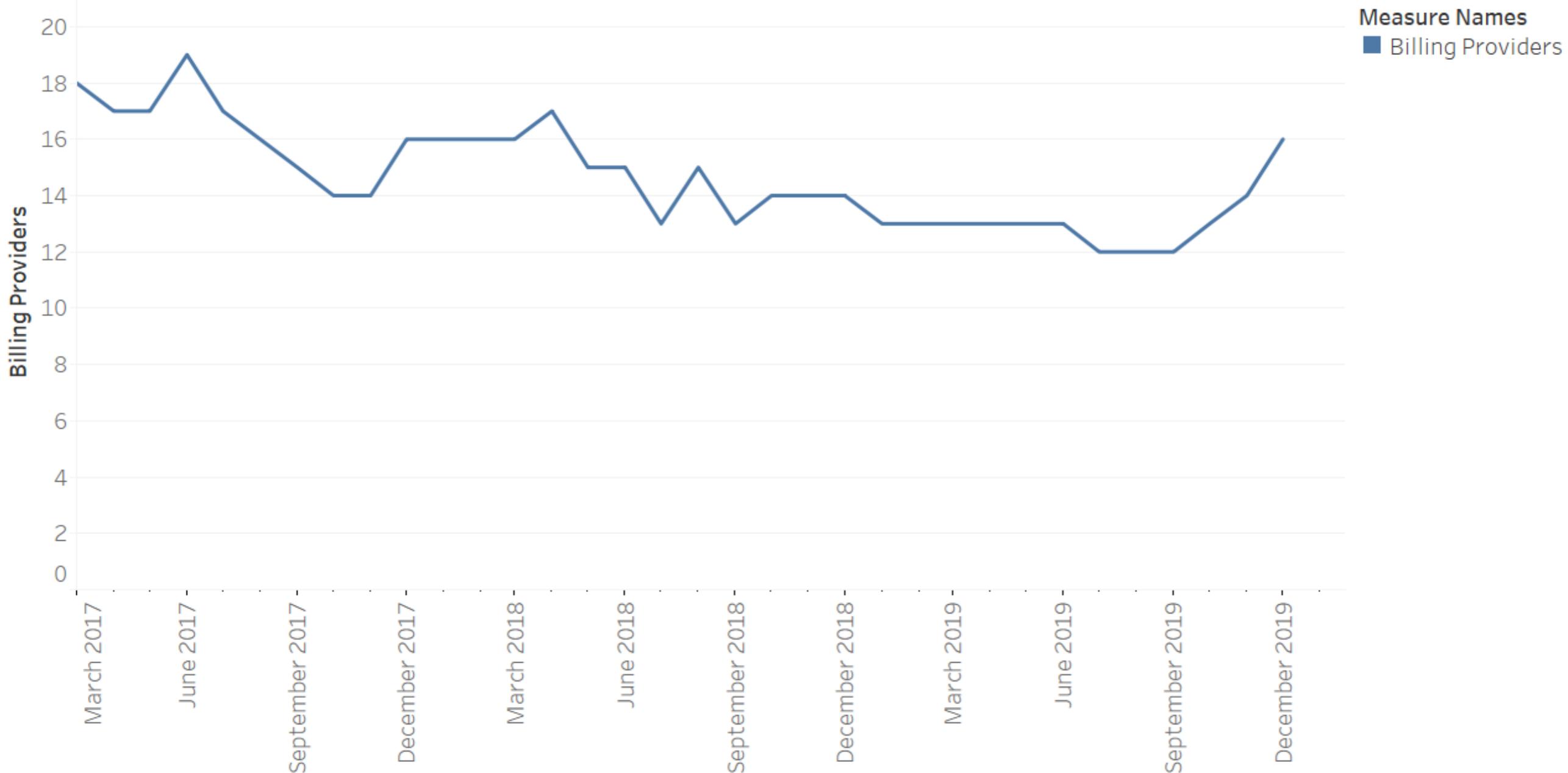
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Please Note: All figures shown are DRAFT



CHRP Utilizers & Providers Over Time

Utilizers and Providers Over Time



*Some data blinded for PHI

Please Note: All figures shown are DRAFT

Children's HCBS Waiver (CHCBS)

Purpose: Provide Health First Colorado benefits in the home or community for children with disabilities who would otherwise be ineligible for Health First Colorado due to excess parental income and/or resources.

