

# Medicaid Provider Rate Review Advisory Committee Meeting

Presented by: Eloiss Hulsbrink

February 21, 2020  
9:00 AM - 2:00 PM

# Our Mission

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

# Agenda

Introductions	9:00 a.m.
Review Agenda and Meeting Logistics	9:05 a.m.
Meeting Minutes	9:20 a.m.
Committee Chair/Vice Chair	9:30 a.m.
Data Analysis Preliminary Results: Pediatric Personal Care (PPC), Home Health, and Private Duty Nursing (PDN)	9:40 a.m.
<i>Break</i>	<i>10:25 a.m.</i>
Considerations: PPC, Home Health, and PDN	10:35 a.m.
Data Analysis Preliminary Results: Pediatric Behavioral Therapy (PBT)	11:15 a.m.
Considerations: PBT	<i>11:25 a.m.</i>
<i>Lunch</i>	<i>11:40 a.m.</i>
Data Analysis Preliminary Results: Speech Therapy and Physical/Occupational Therapy (PT/OT)	11:55 a.m.
Considerations: Speech Therapy and PT/OT	12:25 p.m.
Data Analysis Preliminary Results: Prosthetics, Orthotics, and Supplies (POS)	1:10 p.m.
Considerations: POS	1:20 p.m.
Data Analysis Preliminary Results: Vision	1:30 p.m.
Considerations: Vision	1:40 p.m.
Next Steps and Announcements	1:50 p.m.
Adjourn	2:00 p.m.

# Meeting Etiquette

- Honor the Agenda
  - Stay solution and scope focused
- Identify yourself before speaking
- Honor and Respect Everyone
  - Mind E-manners
  - Share the air

# 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.

# Committee Appointments

Eloiss Hulsbrink

# Meeting Minutes

Wilson Pace, Chair

# Chair/Vice Chair

Wilson Pace, Chair

# Year Five Preliminary Rate Comparison Analysis and Access to Care Preliminary Results

Presented by: Eloiss Hulsbrink

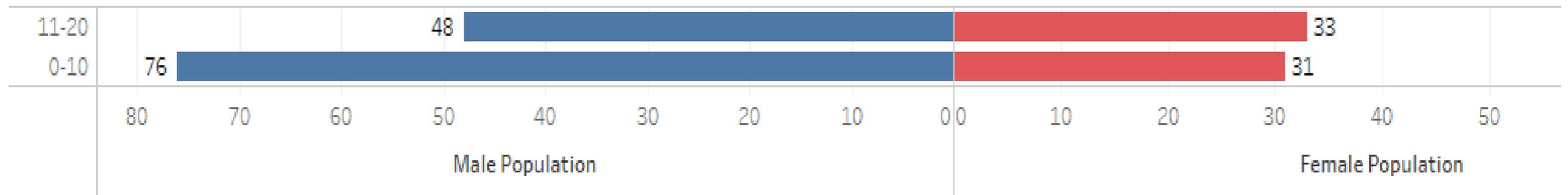
# Pediatric Personal Care (PPC)

Total Member Count	Total Provider Count	Total Paid Dollars
137	8	\$1,759,223

- Available to members 20 years old and younger who require personal care services.
- Personal Care services are medically necessary services that do not require a provider to have a medical certification or a professional license to safely provide services.
- 17 Qualifying Personal Care Tasks:

Ambulation/ Locomotion	Meal Prep	Hygiene - Nail Care	Hygiene - Skin Care	Toileting - Bladder Care	Toileting - Catheter Care
Bathing/ Showering	Feeding	Hygiene - Shaving	Mobility - Positioning	Toileting - Bowel Care	Medication Reminders
Dressing	Hygiene - Hair Care/Grooming	Hygiene - Mouth Care	Mobility - Transfer	Toileting - Bowel Program	

# PPC Utilizer Demographics



\*DRAFT - All Calculations are Preliminary

# PPC FY 2018-19 Top Diagnosis Codes

Rank	Diagnosis Code	Description	Count of Utilizers
1	F840	AUTISTIC DISORDER	64
2	R6250	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDH	PHI
3	Q909	DOWN SYNDROME, UNSPECIFIED	PHI
4	R69	ILLNESS, UNSPECIFIED	PHI
5	F71	MODERATE INTELLECTUAL DISABILITIES	PHI
6	Q860	FETAL ALCOHOL SYNDROME (DYSMORPHIC)	PHI
7	F72	SEVERE INTELLECTUAL DISABILITIES	PHI
8	G800	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	PHI
9	Q900	TRISOMY 21, NONMOSAICISM (MEIOTIC NONDISJUNCTION)	PHI
10	G80	CEREBRAL PALSY	PHI

**\*DRAFT - All Calculations are Preliminary**

# PPC - Comparison Methodology

- Other States' Medicaid Fee Schedules
  - Previously compared: CA, ID, LA
  - Supplemental for validity: FL, TX
  - Only Florida and Texas have pediatric-specific rates

- Data Exclusions

Base Dollars	Post-Exclusion Dollars	Dollars Included
\$1,759,223	\$1,750,399	99.50%

- Incurred But Not Reported (IBNR) Adjustment

Post-Exclusion Dollars	IBNR-Adjusted Dollars	Completion Factor
\$1,750,399	\$1,761,789	99.35%

\*DRAFT - All Calculations are Preliminary

# PPC Rate Comparison Results

Comparison States	CO as Percent of Other States Medicaid
CA	135.91%
FL	131.20%
ID	109.58%
LA	140.57%
TX	166.78%
Benchmark Total	134.35%

\*DRAFT - All Calculations are Preliminary

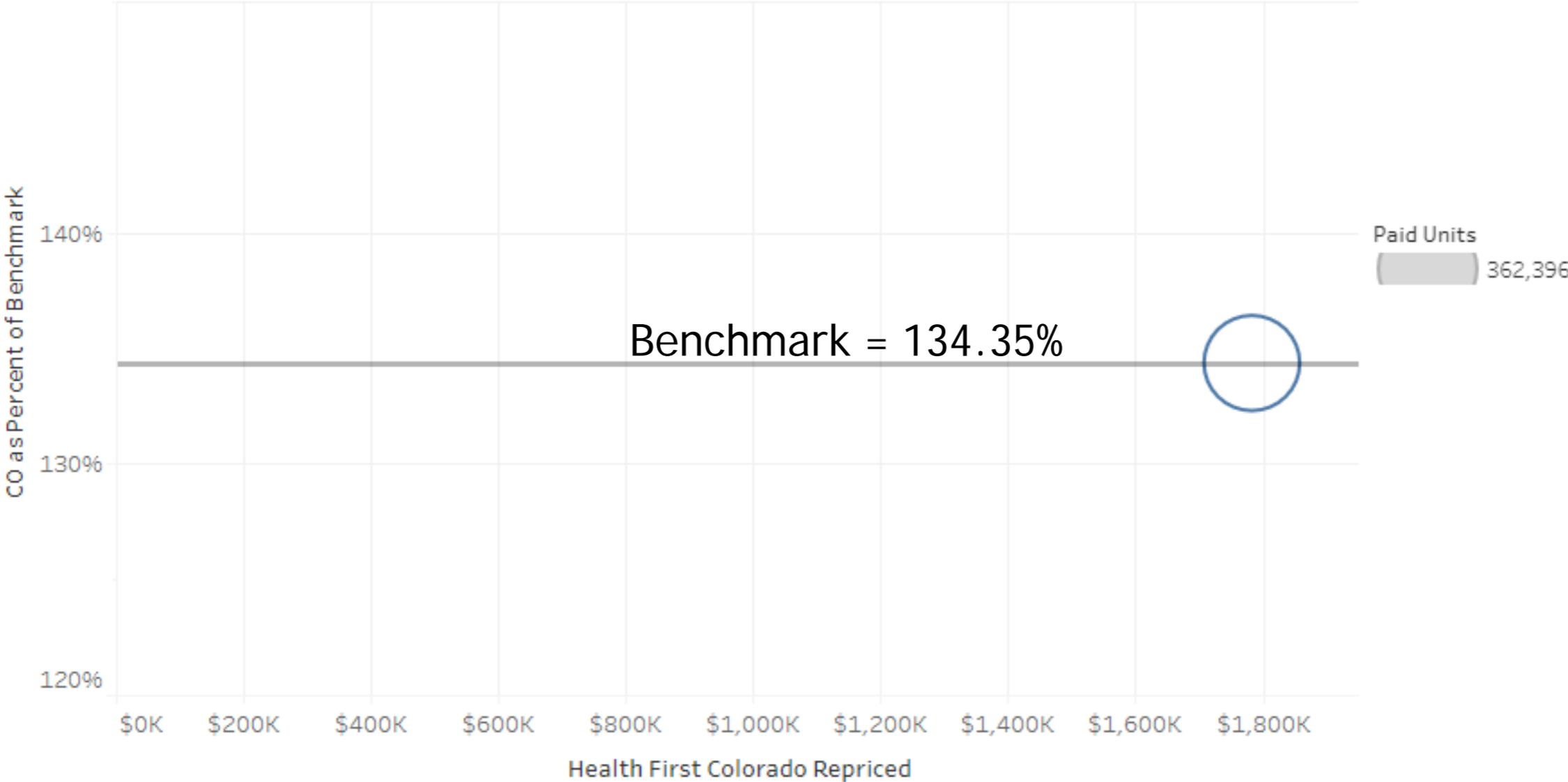
# PPC - Estimated Total Fund Impact

- Had Health First Colorado reimbursed at 100% of the benchmark in FY 2018-19 it would have had an estimated total fund fiscal impact of **(\$455,894)**.

PPC Comparison Results	
Colorado as a Percentage of Benchmark	134.35%
Colorado Repriced Amount	\$1,782,289
Benchmark Repriced Amount	\$1,327,092
Est. FY 2018-19 Total Fund Impact	(\$455,894)

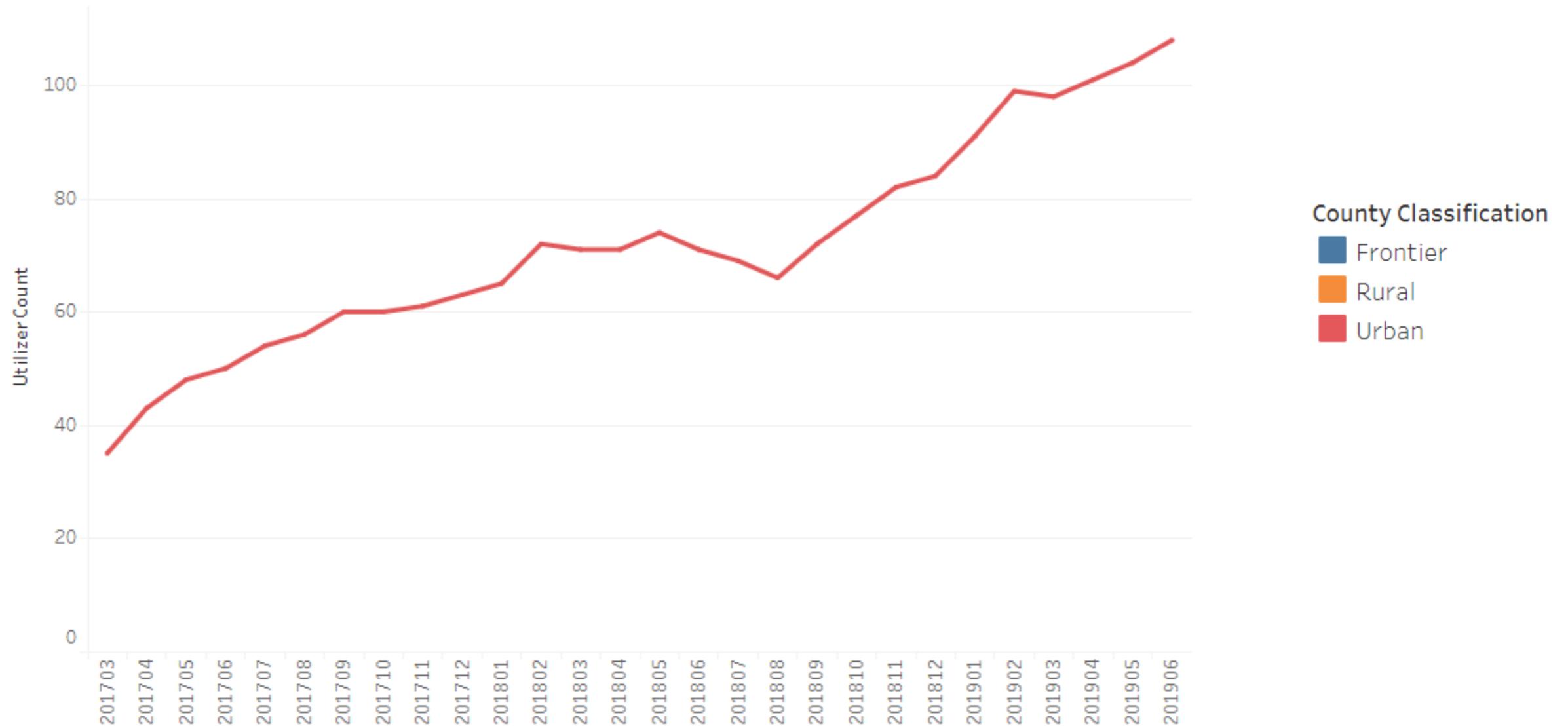
**\*DRAFT - All Calculations are Preliminary**

# PPC - Scatterplot



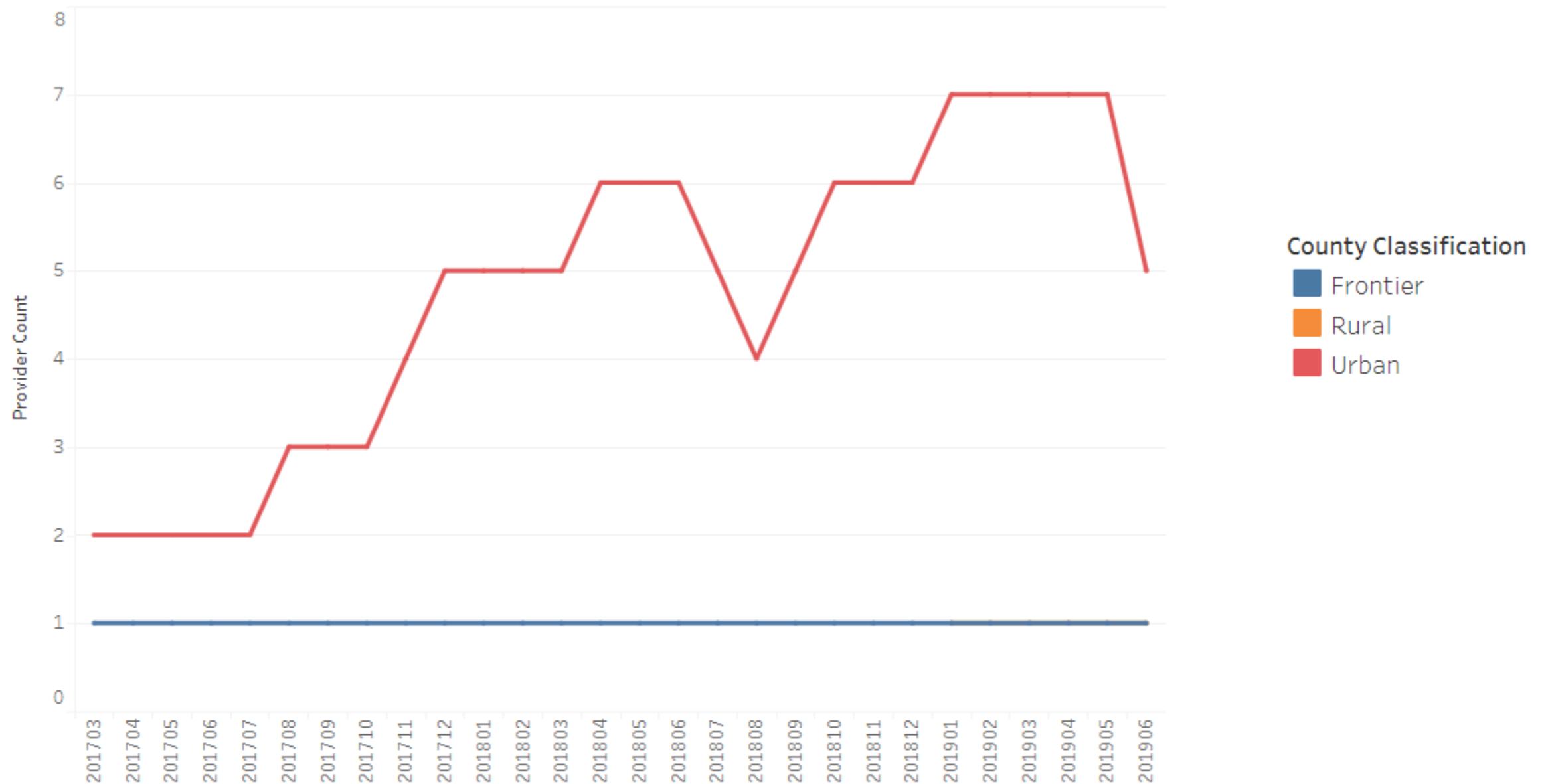
\*DRAFT - All Calculations are Preliminary

# PPC - Distinct Utilizers Over Time



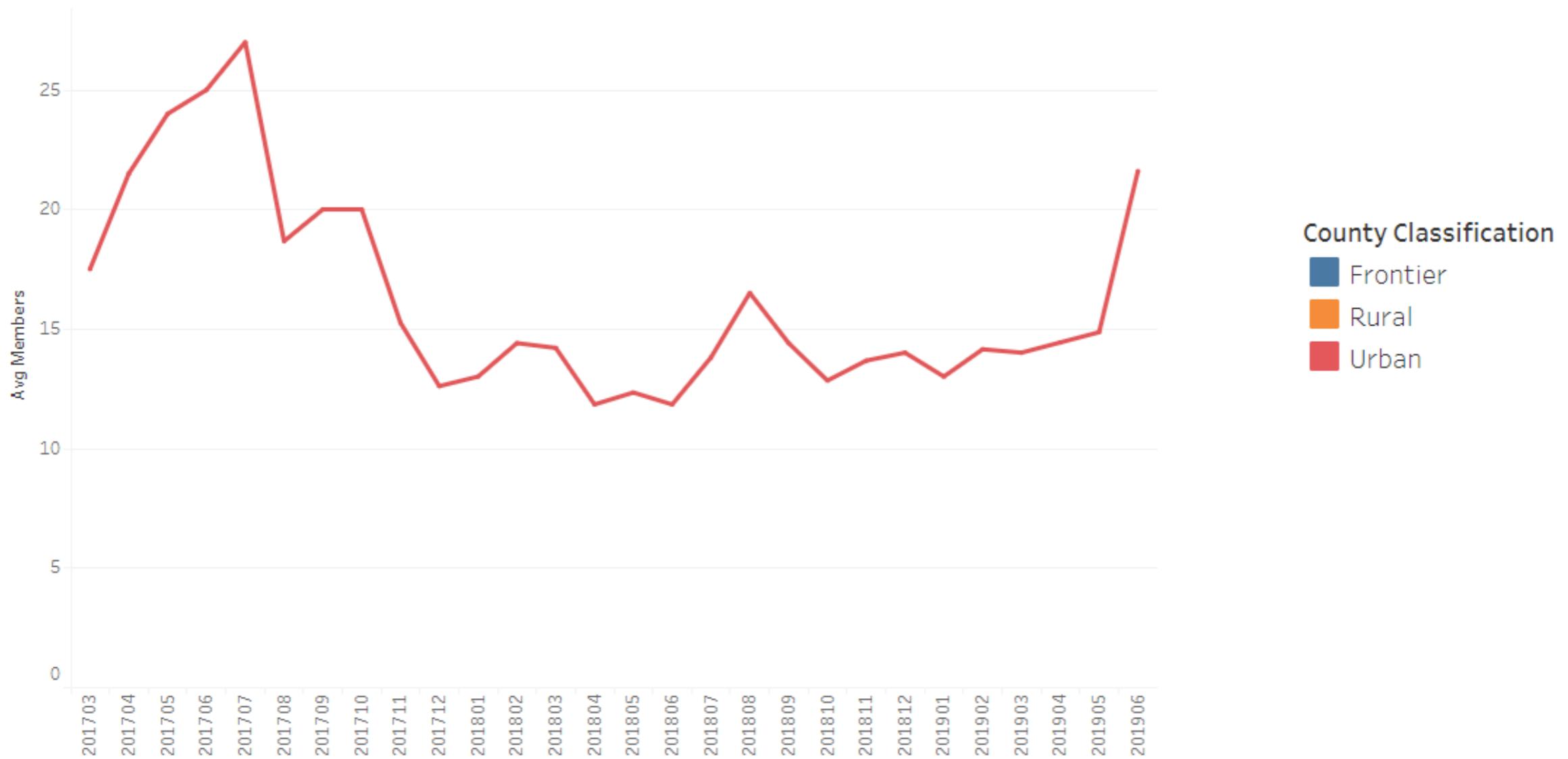
\*DRAFT - All Calculations are Preliminary

# PPC - Active Providers Over Time



\*DRAFT - All Calculations are Preliminary

# PPC - Utilizers Per Provider (Panel Size)



\*DRAFT - All Calculations are Preliminary

# PPC - Member to Provider Ratio

- Expressed as providers per 1,000 members
- Normalizing, or standardizing, per 1,000 members allows for comparisons across areas with large differences in population size

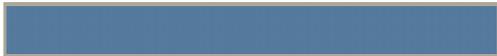
Region	FY2018-19 Providers	FY2018-19 Members	Providers per 1,000 Members
Frontier	1	49,881	0.02
Rural	1	190,075	0.01
Urban	7	1,407,688	0.00
<b>Statewide</b>	8	1,635,698	0.00

\*DRAFT - All Calculations are Preliminary

# PPC - Utilizer Density Map FY 2018-19



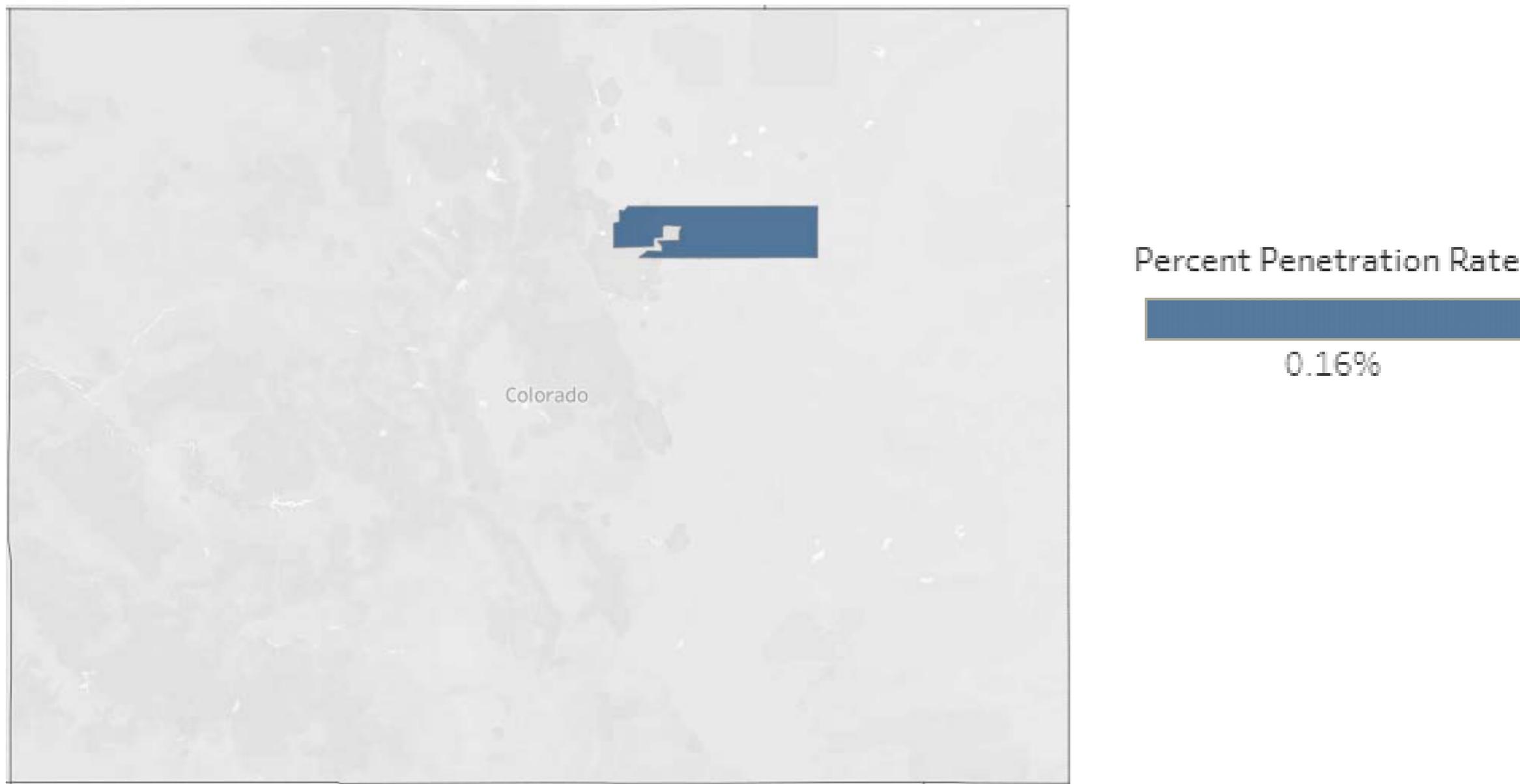
Utilizer Count



31

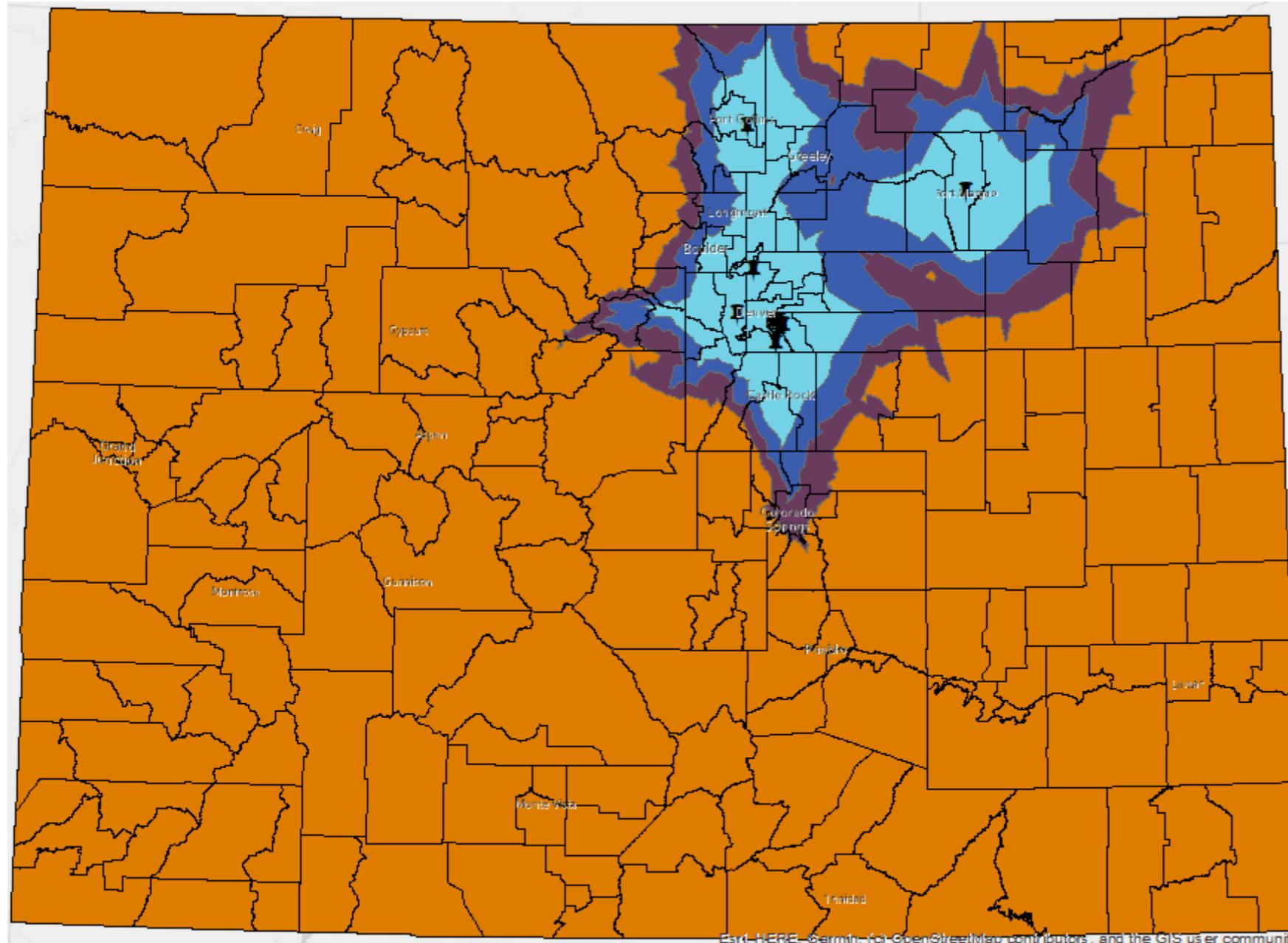
\*DRAFT - All Calculations are Preliminary

# PPC - Penetration Rate by Member County



\*DRAFT - All Calculations are Preliminary

# PPC - ArcGIS Map



Drive Time	Percent of Utilizers by Drive Time
0-30 Minutes	58.48%
30-45 Minutes	4.89%
45-60 Minutes	12.24%
Over an Hour	24.39%
Total	100%

**\*DRAFT - All Calculations are Preliminary**



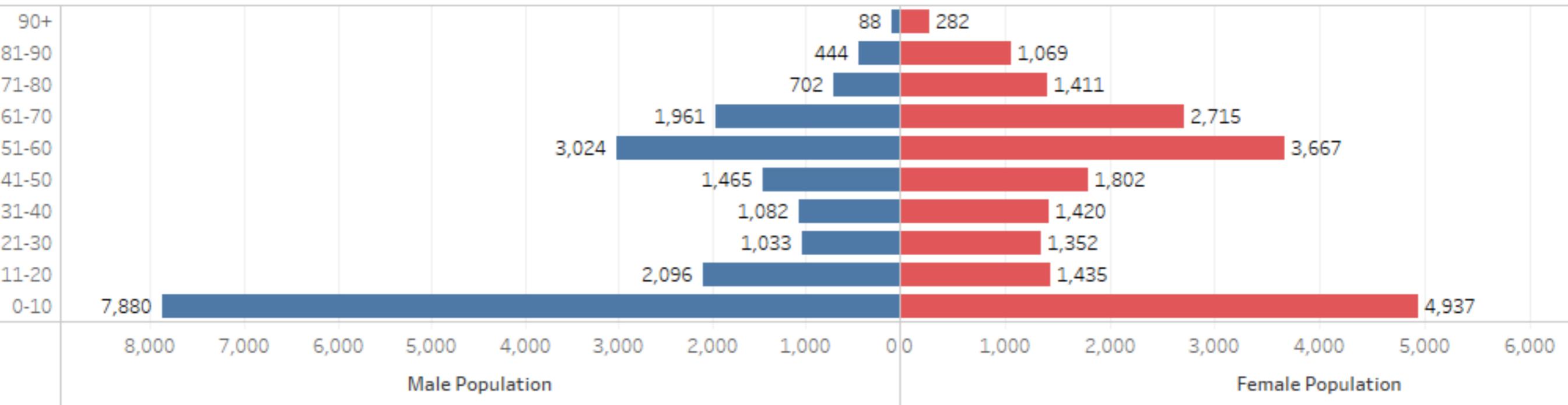
**Questions?**

# Home Health

Total Member Count	Total Provider Count	Total Paid Dollars
24,859	197	\$391,267,838

- Home Health services consist of skilled nursing, certified nurse aide (CNA) services, physical therapy, occupational therapy, and speech/language pathology services that are provided by a licensed and certified Home Health agency.
- Home Health services are available to Colorado Medicaid members who need intermittent skilled care in their place of residence.
- Home Health services are divided into two service types:
  - Acute Home Health services are provided for the treatment of acute conditions/episodes (such as post-surgical care) for up to 60 days without prior authorization.
  - Long-Term Home Health is available for members who require ongoing Home Health Services beyond the 60-day Acute Home Health period. Long-Term Home Health services require prior authorization.

# Home Health Utilizer Demographics



\*DRAFT - All Calculations are Preliminary

# Home Health FY 2018-19 Top Diagnosis Codes

Rank	Diagnosis Code	Description	Count of Utilizers
1	F809	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNS	1,603
2	F840	AUTISTIC DISORDER	1,361
3	R6250	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDH	1,262
4	F802	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	704
5	G809	CEREBRAL PALSY, UNSPECIFIED	688
6	Q909	DOWN SYNDROME, UNSPECIFIED	567
7	R620	DELAYED MILESTONE IN CHILDHOOD	565
8	Z471	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	551
9	E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	459
10	F801	EXPRESSIVE LANGUAGE DISORDER	420

**\*DRAFT - All Calculations are Preliminary**

# Home Health - Comparison Methodology and Base Data Adjustments

- Other States' Medicaid Fee Schedules
  - Large variation in covered benefits across states
  - Previously compared: CA, ID, IL, LA, NC, NE, OH, OR, WA, WI
  - All services matched on a revenue code-modifier basis to the fee schedules' respective levels of detail
  - Also researched MD and GA but could not find comparable rates.

- Data Exclusions

Base Dollars	Post-Exclusion Dollars	Dollars Included
\$391,267,838	\$386,836,266	98.87%

- Incurred But Not Reported (IBNR) Adjustment

Post-Exclusion Dollars	IBNR-Adjusted Dollars	Completion Factor
\$386,836,266	\$400,467,603	96.60%

\*DRAFT - All Calculations are Preliminary

# Home Health Rate Comparison Results

Benchmark Comparison States	CO as Percent of Benchmark
CA	125.89%
ID	119.46%
IL	88.39%
LA	90.80%
NC	111.19%
NE	72.48%
OH	160.87%
OR	75.21%
WA	89.88%
WI	131.83%
<b>Benchmark Total</b>	<b>101.72%</b>

\*DRAFT - All Calculations are Preliminary

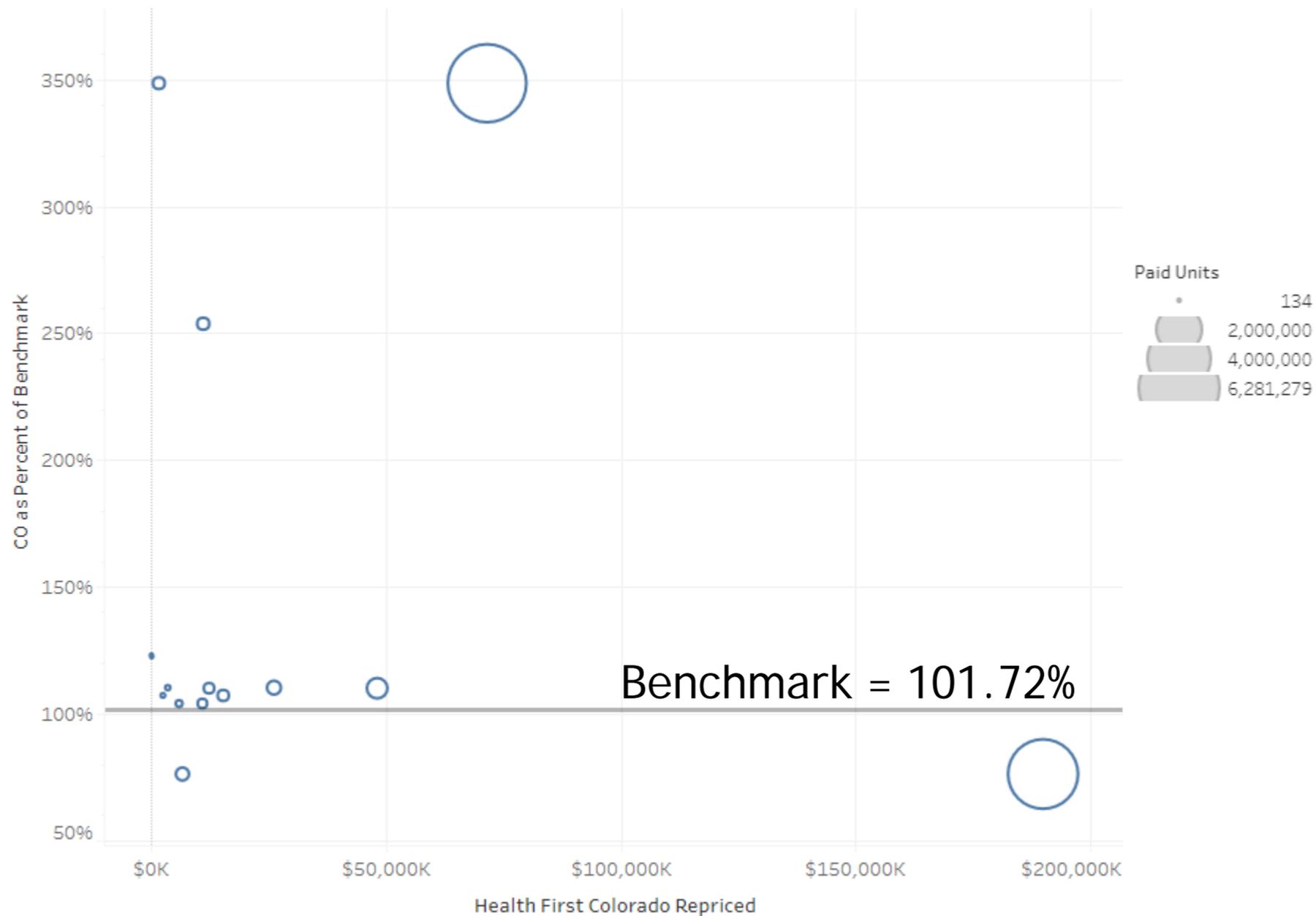
# Home Health - Estimated Total Fund Impact

- Had Health First Colorado reimbursed at 100% of the benchmark in FY 2018-19 it would have had an estimated total fund fiscal impact of (\$6,846,336).