Number of members served in CY 2019: 1,854

Expenditures in CY 2019:
\$43,615,426

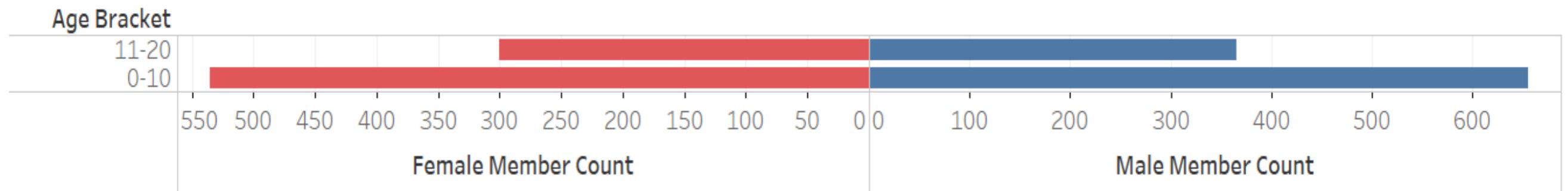
Services:

1. Case Management
2. In-Home Support Services* (Health Maintenance Activities only)

*Service, or similar services, are available across multiple HCBS Waivers.

CHCBS

CHCBS Population Pyramid



Please Note: All figures shown are DRAFT

CHCBS Top 10 Codes

Service	Unique Procedure Codes	% of Total Service Paid
CHCBS	2	100.00%

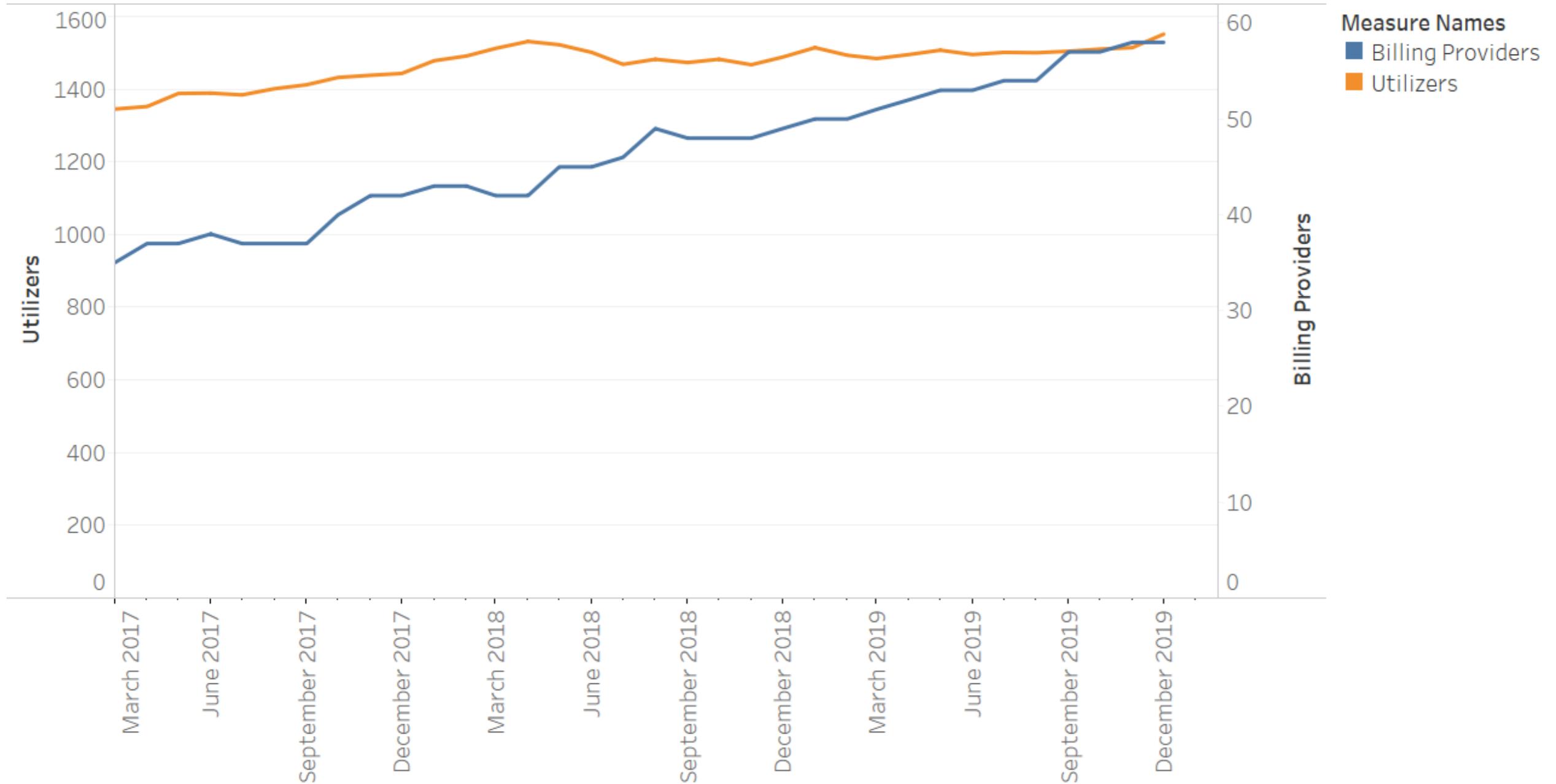
Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
H0038	SELF-HELP/PEER SVC PER 15MIN	U5				862	5,577,474	\$41,662,300
T1016	CASE MANAGEMENT	U5				1,811	219,850	\$1,953,126