Home Health Comparison Results	
Colorado as a Percentage of Benchmark	101.72%
Colorado Repriced Amount	\$405,487,149
Benchmark Repriced Amount	\$398,640,813
Est. FY 2018-19 Total Fund Impact	(\$6,846,336)

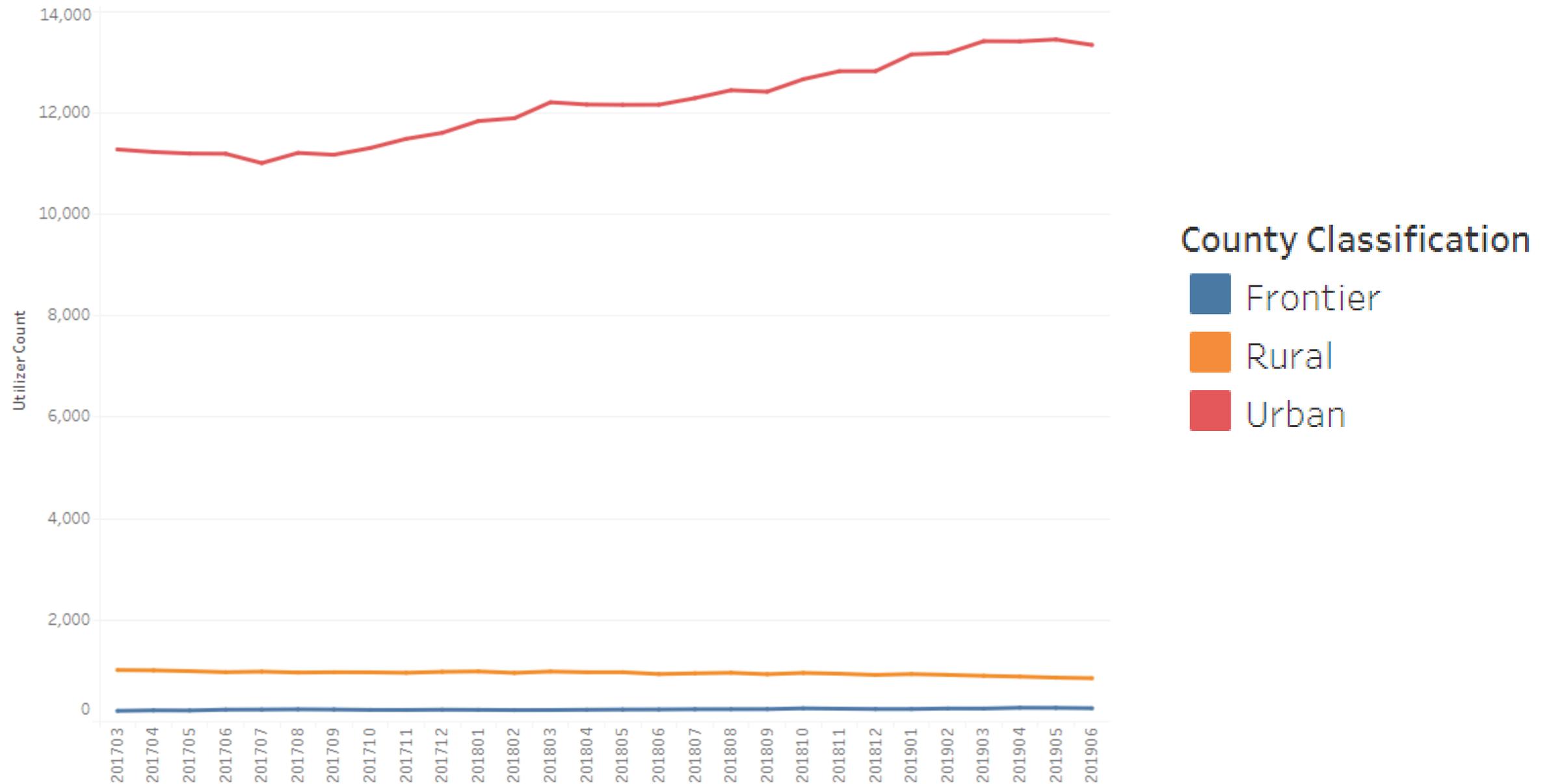
\*DRAFT - All Calculations are Preliminary

# Home Health - Scatterplot



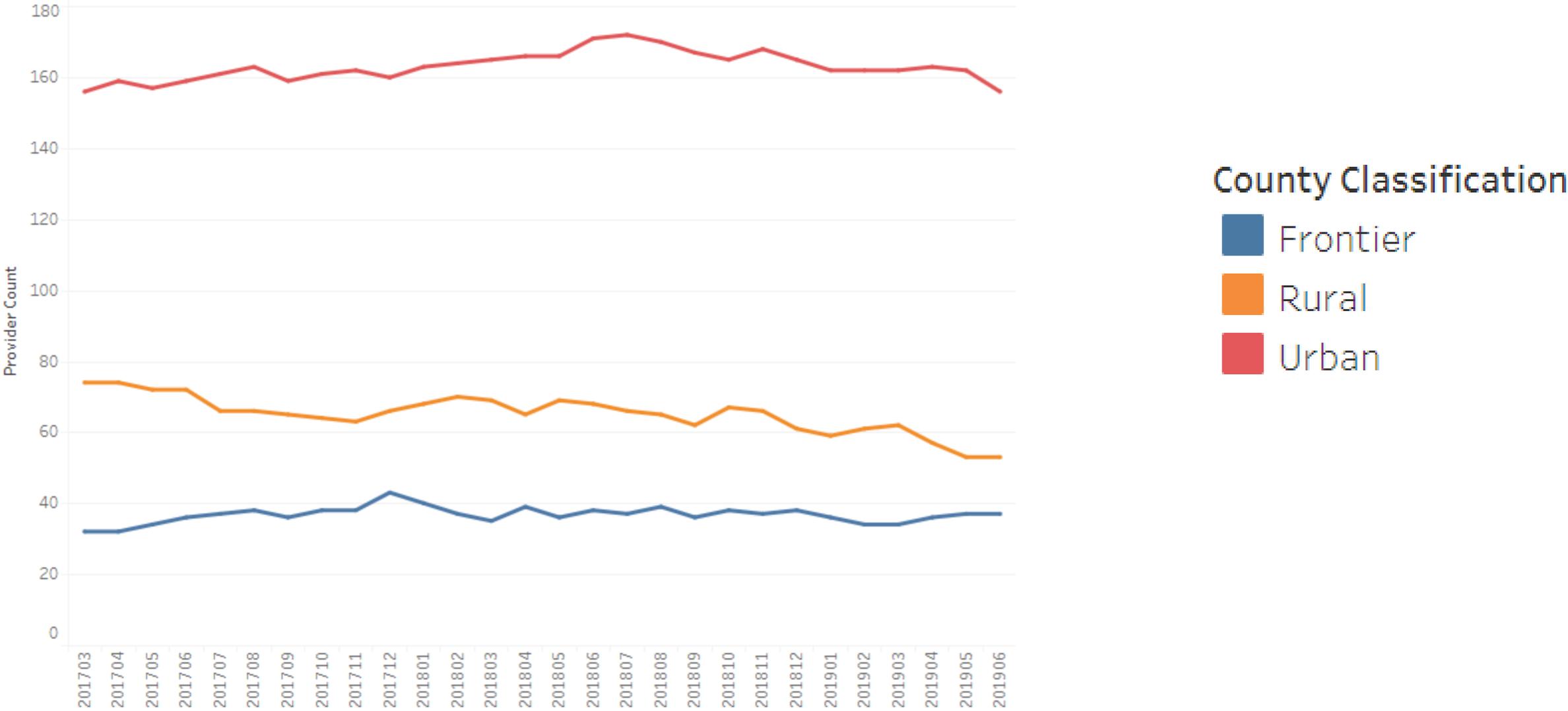
\*DRAFT - All Calculations are Preliminary

# Home Health - Distinct Utilizers Over Time



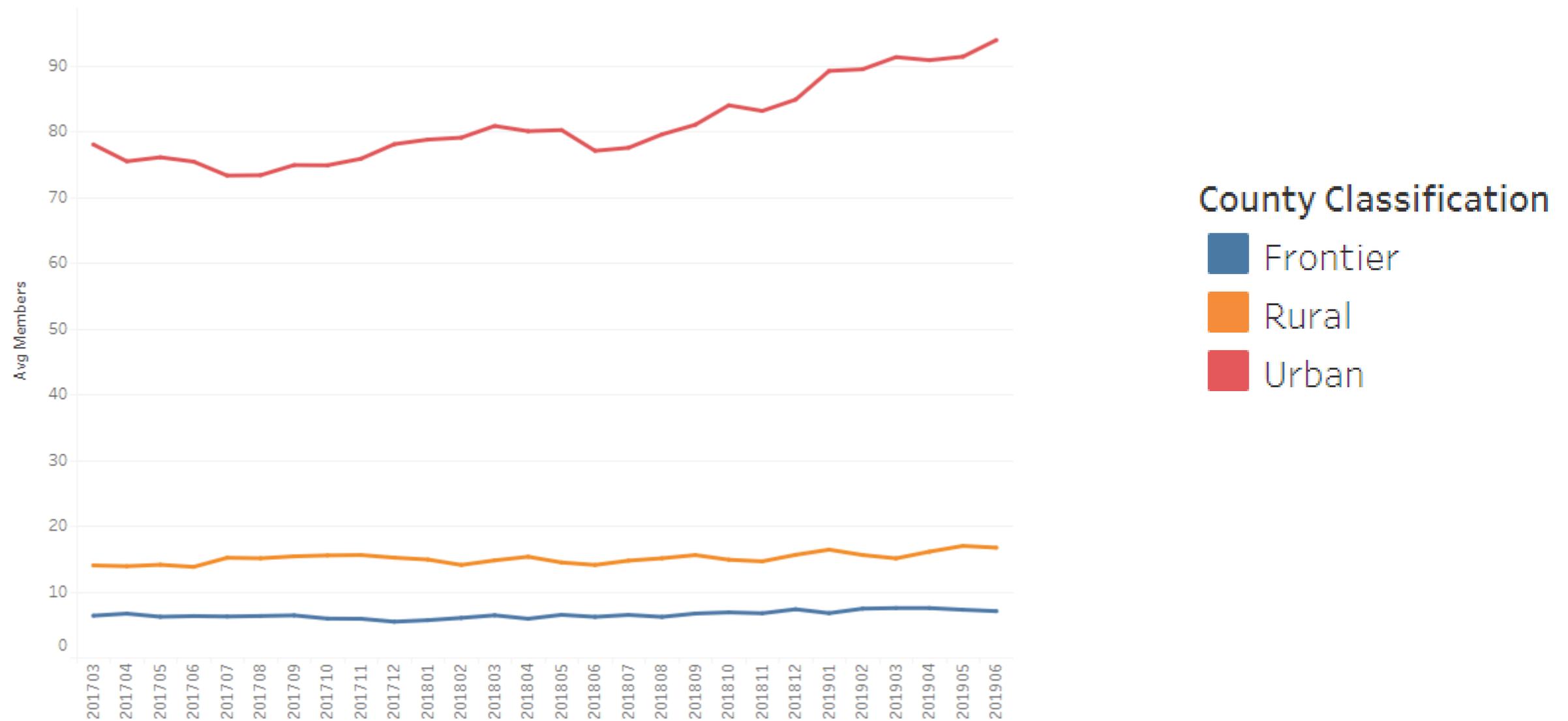
\*DRAFT - All Calculations are Preliminary

# Home Health - Active Providers Over Time



\*DRAFT - All Calculations are Preliminary

# Home Health - Utilizers Per Provider (Panel Size)



\*DRAFT - All Calculations are Preliminary

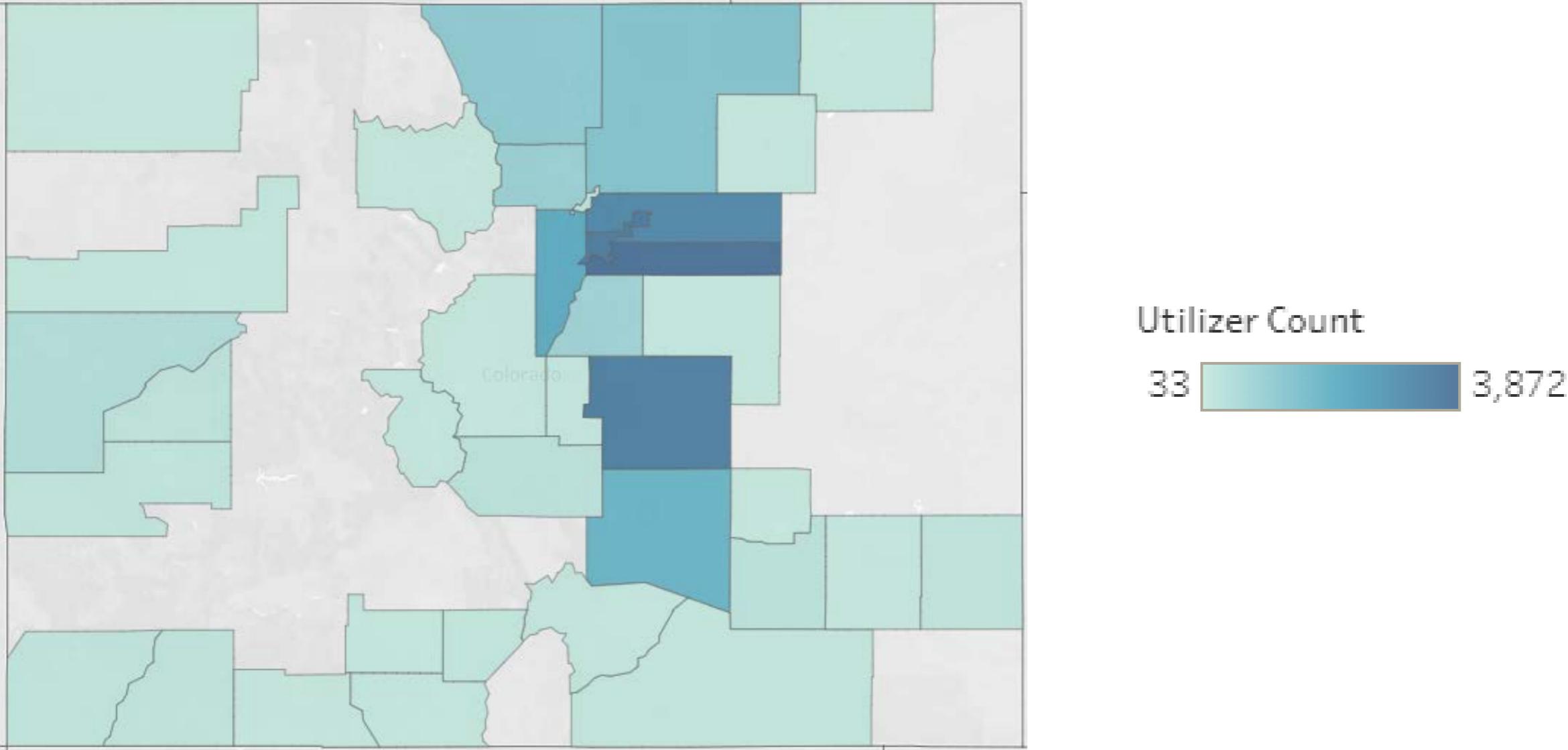
# Home Health - Member to Provider Ratio

- Expressed as providers per 1,000 members
- Normalizing, or standardizing, per 1,000 members allows for comparisons across areas with large differences in population size

Region	FY2018-19 Providers	FY2018-19 Members	Providers per 1,000 Members
Frontier	58	49,881	1.16
Rural	97	190,075	0.51
Urban	186	1,407,688	0.13
<b>Statewide</b>	<b>197</b>	<b>1,635,698</b>	<b>0.12</b>

\*DRAFT - All Calculations are Preliminary

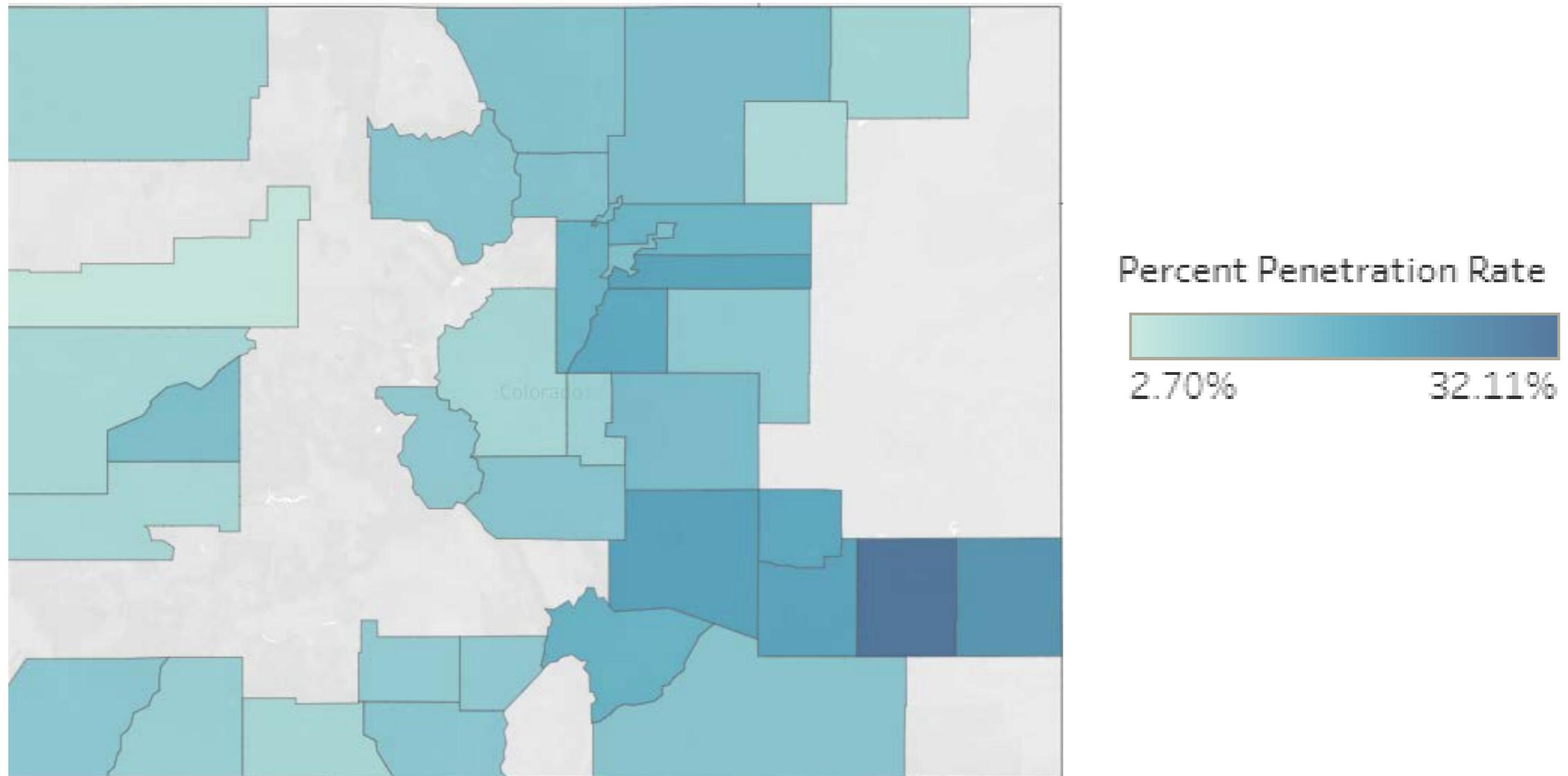
# Home Health - Utilizer Density Map FY 2018-19



\*DRAFT - All Calculations are Preliminary

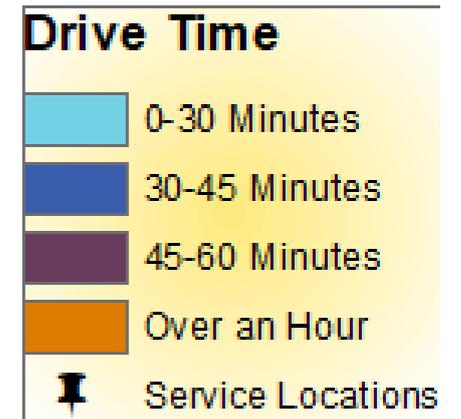
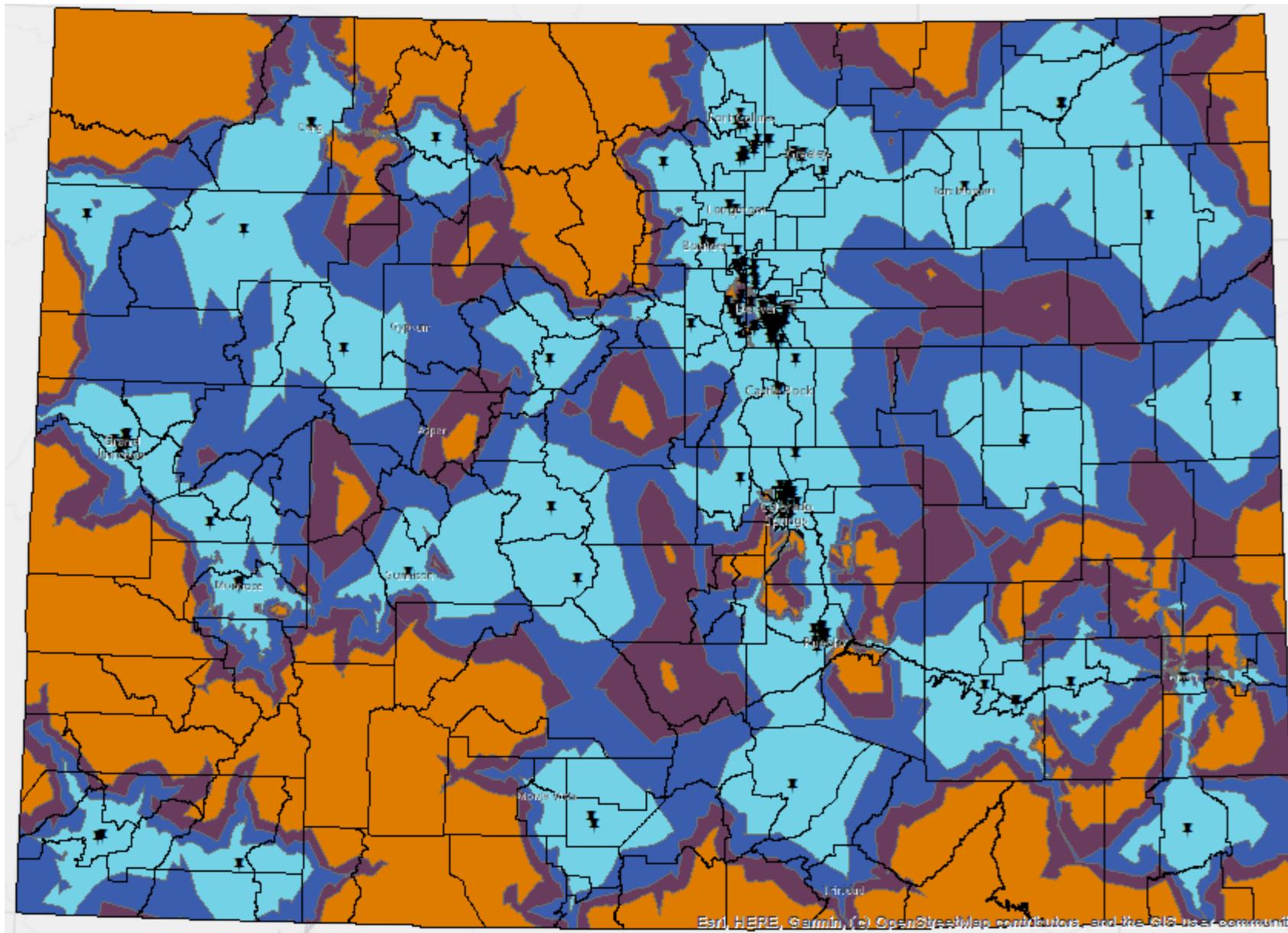
# Home Health - Penetration Rate by Member County

Penetration Rates estimate the share of total Medicaid members that received this service in FY2018-19



\*DRAFT - All Calculations are Preliminary

# Home Health - ArcGIS Map



Drive Time	Percent of Utilizers by Drive Time
0-30 Minutes	86.19%
30-45 Minutes	8.97%
45-60 Minutes	2.91%
Over an Hour	1.94%
Total	100%

**\*DRAFT - All Calculations are Preliminary**



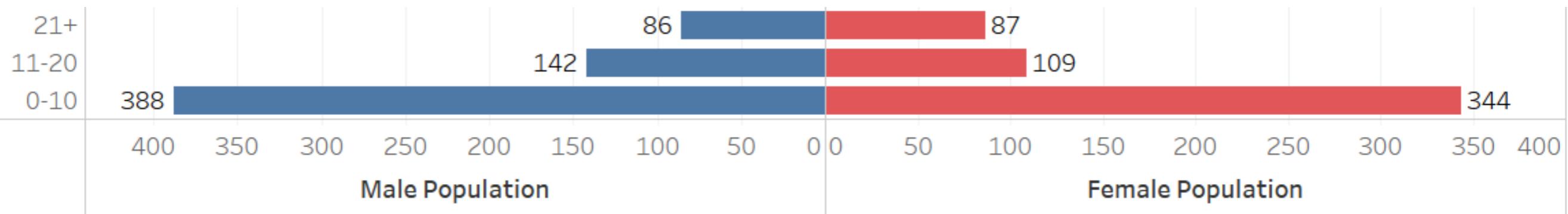
**Questions?**

# Private Duty Nursing (PDN)

Total Member Count	Total Provider Count	Total Paid Dollars
891	38	\$96,364,350

- Continuous one-to-one skilled nursing care provided by a RN or LPN.
- Available to Colorado Medicaid clients who are *dependent on medical technology* and need a higher level of care than is available in the Home Health benefit.
  - Per state regulation, PDN services are limited to 16 hours per day.
- Providers that render PDN services must be employed by a licensed and certified Home Health agency.
- PDN services require prior authorization and are assessed using the PDN acuity tool and the client's plan of care.

# PDN Utilizer Demographics



\*DRAFT - All Calculations are Preliminary

# PDN FY 2018-19 Top Diagnosis Codes

Rank	Diagnosis Code	Description	Count of Utilizers
1	G809	CEREBRAL PALSY, UNSPECIFIED	79
2	G800	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	PHI
3	R633	FEEDING DIFFICULTIES	PHI
4	Q999	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	PHI
5	J449	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	PHI
6	J9610	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYP	PHI
7	Q909	DOWN SYNDROME, UNSPECIFIED	PHI
8	R6251	FAILURE TO THRIVE (CHILD)	PHI
9	G808	OTHER CEREBRAL PALSY	PHI
10	G931	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	PHI

**\*DRAFT - All Calculations are Preliminary**

# PDN - Comparison Methodology

- Other States' Medicaid Fee Schedules
  - All services matched on a revenue code-modifier basis to the fee schedules' respective levels of detail
  - Large variation in covered benefits across 25 states that provide PDN services
  - Previously compared: AZ, CA, IL, IN, LA, NE, NC, OH, OR, WA, WI
  - Supplemental for validity: MA, MD, MN
  - Also researched ID, TN, and GA, but could not find comparable rates

## • Data Exclusions

Base Dollars	Post-Exclusion Dollars	Dollars Included
\$96,364,350	\$96,071,598	99.70%

## • Incurred But Not Reported (IBNR) Adjustment

Post-Exclusion Dollars	IBNR-Adjusted Dollars	Completion Factor
\$96,071,598	\$97,830,724	98.20%

\*DRAFT - All Calculations are Preliminary

# PDN Rate Comparison Results

Benchmark Comparison States	CO as Percent of Benchmark
AZ	71.15%
CA	66.60%
IL	133.70%
IN	109.73%
LA	131.84%
MA	71.43%
MD	91.84%
MN	132.14%
NE	112.79%
NC	109.23%
OH	125.34%
OR	80.72%
WA	102.97%
WI	144.58%
<b>Benchmark Total</b>	<b>98.15%</b>

**\*DRAFT - All Calculations are Preliminary**

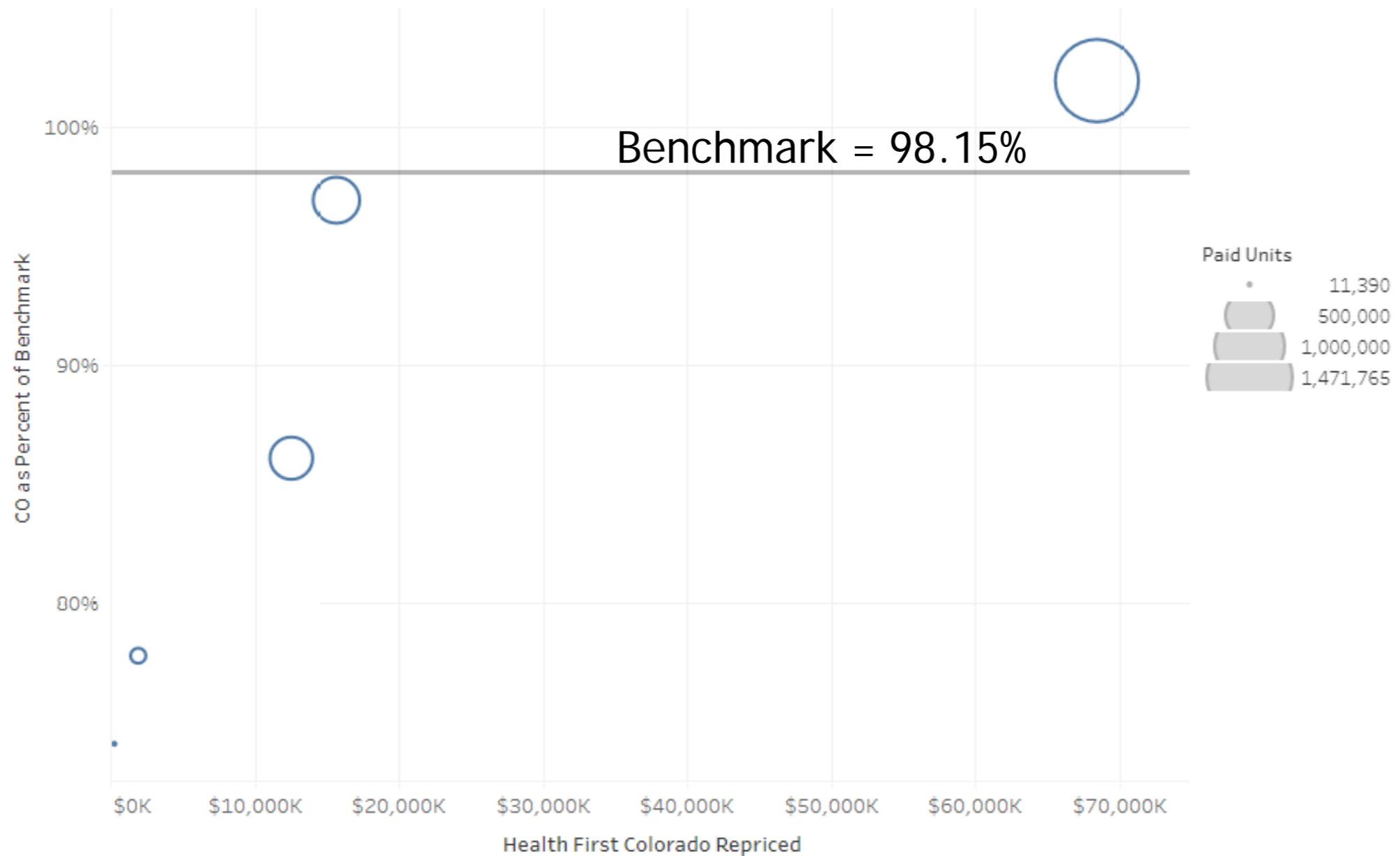
# PDN - Estimated Total Fund Impact

- Had Health First Colorado reimbursed at 100% of the benchmark in FY 2018-19 it would have had an estimated total fund fiscal impact of **\$1,865,778**

PDN Comparison Results	
Colorado as a Percentage of Benchmark	98.15%
Colorado Repriced Amount	\$98,923,871
Benchmark Repriced Amount	\$100,789,649
Est. FY 2018-19 Total Fund Impact	\$1,865,778

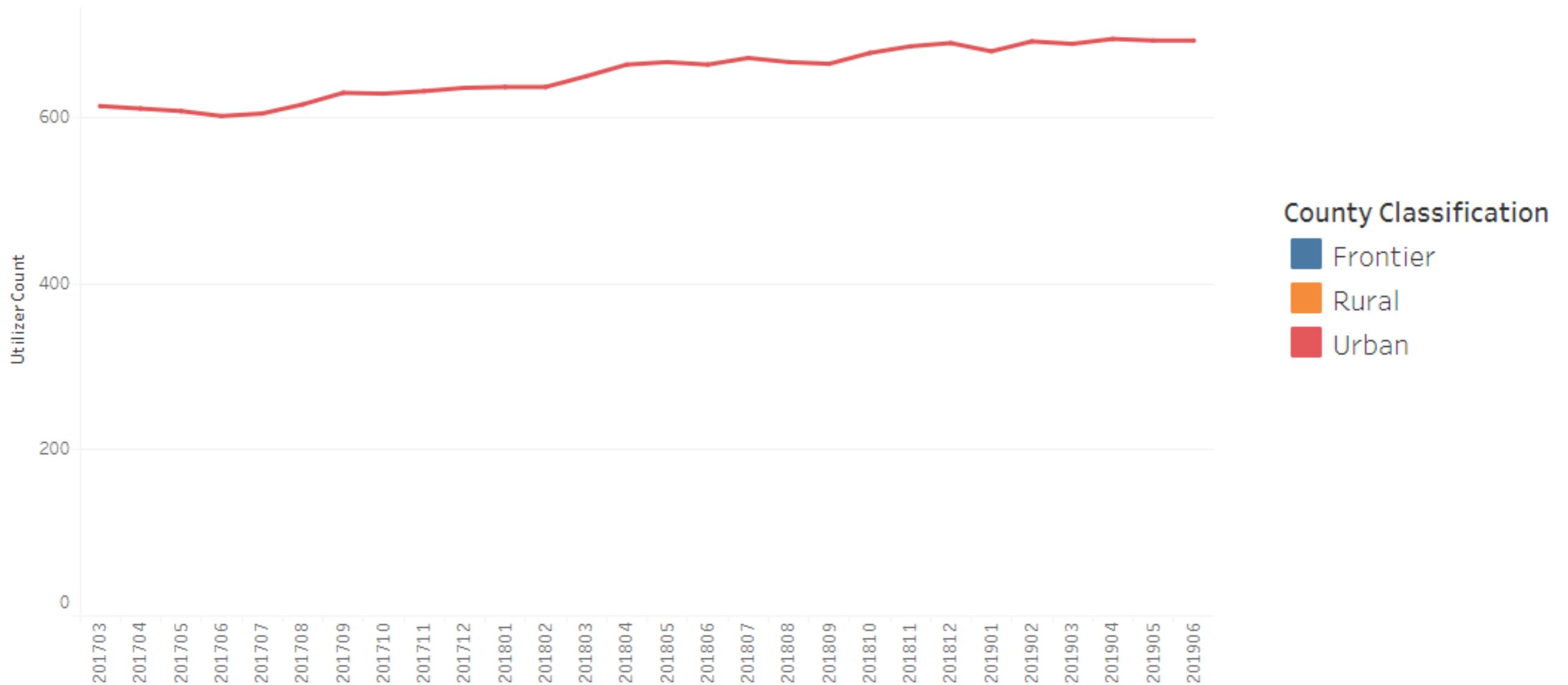
**\*DRAFT - All Calculations are Preliminary**

# PDN - Scatterplot



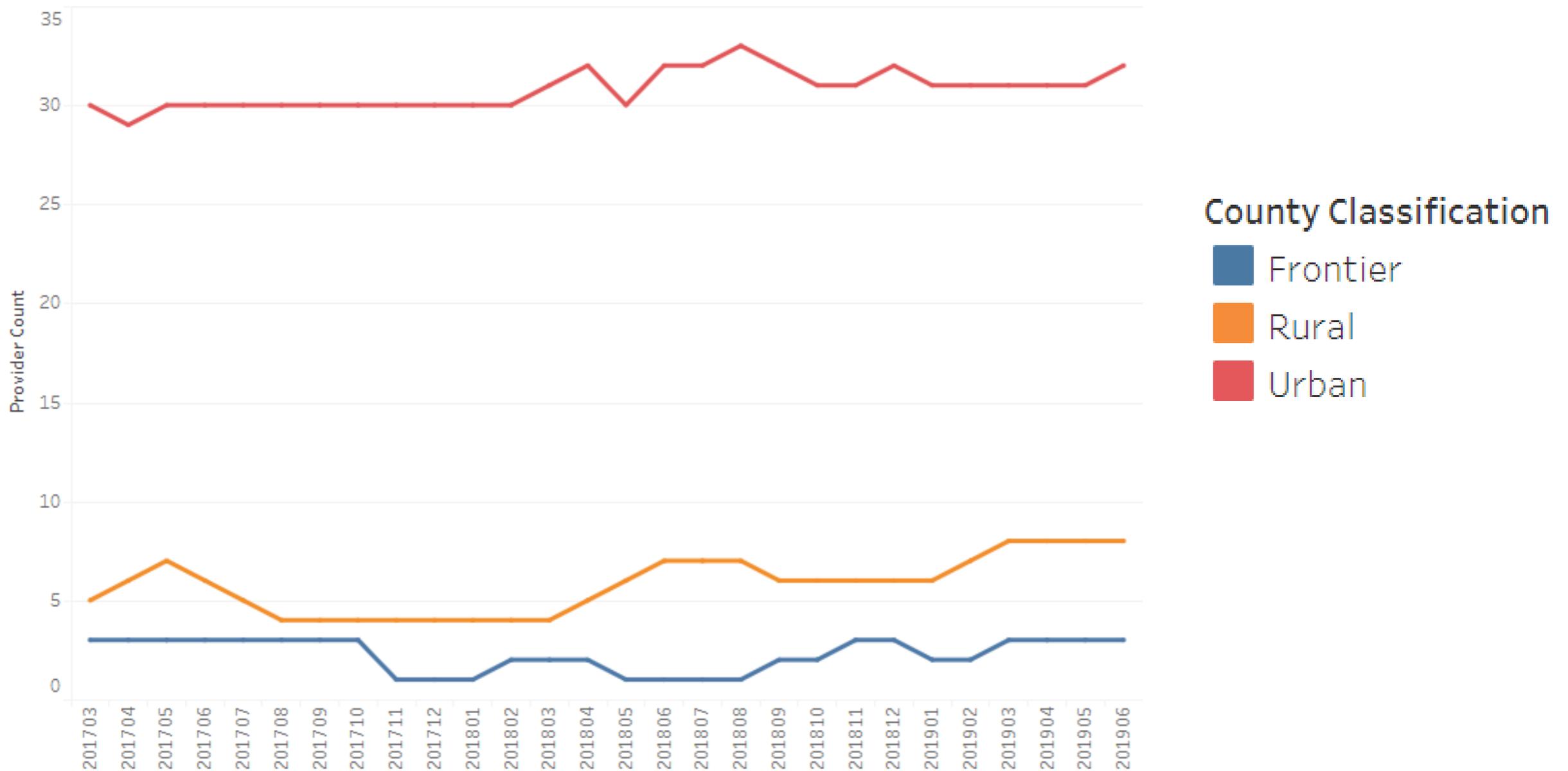
\*DRAFT - All Calculations are Preliminary

# PDN - Distinct Utilizers Over Time



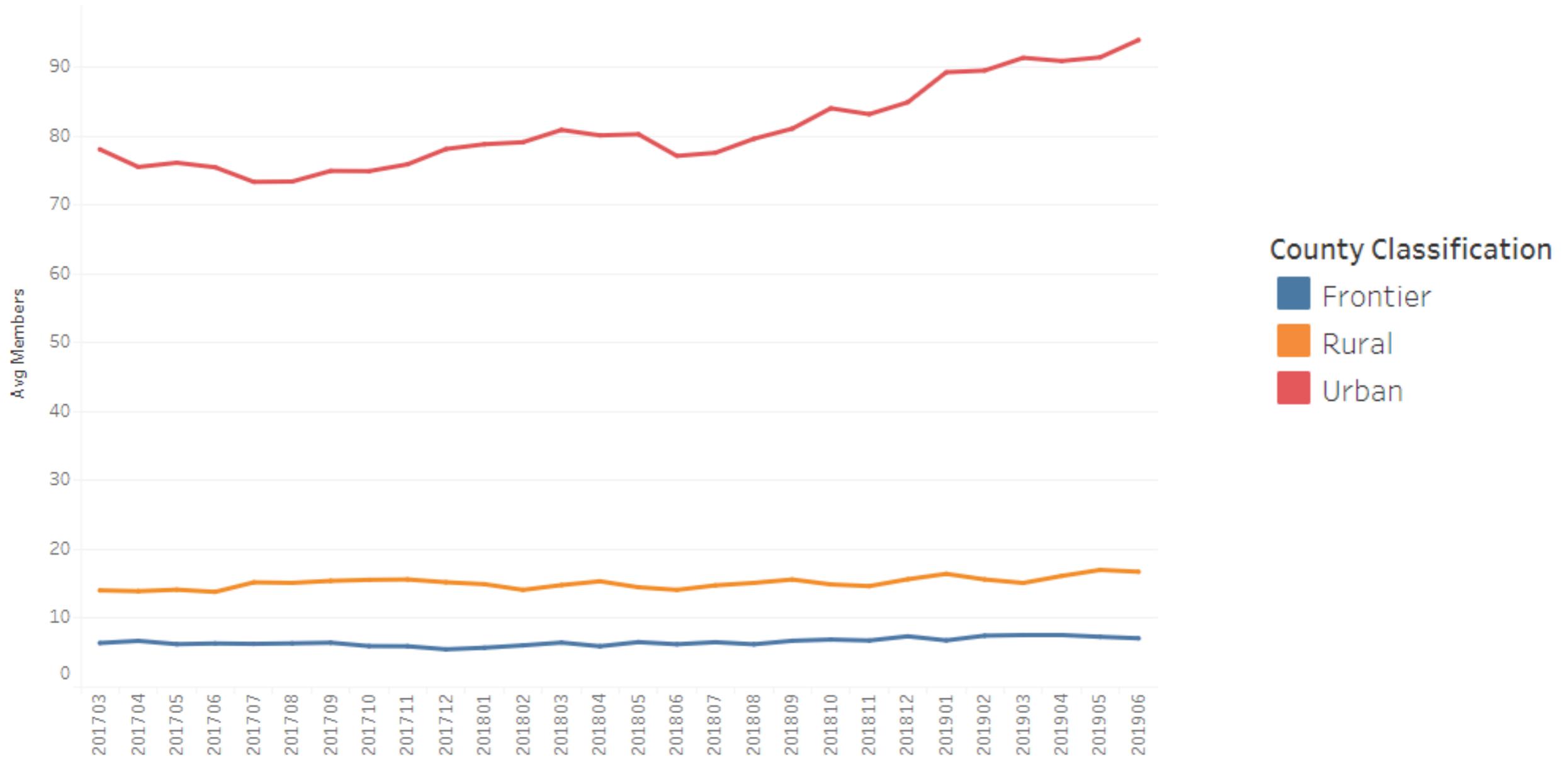
\*DRAFT - All Calculations are Preliminary