Please Note: All figures shown are DRAFT



CHCBS Utilizers & Providers Over Time

Utilizers and Providers Over Time



Please Note: All figures shown are DRAFT



Questions?

Targeted Case Management (TCM)

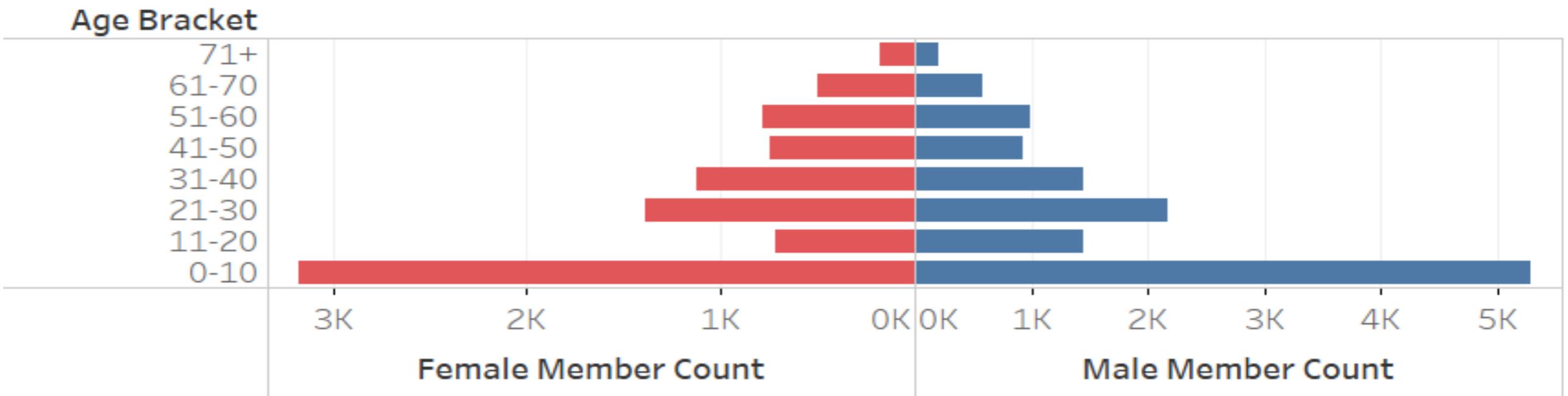
Targeted Case Management

Service Description:

- State Plan benefit that includes facilitating enrollment, locating, coordinating and monitoring needed waiver services and coordinating with other non-waiver resources.
- TCM is provided to members with intellectual and developmental disabilities through Community Centered Boards (CCBs)
- TCM is also provided to members who are enrolled in other HCBS waivers, and who do not have an intellectual or developmental disability, through transition coordination agencies for transition set up services.

TCM

TCM Population Pyramid



Please Note: All figures shown are DRAFT

TCM Base Data: CY 2019 Validations

Service	Record Count	Allowed Units	Paid Dollars
TCM	297,420	2,126,148	\$35,010,142

Please Note: All figures shown are DRAFT



TCM Service Summary Statistics

CY 2019 Metric	TCM
Total Paid Dollars	\$35,010,142
Distinct Utilizers	21,619
Distinct Billing Providers	74
Distinct Rendering Providers	68