# PDN - Active Providers Over Time



\*DRAFT - All Calculations are Preliminary

# PDN - Utilizers Per Provider (Panel Size)



\*DRAFT - All Calculations are Preliminary

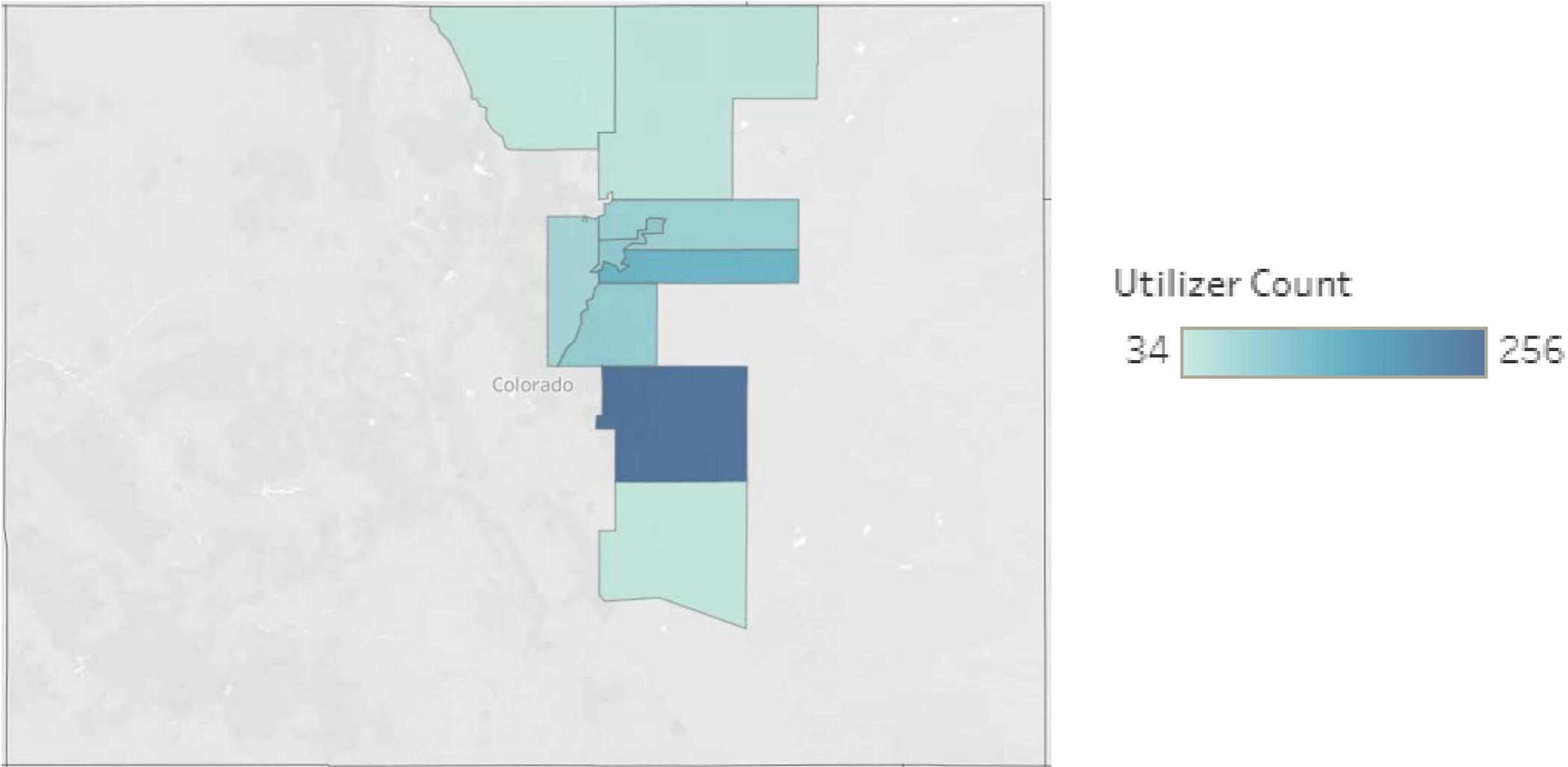
# PDN - Member to Provider Ratio

- Expressed as providers per 1,000 members
- Normalizing, or standardizing, per 1,000 members allows for comparisons across areas with large differences in population size

Region	FY2018-19 Providers	FY2018-19 Members	Providers per 1,000 Members
Frontier	5	49,881	0.10
Rural	9	190,075	0.05
Urban	36	1,407,688	0.03
<b>Statewide</b>	<b>38</b>	<b>1,635,698</b>	<b>0.02</b>

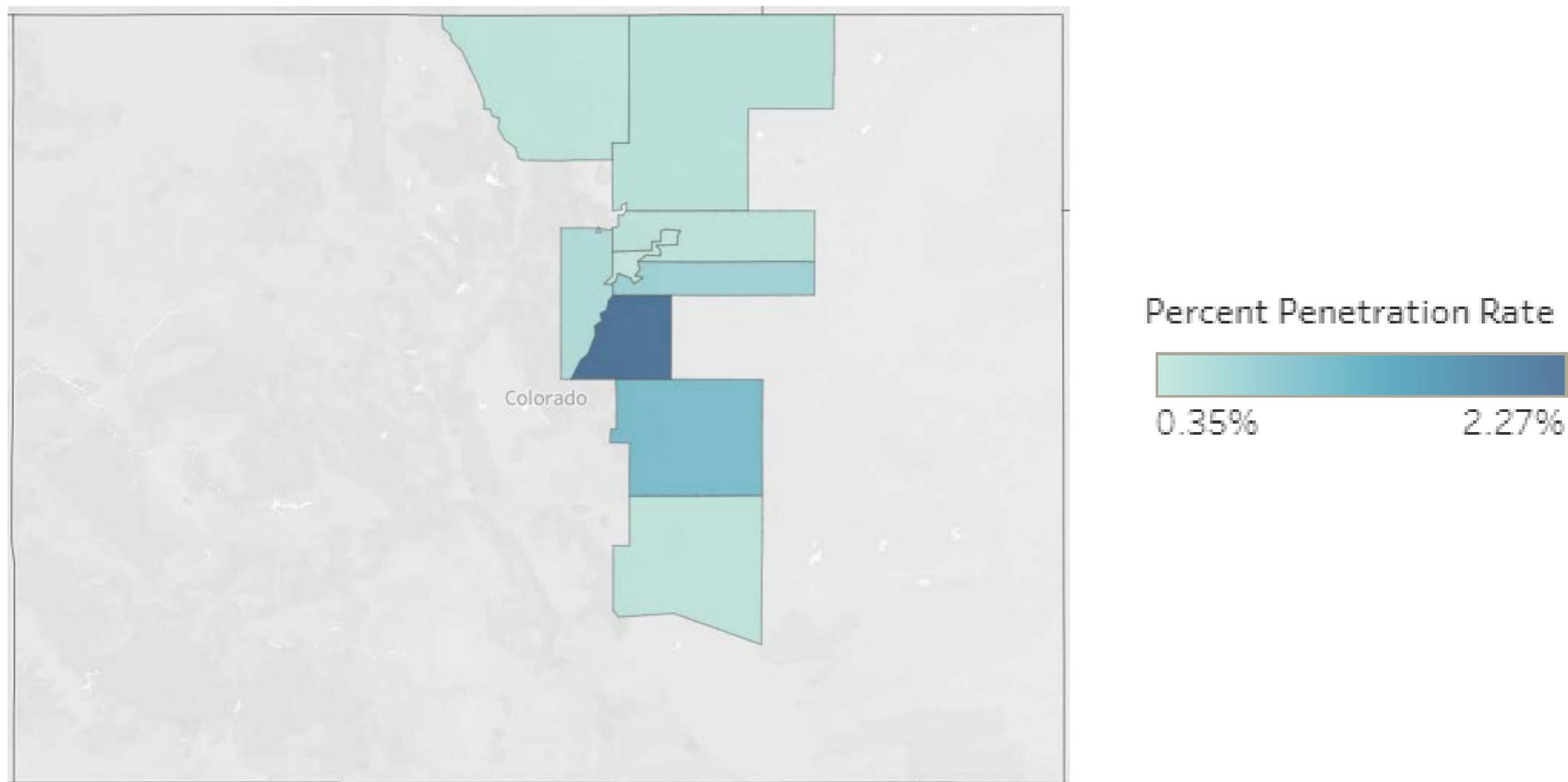
\*DRAFT - All Calculations are Preliminary

# PDN - Utilizer Density Map FY 2018-19



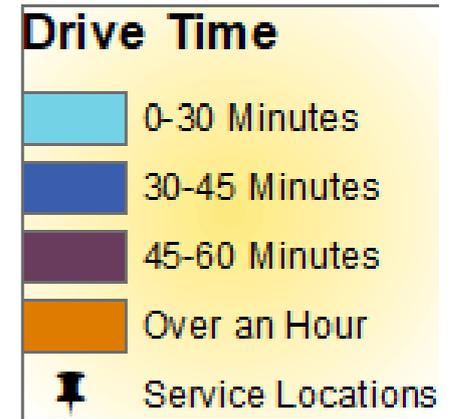
\*DRAFT - All Calculations are Preliminary

# PDN - Penetration Rate by Member County



\*DRAFT - All Calculations are Preliminary

# PDN - ArcGIS Map



Drive Time	Percent of Utilizers by Drive Time
0-30 Minutes	81.03%
30-45 Minutes	2.52%
45-60 Minutes	1.57%
Over an Hour	14.87%
Total	100%

\*DRAFT - All Calculations are Preliminary



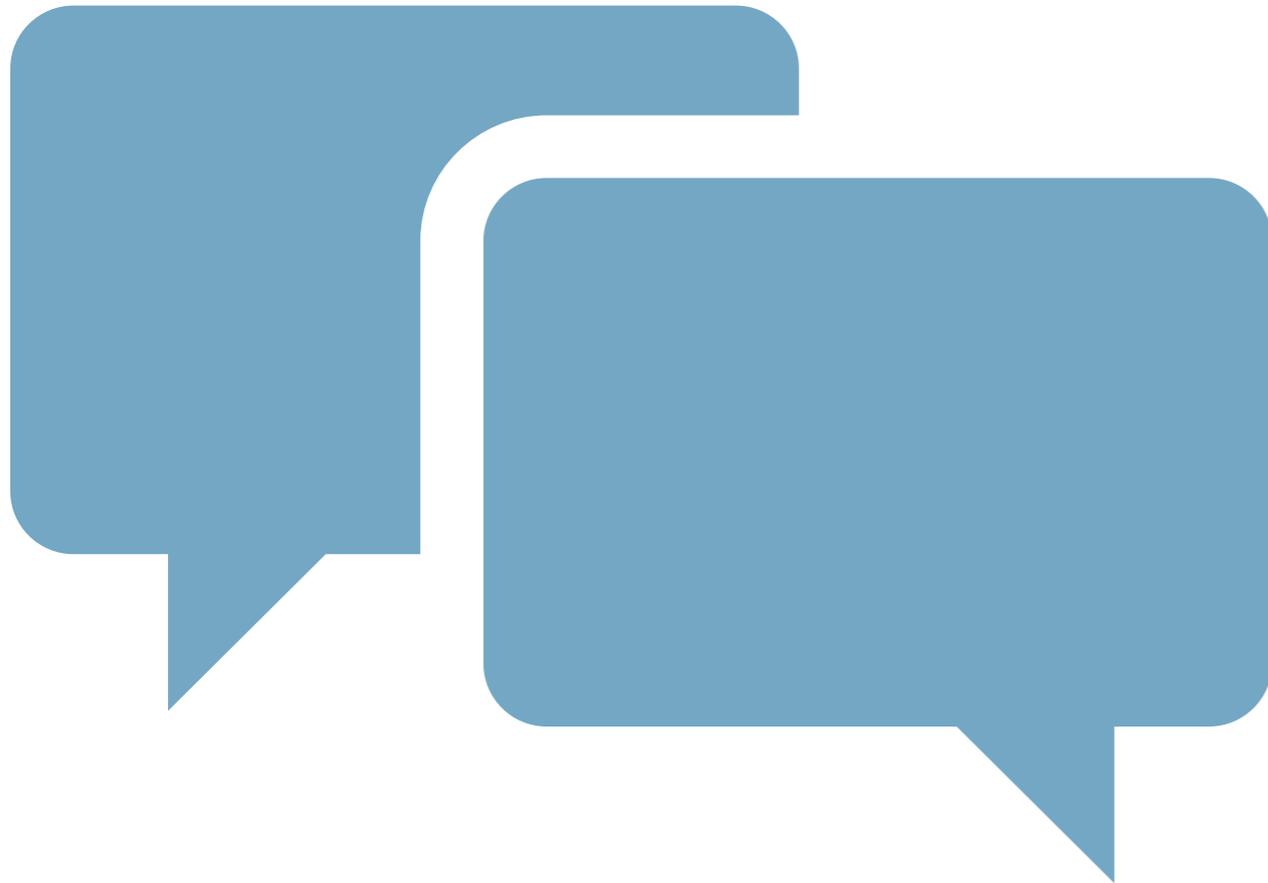
**Questions?**

*Break*

10 minutes



# Stakeholder Comments - PPC, Home Health & PDN



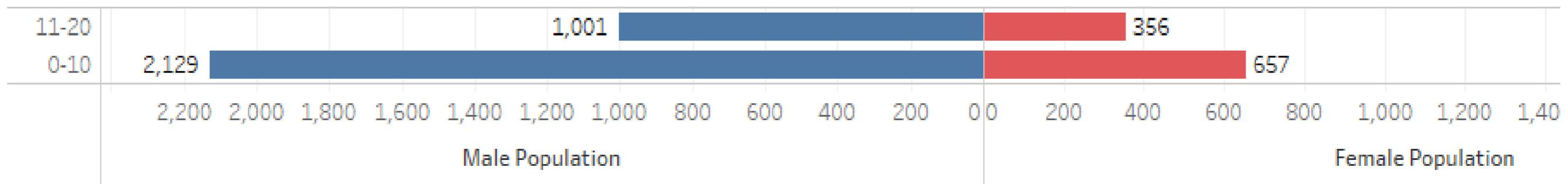
# Committee Discussion - PPC, Home Health, & PDN

# Pediatric Behavioral Therapy (PBT)

Total Member Count	Total Provider Count	Total Paid Dollars
3,414	139	\$50,915,640

- Behavioral therapy services are a treatment that helps change maladaptive behaviors. These services must be found to be medically necessary to be covered.
- Available to members 20 years old and younger who meet the EPSDT medically necessary criteria for behavioral therapy services.
- All PBT services must be pre-approved in a Prior Authorization Request (PAR) process.
- Procedure Codes: 97153, 97154, 97155, 97158, 97151, 97151-TJ

# PBT Utilizer Demographics



\*DRAFT - All Calculations are Preliminary

# PBT FY 2018-19 Top Diagnosis Codes

Rank	Diagnosis Code	Description	Count of Utilizers
1	F840	AUTISTIC DISORDER	2,705
2	Q909	DOWN SYNDROME, UNSPECIFIED	91
3	R69	ILLNESS, UNSPECIFIED	89
4	R620	DELAYED MILESTONE IN CHILDHOOD	84
5	F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	62
6	F909	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIF	50
7	R6250	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDH	50
8	F902	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED	42
9	F809	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNS	37
10	F849	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	PHI

**\*DRAFT - All Calculations are Preliminary**

# PBT - Comparison Methodology

- Other States' Medicaid Fee Schedules

- Previously compared: CT, LA, NC, NM, NV, OR, UT, WA
- Supplemental for validity: MN
- Other states' rates are not pediatric-specific

- Data Exclusions

Base Dollars	Post-Exclusion Dollars	Dollars Included
\$50,915,640	\$50,762,498	99.70%

- Incurred But Not Reported (IBNR) Adjustment

Post-Exclusion Dollars	IBNR-Adjusted Dollars	Completion Factor
\$50,762,498	\$52,093,801	97.44%

\*DRAFT - All Calculations are Preliminary

# PBT Rate Comparison Results

Comparison States	CO as Percent of Other States Medicaid
CT	120.70%%
LA	121.90%
MN	87.10%
NC	74.36%
NM	76.86%
NV	50.31%
OR	130.64%
UT	147.37%
WA	136.04%
<b>Benchmark Total</b>	<b>92.90%</b>

**\*DRAFT - All Calculations are Preliminary**

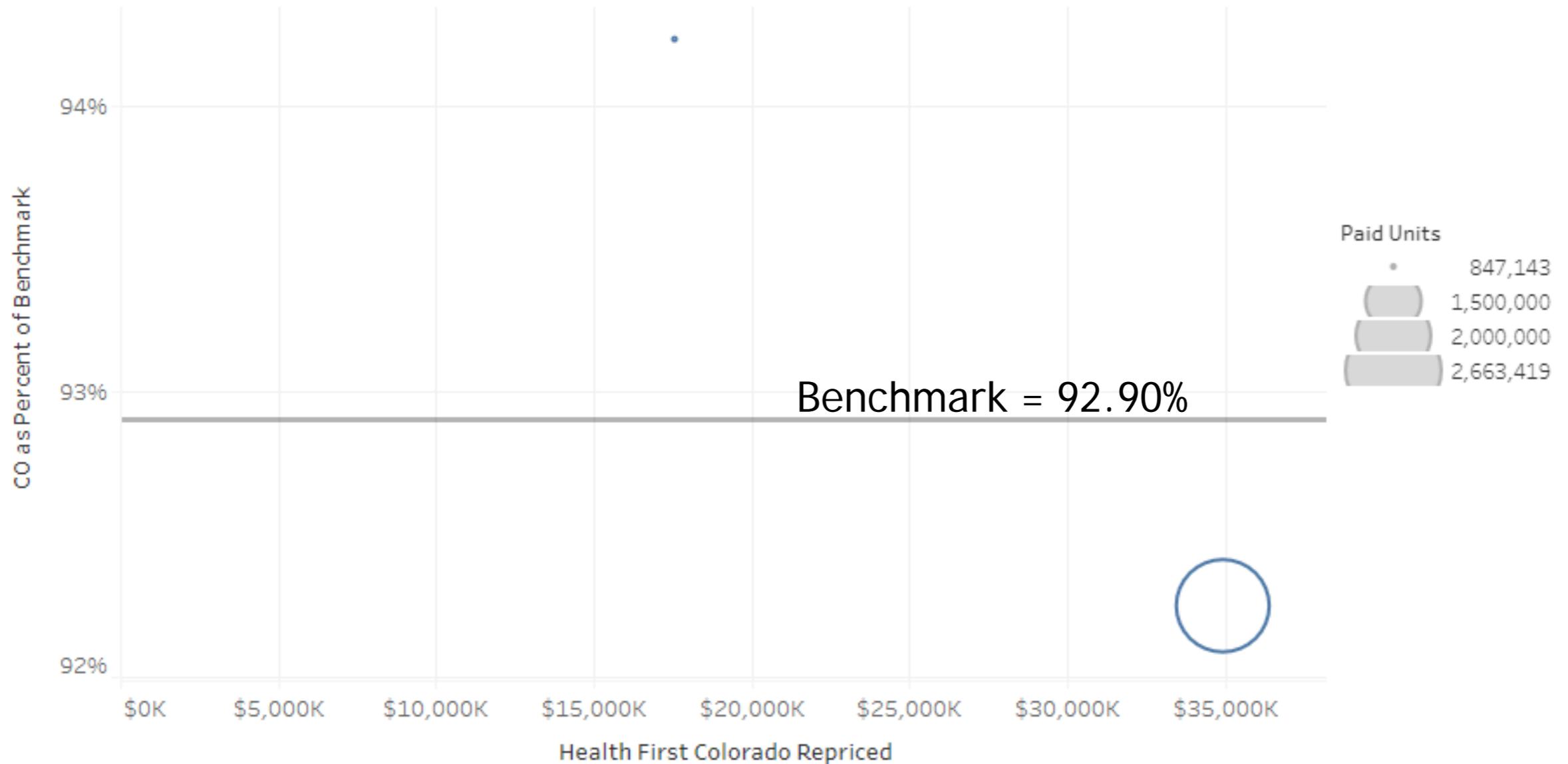
# PBT - Estimated Total Fund Impact

- Had Health First Colorado reimbursed at 100% of the benchmark in FY 2018-19 it would have had an estimated total fund fiscal impact of **\$4,011,563**.

PPC Comparison Results	
Colorado as a Percentage of Benchmark	92.90%
Colorado Repriced Amount	\$52,508,317
Benchmark Repriced Amount	\$56,519,880
Est. FY 2018-19 Total Fund Impact	\$4,011,563

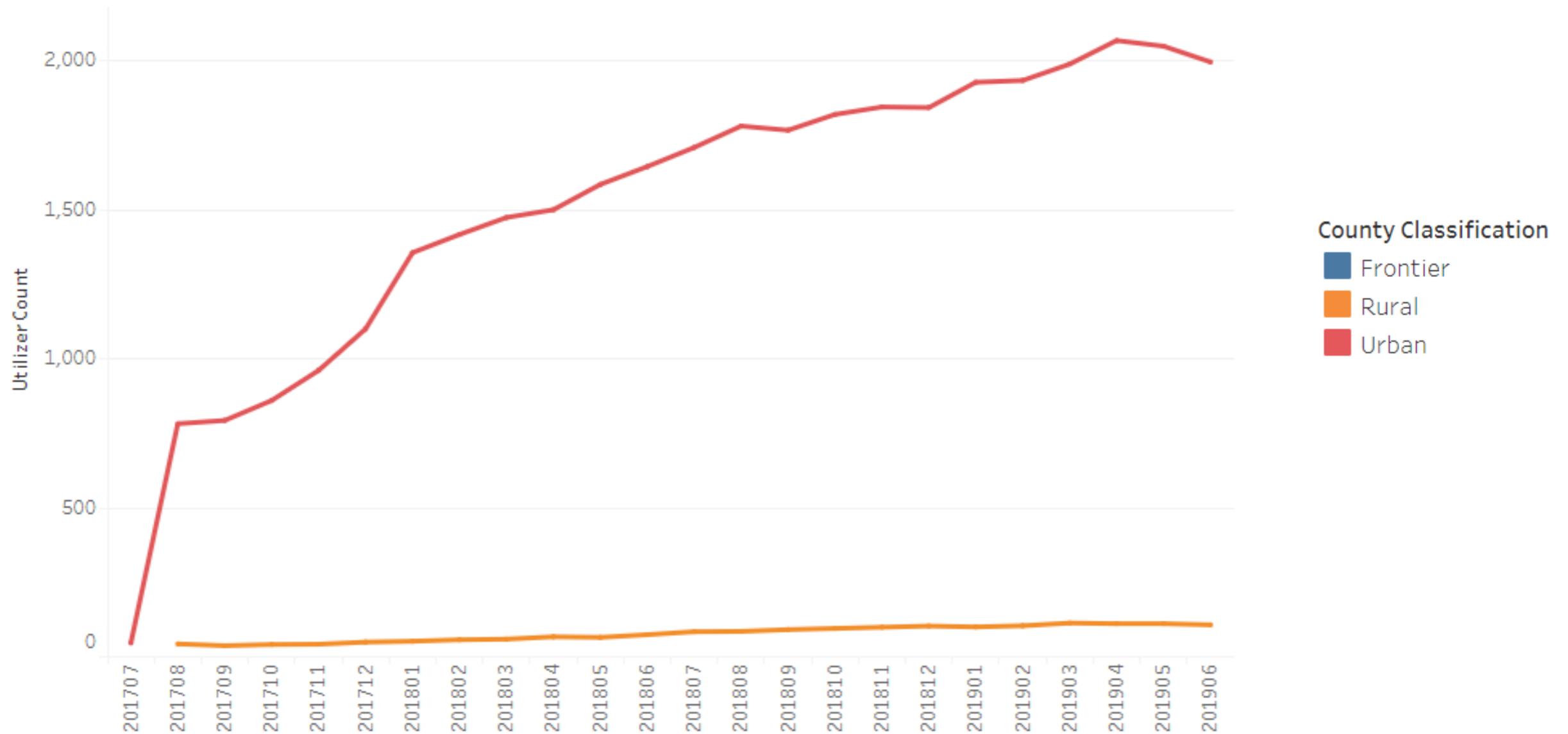
**\*DRAFT - All Calculations are Preliminary**

# PBT - Scatterplot



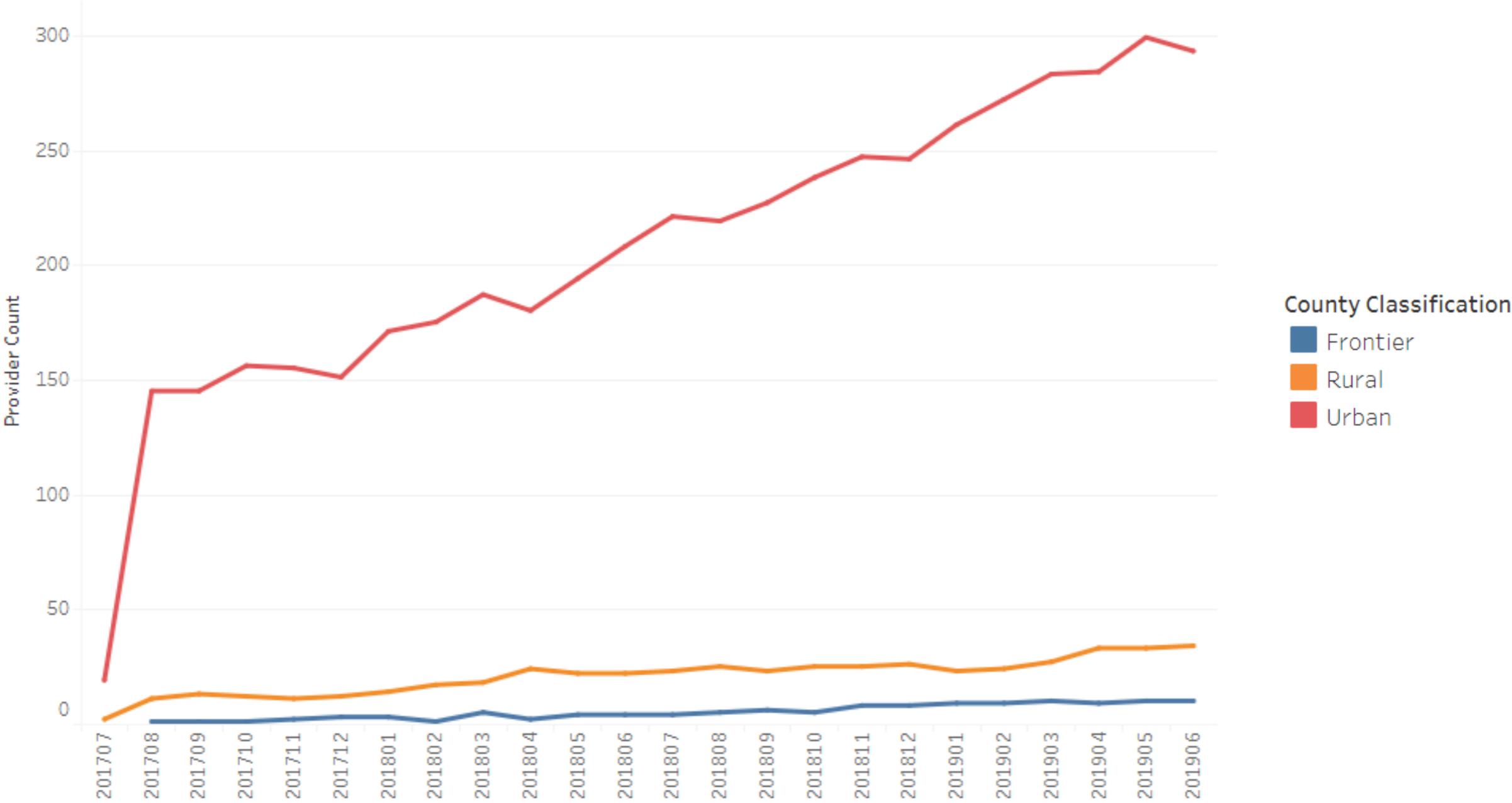
\*DRAFT - All Calculations are Preliminary

# PBT - Distinct Utilizers Over Time



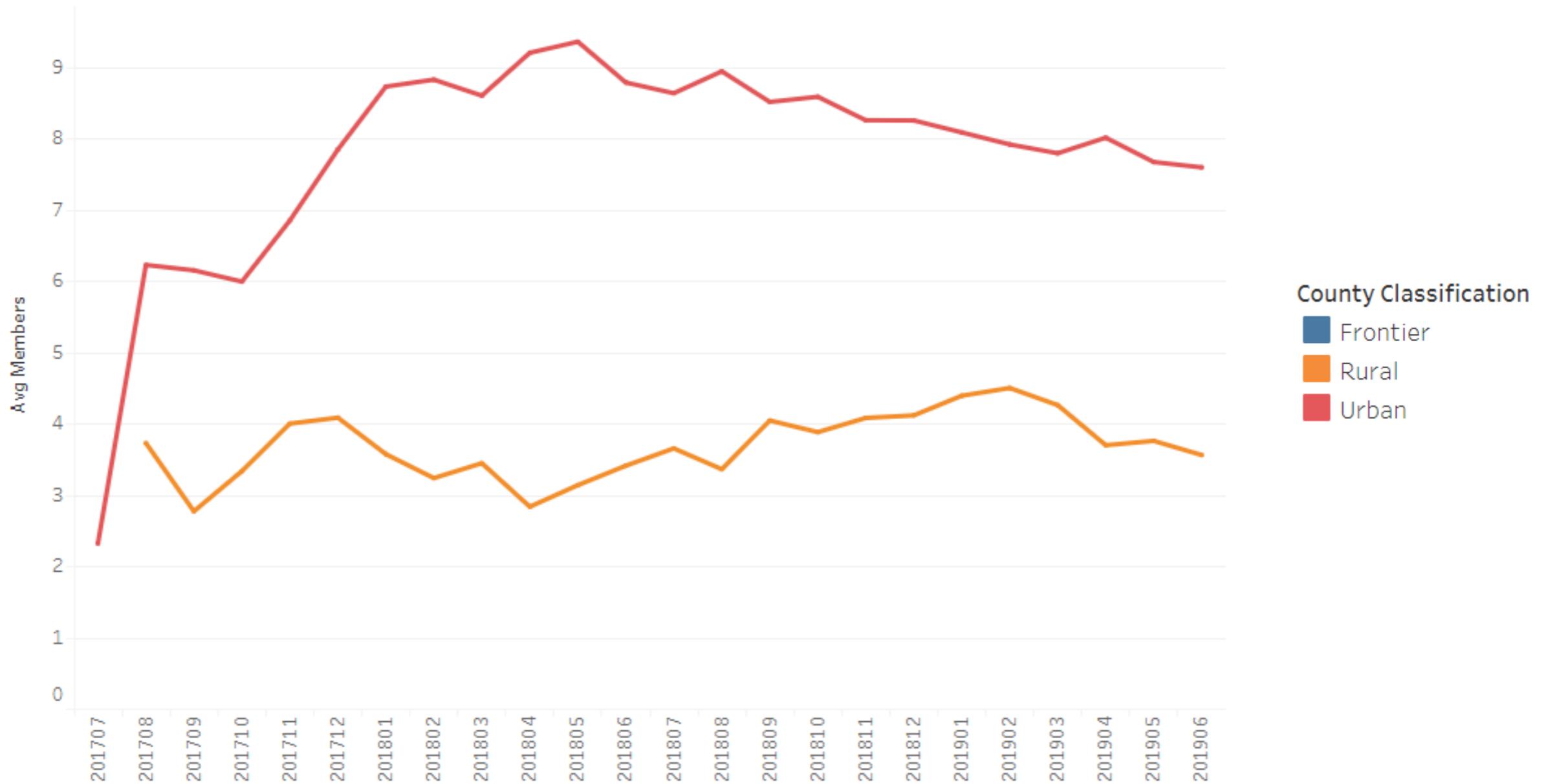
\*DRAFT - All Calculations are Preliminary

# PBT - Active Providers Over Time



\*DRAFT - All Calculations are Preliminary

# PBT - Utilizers Per Provider (Panel Size)



\*DRAFT - All Calculations are Preliminary

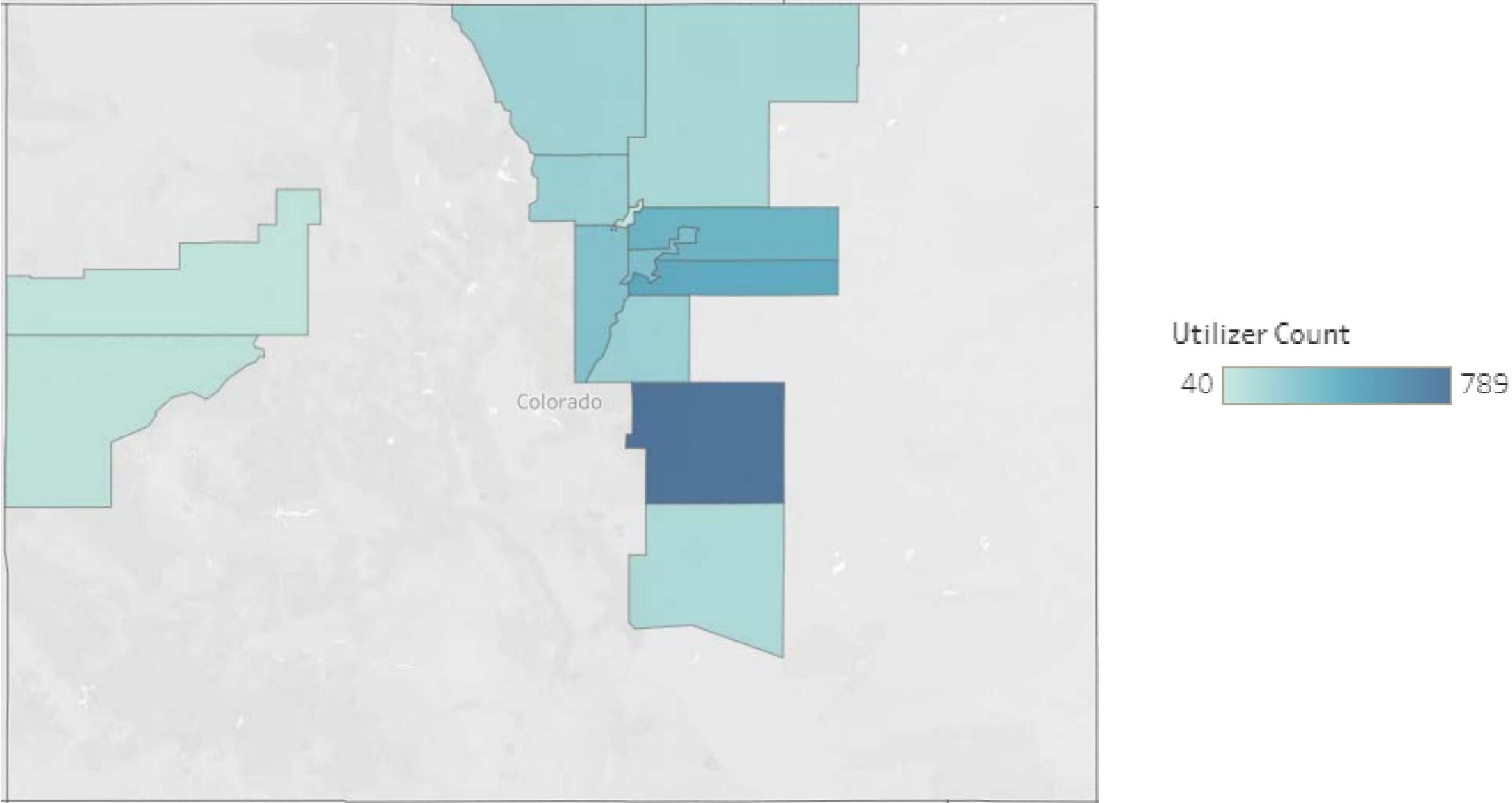
# PBT - Member to Provider Ratio

- Expressed as providers per 1,000 members
- Normalizing, or standardizing, per 1,000 members allows for comparisons across areas with large differences in population size

Region	FY2018-19 Providers	FY2018-19 Members	Providers per 1,000 Members
Frontier	13	49,881	0.26
Rural	55	190,075	0.29
Urban	415	1,407,688	0.29
<b>Statewide</b>	431	1,635,698	0.26

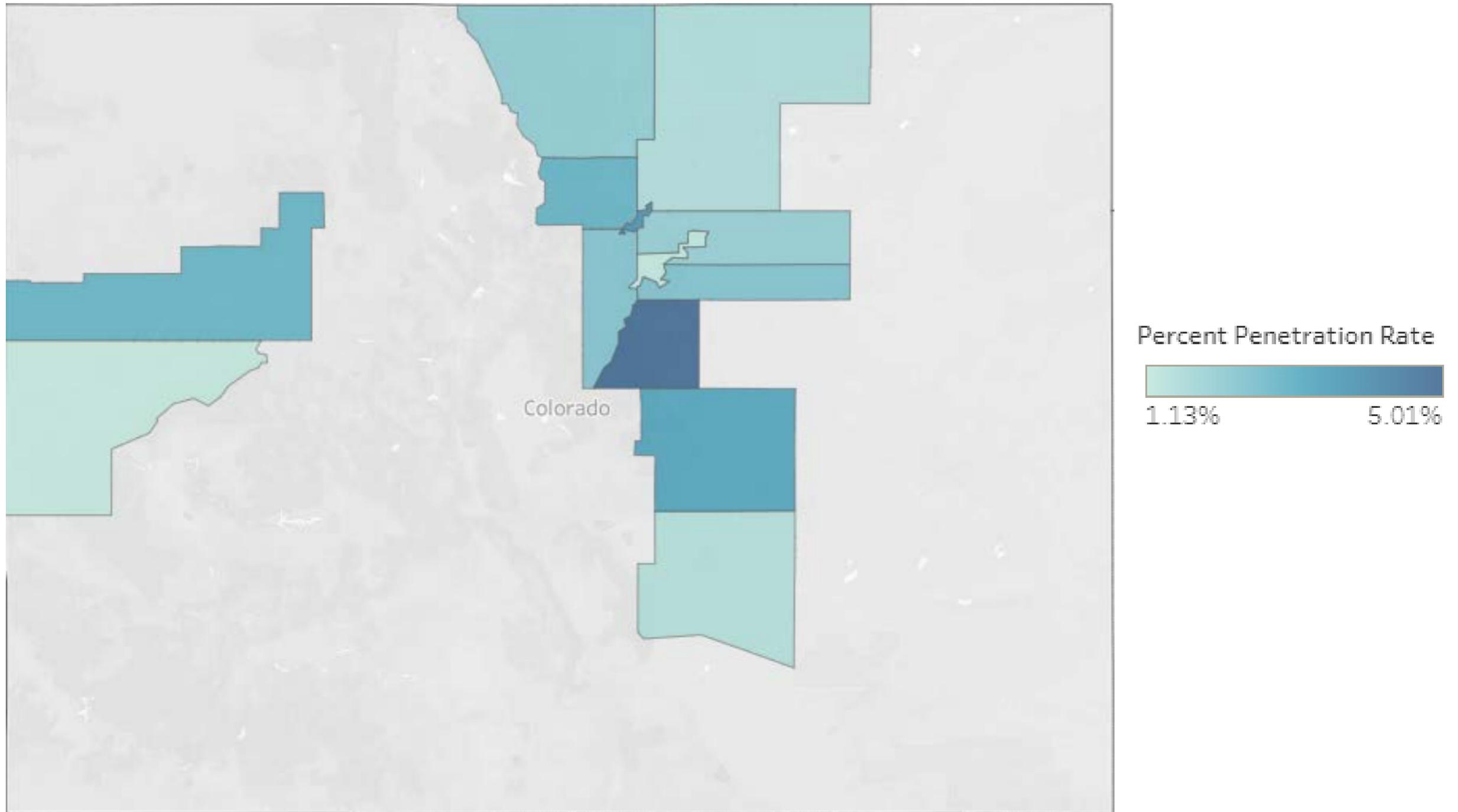
\*DRAFT - All Calculations are Preliminary