Please Note: All figures shown are DRAFT



TCM Top 10 Codes

Service	Unique Procedure Codes	% of Total Service Paid
TCM	1	99.98%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
T1017	TARGETED CASE MANAGEMENT	U4				13,978	1,836,446	\$29,982,260
T1017	TARGETED CASE MANAGEMENT	TL	HA			3,642	121,447	\$1,981,912
T1017	TARGETED CASE MANAGEMENT	HA	TL			2,514	94,407	\$1,540,259
T1017	TARGETED CASE MANAGEMENT	UB				398	34,213	\$819,560
T1017	TARGETED CASE MANAGEMENT	TL				1198	33,732	\$550,682
T1017	TARGETED CASE MANAGEMENT	UC				112	4,576	\$111,298
T1017	TARGETED CASE MANAGEMENT	U4	HA			PHI	PHI	PHI
T1017	TARGETED CASE MANAGEMENT					PHI	PHI	PHI
T1017	TARGETED CASE MANAGEMENT	U1				PHI	PHI	PHI
T1017	TARGETED CASE MANAGEMENT	HE				PHI	PHI	PHI

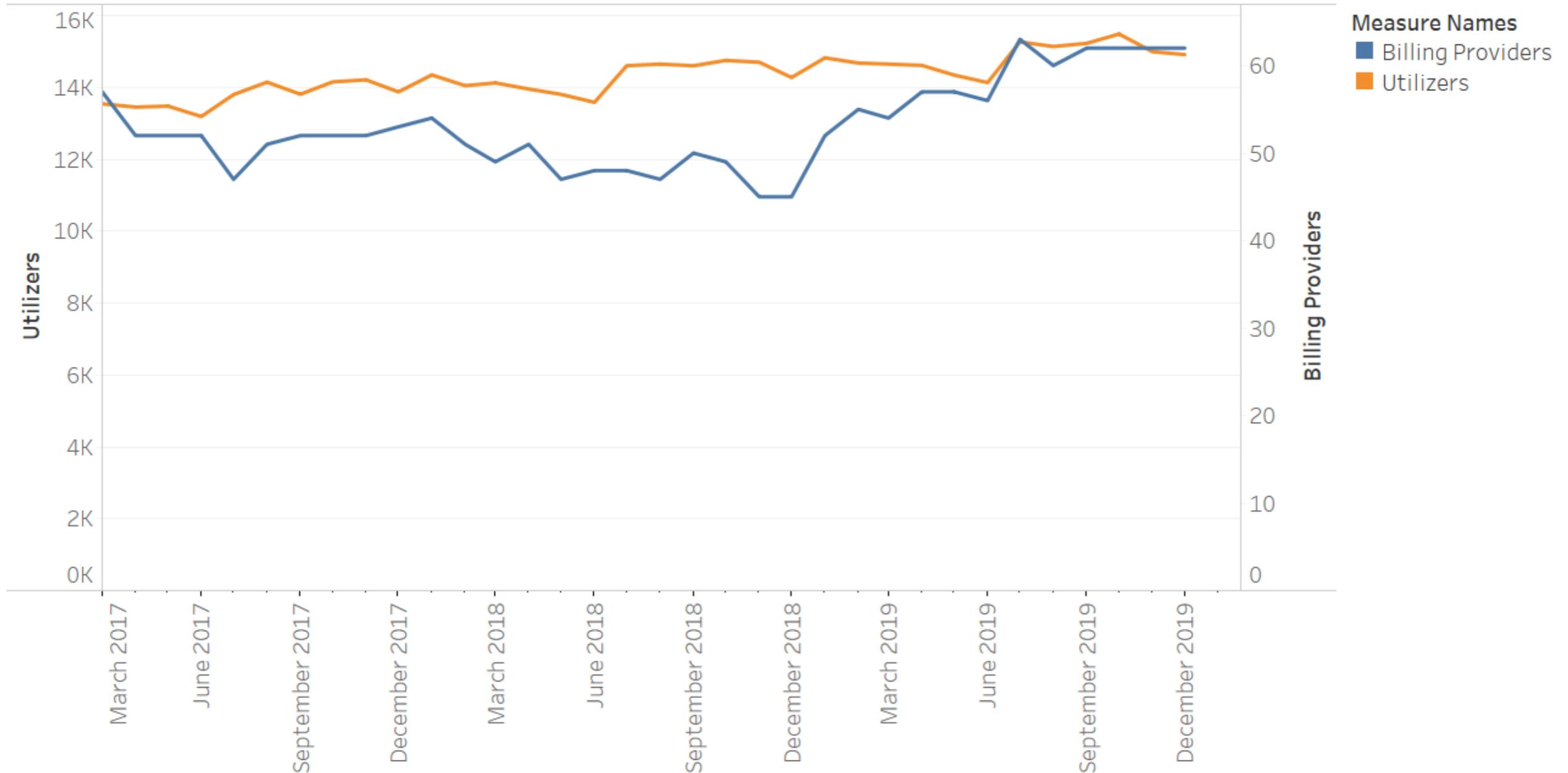
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Please Note: All figures shown are DRAFT