# PBT - Utilizer Density Map FY 2018-19



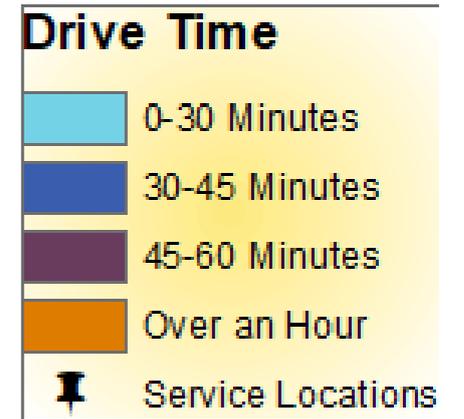
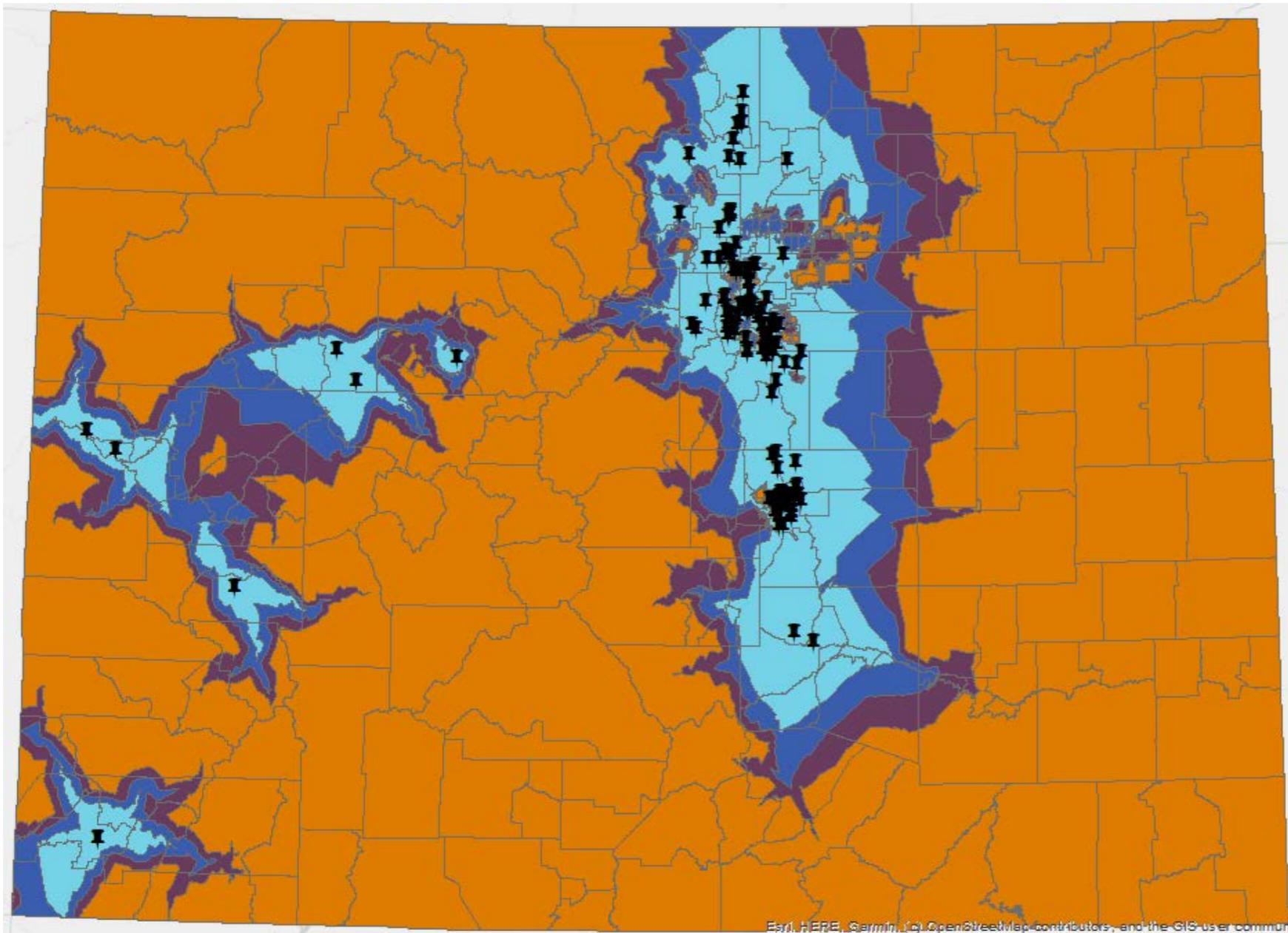
\*DRAFT - All Calculations are Preliminary

# PBT - Penetration Rate by Member County



\*DRAFT - All Calculations are Preliminary

# PBT - ArcGIS Map



Drive Time	Percent of Utilizers by Drive Time
0-30 Minutes	77.63%
30-45 Minutes	7.95%
45-60 Minutes	4.87%
Over an Hour	9.55%
Total	100%

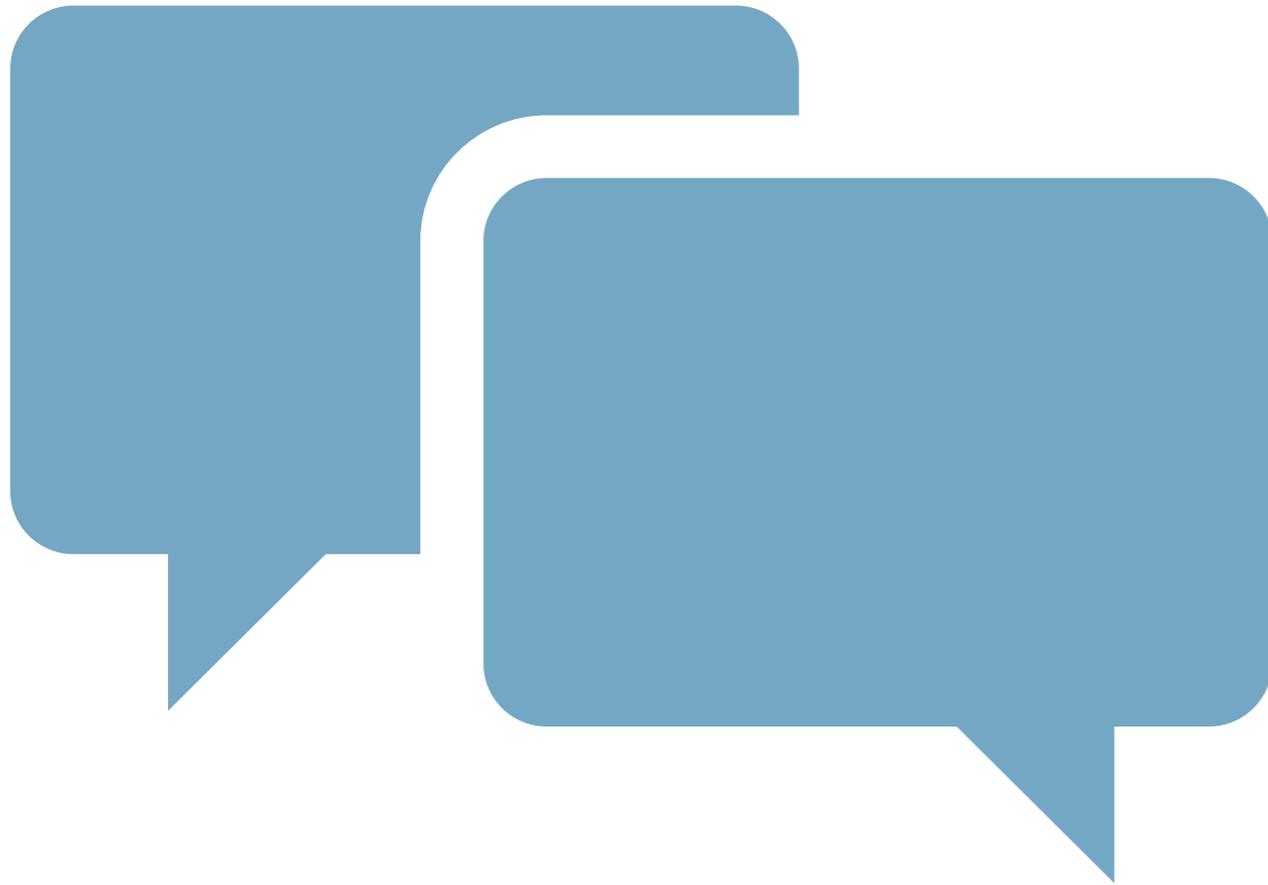
\*DRAFT - All Calculations are Preliminary



**Questions?**



# Stakeholder Comments - PBT



# Committee Discussion - PBT

# *Lunch Break*

15 minutes

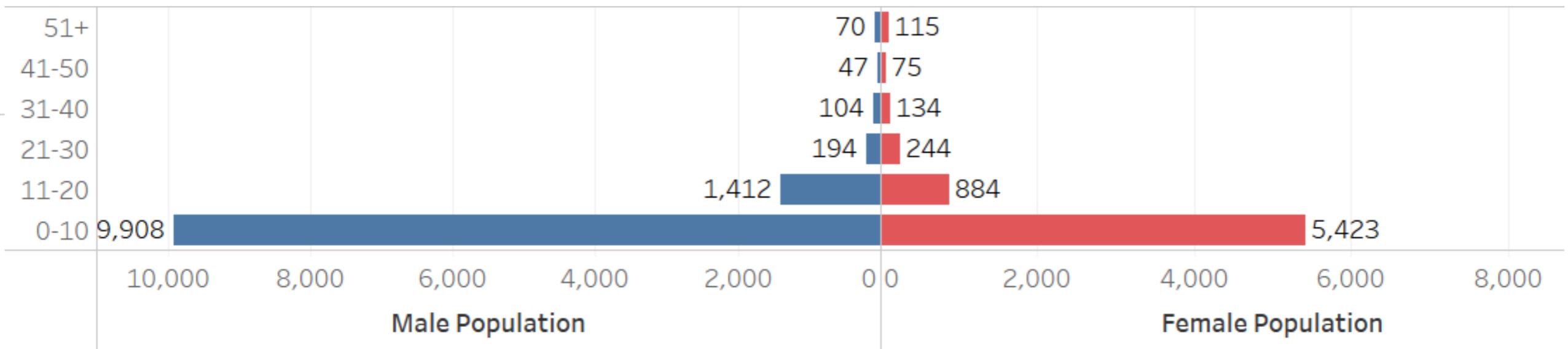
# Speech Therapy

Total Member Count	Total Rendering Provider Count	Total Paid Dollars
11,264	780	\$19,449,656

- Speech Therapy services are outpatient services rendered by a Speech Language Pathologist (SLP), speech therapist, or clinical fellows practicing under the general supervision of a certified SLP.
- Covered services include Assessment, Treatment, Rehabilitative Speech Therapy, and Habilitative Speech Therapy.

\*DRAFT - All Calculations are Preliminary

# Speech Therapy Utilizer Demographics



\*DRAFT - All Calculations are Preliminary

# Speech Therapy FY 2018-19 Top Diagnosis Codes

Rank	Diagnosis Code	Description	Count of Utilizers
1	F802	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	4,165
2	F800	PHONOLOGICAL DISORDER	1,536
3	F801	EXPRESSIVE LANGUAGE DISORDER	1,233
4	F809	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNS	1,023
5	F840	AUTISTIC DISORDER	731
6	R620	DELAYED MILESTONE IN CHILDHOOD	730
7	R479	UNSPECIFIED SPEECH DISTURBANCES	549
8	R4789	OTHER SPEECH DISTURBANCES	414
9	R633	FEEDING DIFFICULTIES	400
10	R488	OTHER SYMBOLIC DYSFUNCTIONS	280

**\*DRAFT - All Calculations are Preliminary**

# Speech Therapy - Comparison Methodology

- Medicare Non-facility Rate
  - Uses Multiple Therapy Discount
  - Three codes without Medicare comparison
  - Used average of Other States' Medicaid for one of those codes
  - States previously used in comparison: AZ, CA, NV
  - States added for validity: MN, ND, SC

- Data Exclusions

Base Dollars	Post-Exclusion Dollars	Dollars Included
\$19,449,656	\$19,355,215	99.51%

- Incurred But Not Reported (IBNR) Adjustment

Post-Exclusion Dollars	IBNR-Adjusted Dollars	Completion Factor
\$19,335,215	\$19,867,933	97.42%

\*DRAFT - All Calculations are Preliminary

# Speech Therapy Rate Comparison Results

Benchmark	FY 20 Colorado Repriced	Benchmark Repriced	Percent of Benchmark
Other States	\$361,384	\$574,446	62.9%
Medicare (with Multiple Therapy Discount)	\$19,813,316	\$26,871,663	73.7%
<b>Benchmark Total</b>	<b>\$20,174,700</b>	<b>\$27,446,109</b>	<b>73.5%</b>

\*DRAFT - All Calculations are Preliminary

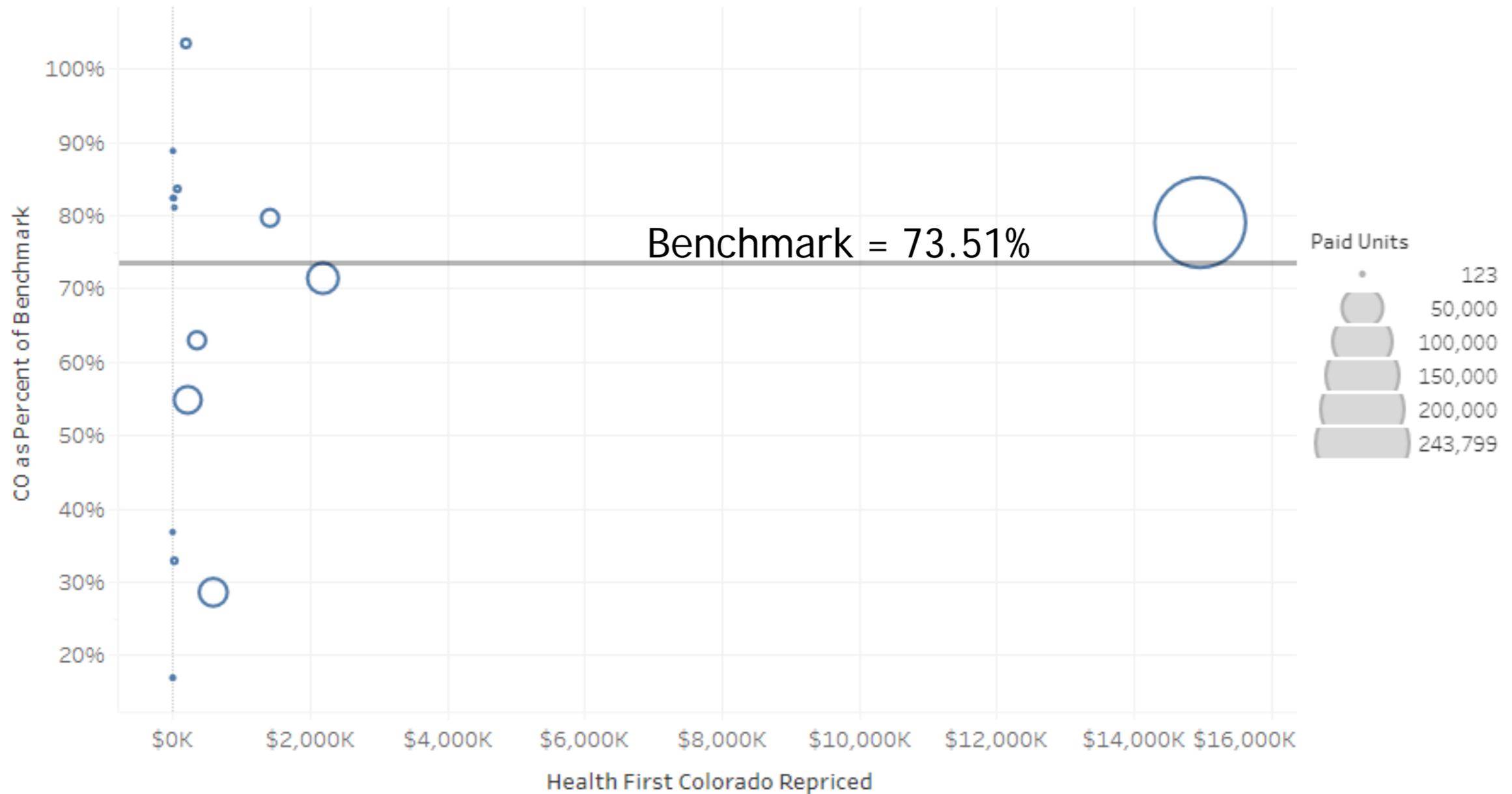
# Speech Therapy - Estimated Total Fund Impact

- Had Health First Colorado reimbursed at 100% of the benchmark in FY 2018-19 it would have had an estimated total fund fiscal impact of **\$7,271,409**.

Speech Therapy Comparison Results	
Colorado as a Percentage of Benchmark	73.5%
Colorado Repriced Amount	\$20,174,700
Benchmark Repriced Amount	\$27,446,109
Est. FY 2018-19 Total Fund Impact	\$7,271,409

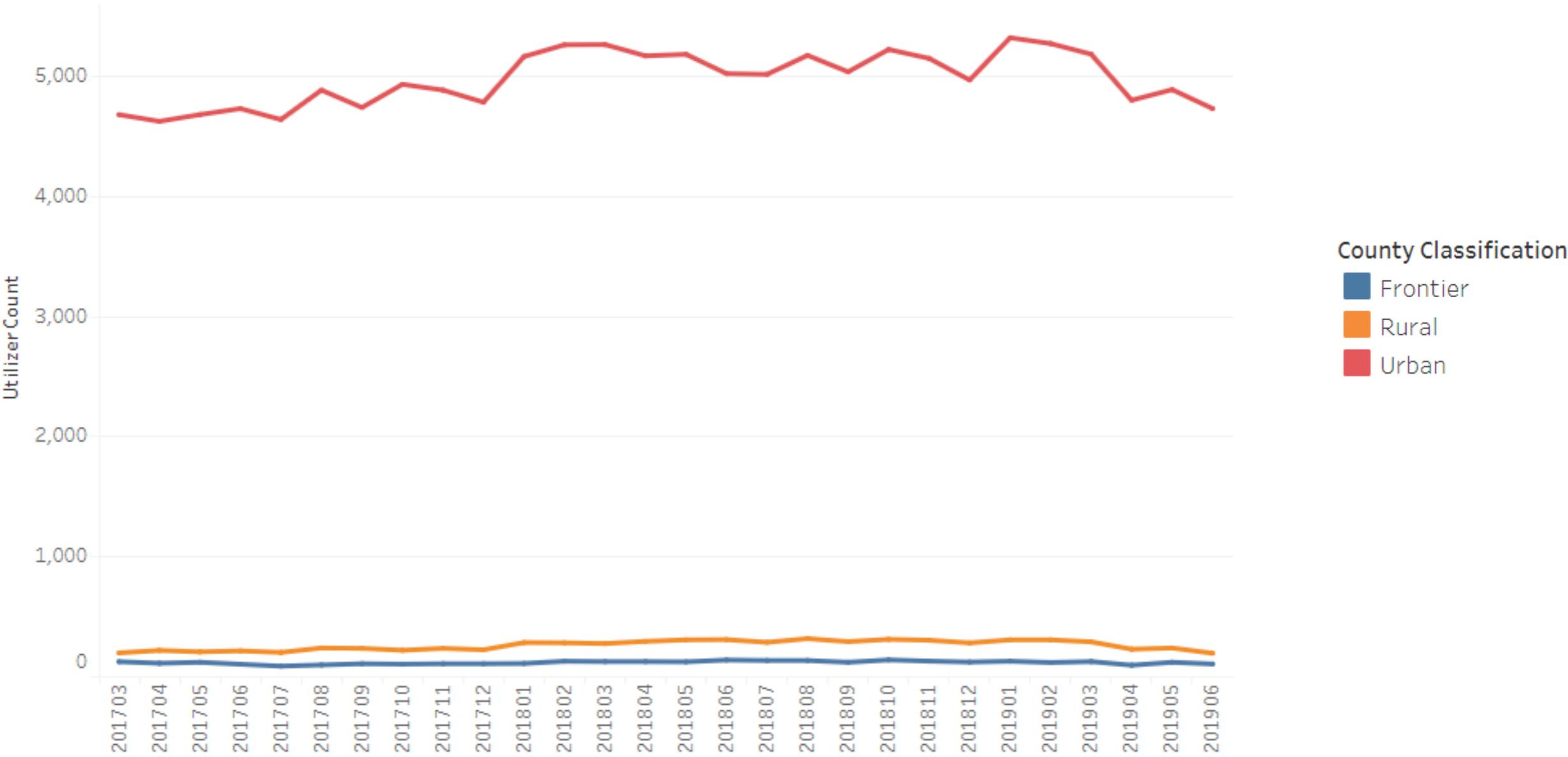
\*DRAFT - All Calculations are Preliminary