TCM Utilizers & Providers Over Time

Utilizers and Providers Over Time



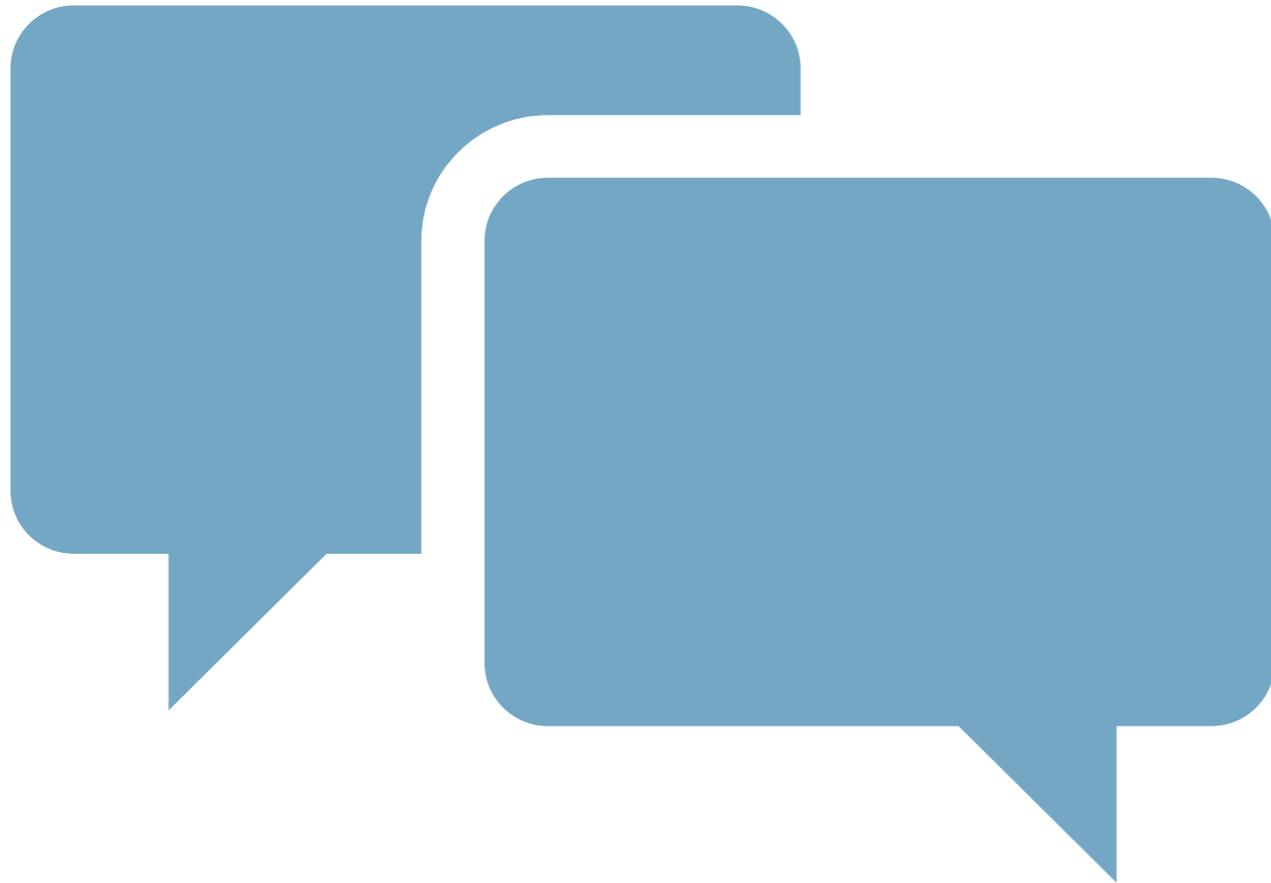
Please Note: All figures shown are DRAFT



Questions?



Stakeholder Comments - HCBS Waivers & TCM



Committee Discussion - HCBS Waivers & TCM

Next Steps and Announcements

- Rate Comparison and Access to Care Analyses
- Next Meeting: February 5, 2021 from 9:00AM-2:00PM
 - Primary Purpose: Review rate comparison and access to care analyses for all Year 1 (Cycle 2) services, provide time for stakeholder comments, and committee feedback

Contact

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Rate Review Stakeholder Relations Specialist

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HCPF_RateReview@state.co.us

Thank You!