# Speech Therapy - Scatterplot



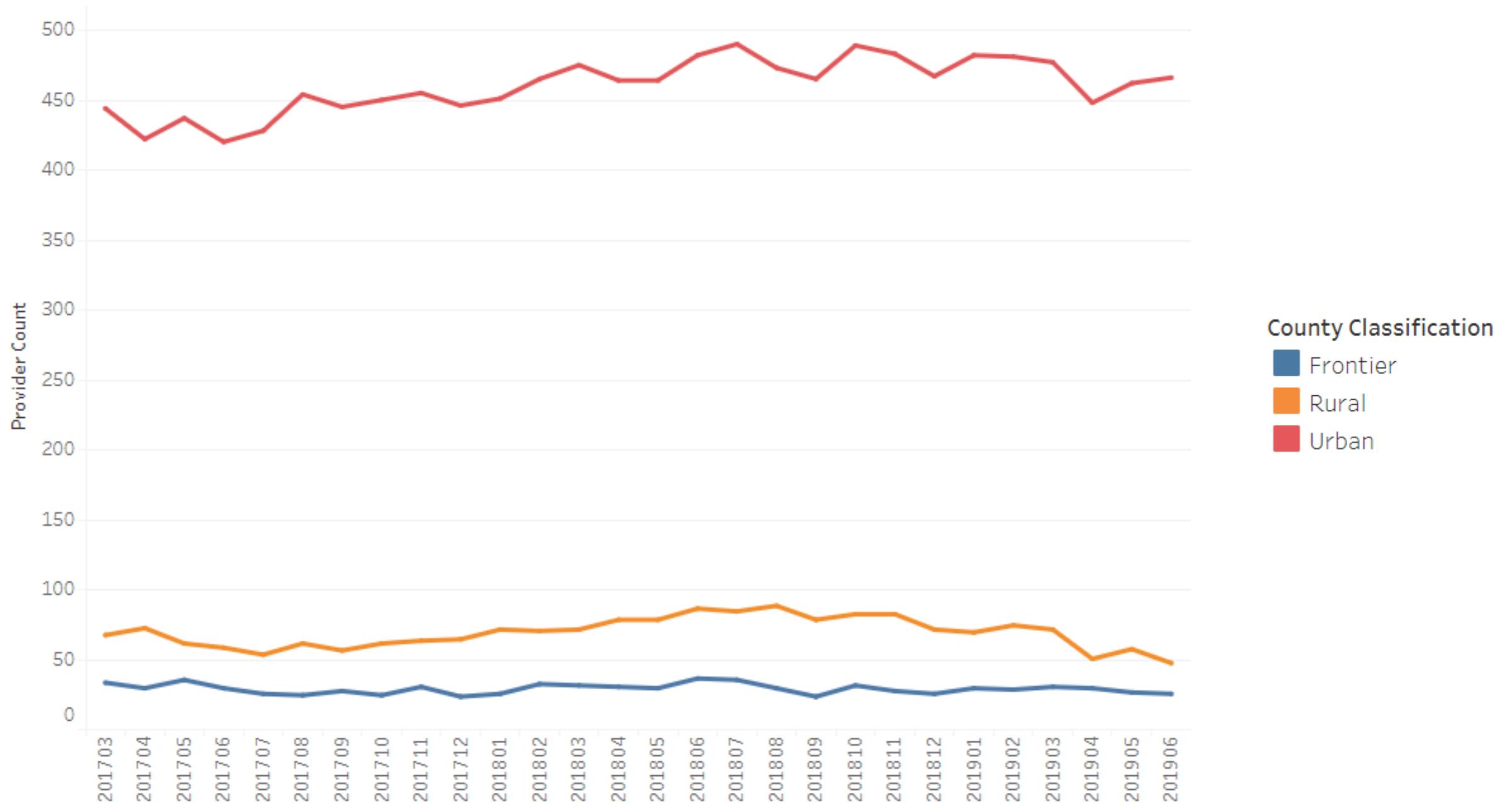
\*DRAFT - All Calculations are Preliminary

# Speech Therapy - Distinct Utilizers Over Time



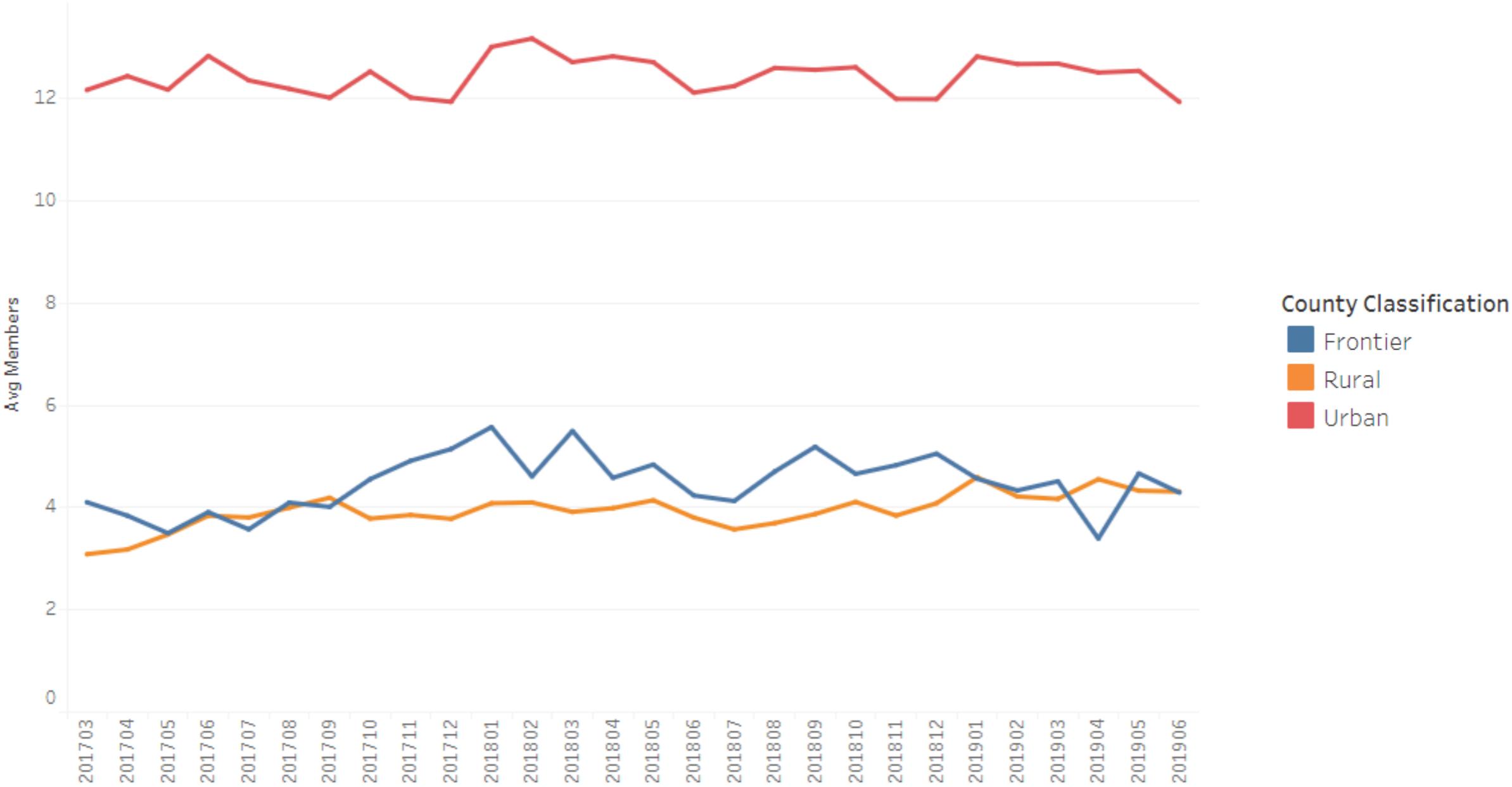
\*DRAFT - All Calculations are Preliminary

# Speech Therapy - Active Providers Over Time



\*DRAFT - All Calculations are Preliminary

# Speech Therapy - Utilizers Per Provider (Panel Size)



\*DRAFT - All Calculations are Preliminary

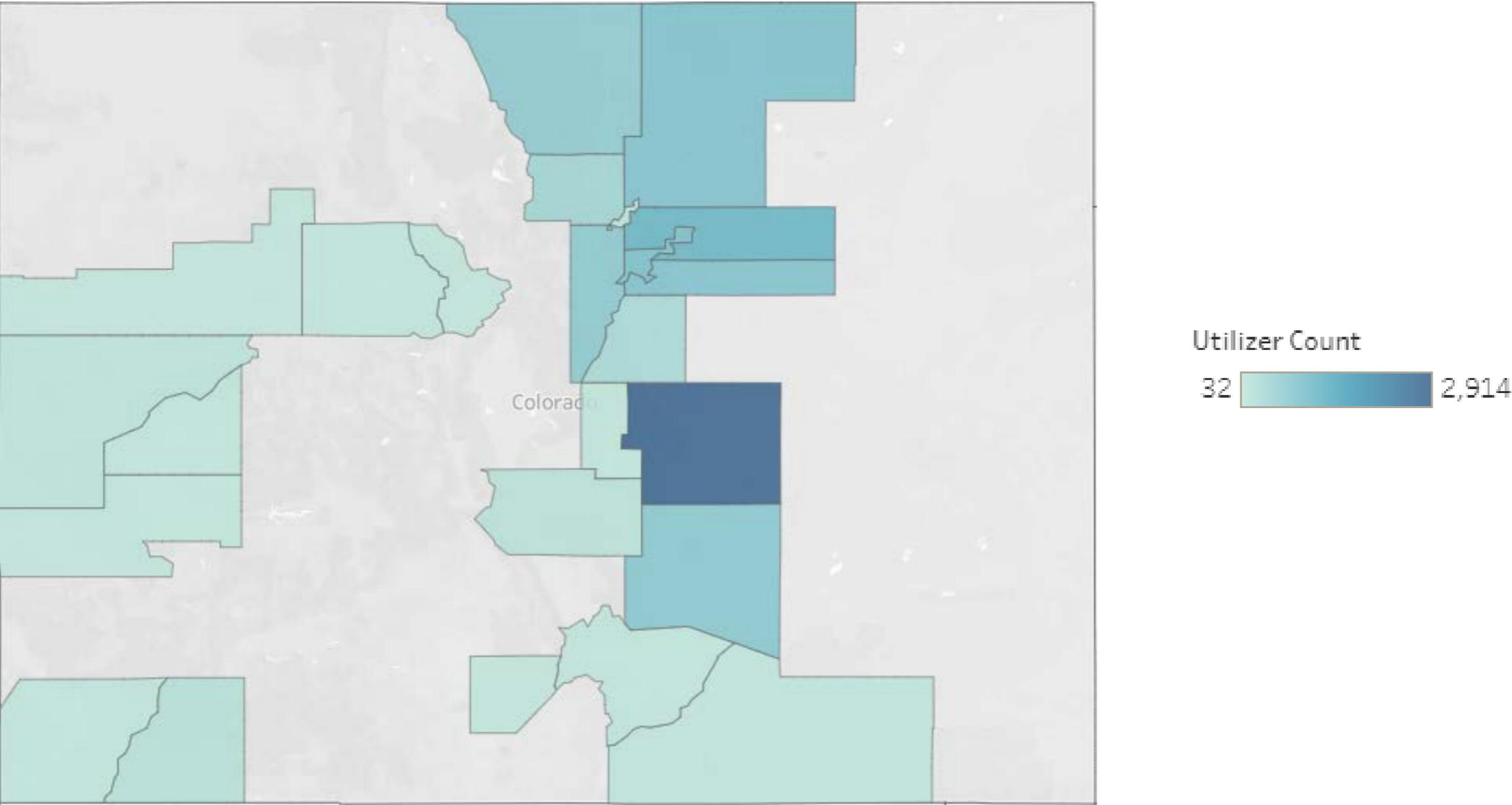
# Speech Therapy - Member to Provider Ratio

- Expressed as providers per 1,000 members
- Normalizing, or standardizing, per 1,000 members allows for comparisons across areas with large differences in population size

Region	FY2018-19 Providers	FY2018-19 Members	Providers per 1,000 Members
Frontier	67	49,881	1.34
Rural	163	190,075	0.86
Urban	723	1,407,688	0.51
<b>Statewide</b>	780	1,635,698	0.48

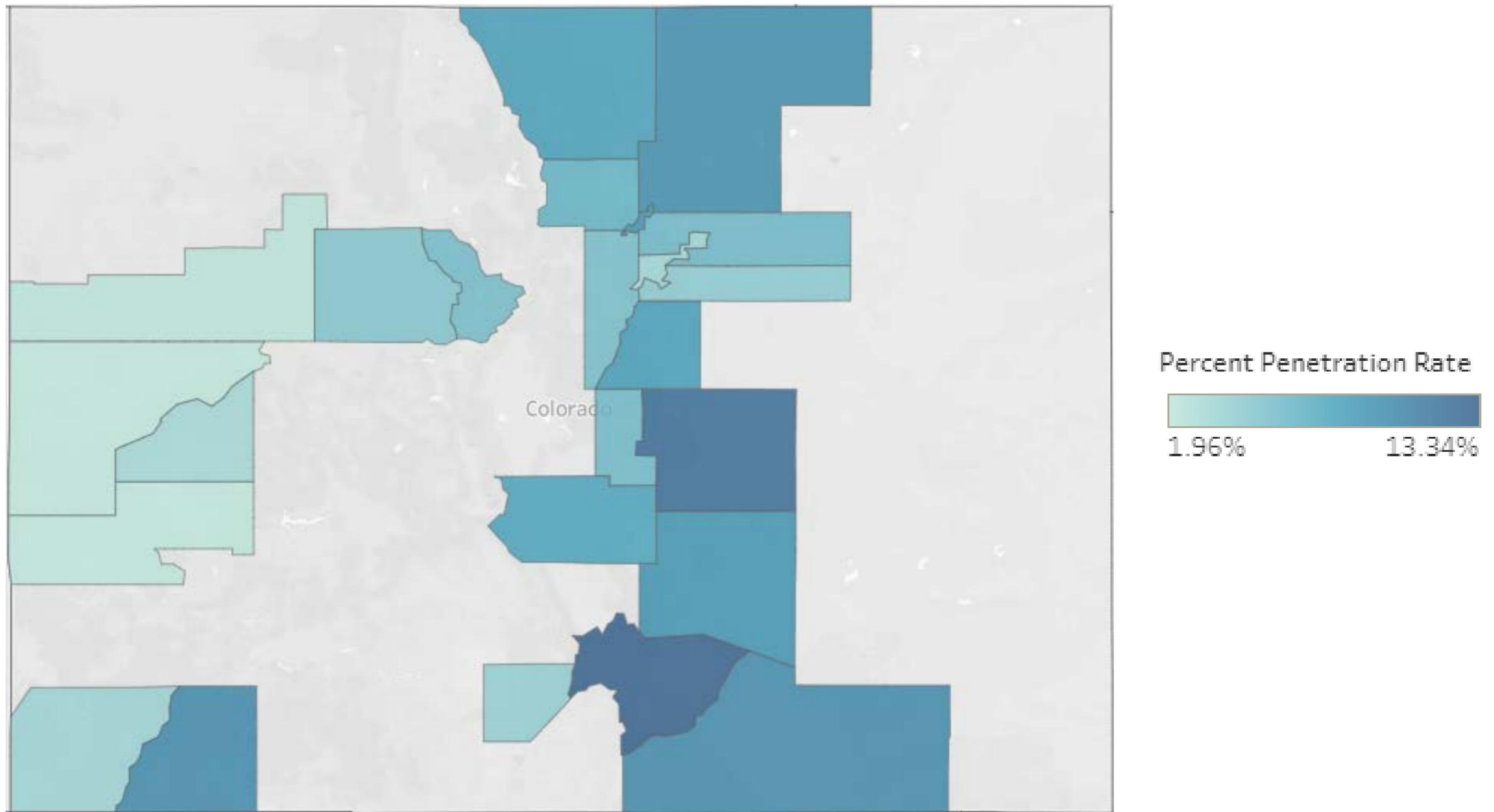
\*DRAFT - All Calculations are Preliminary

# Speech Therapy - Utilizer Density Map FY 2018-19



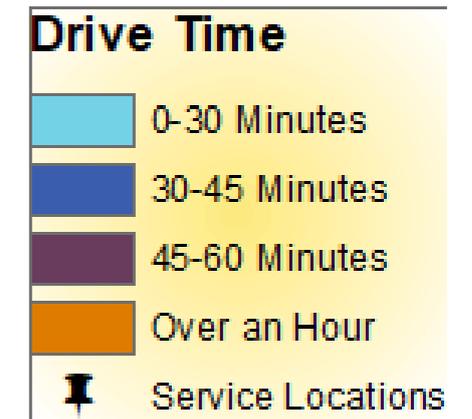
\*DRAFT - All Calculations are Preliminary

# Speech Therapy - Penetration Rate by Member County

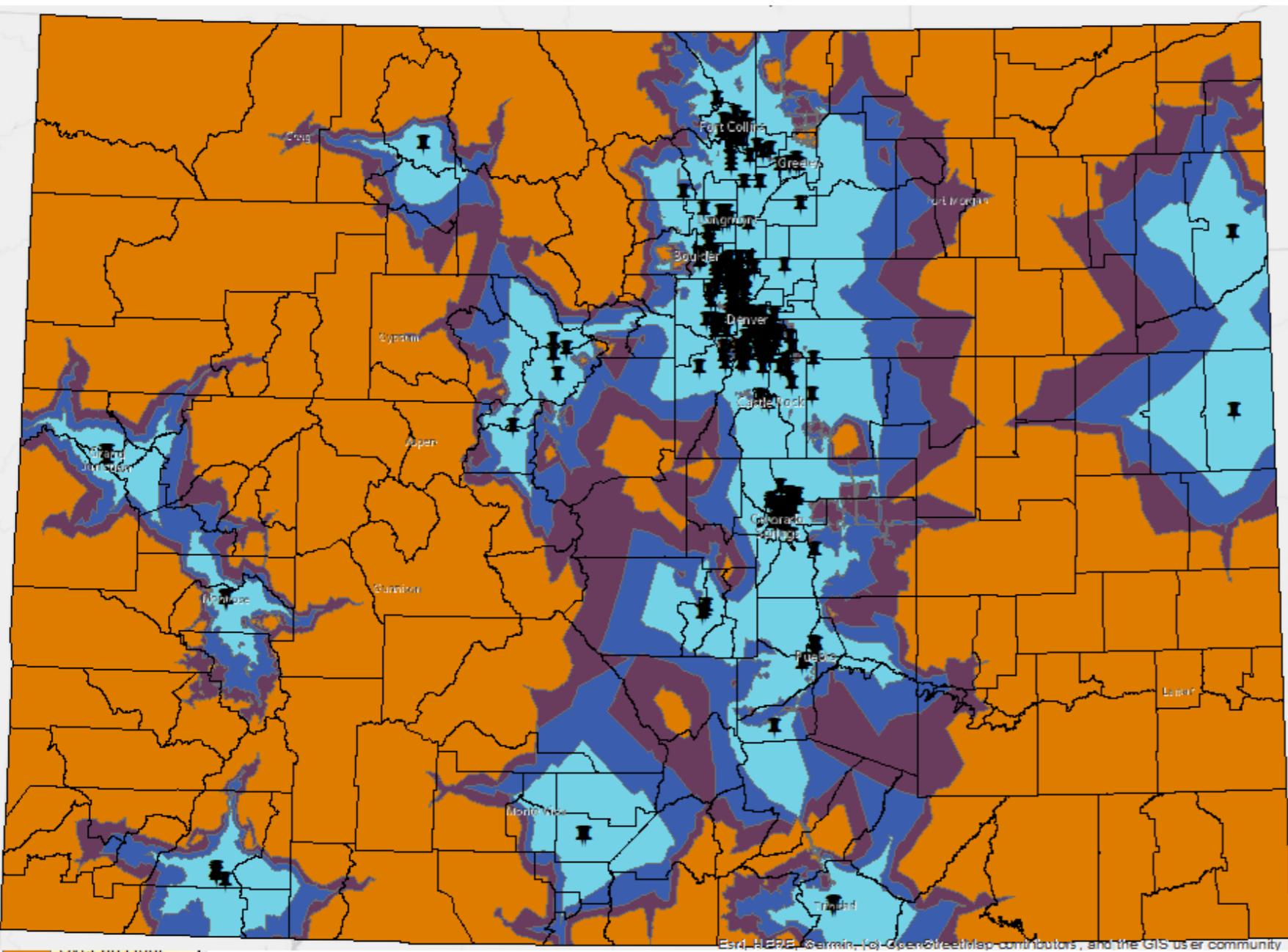


\*DRAFT - All Calculations are Preliminary

# Speech Therapy - ArcGIS Map



Drive Time	Percent of Utilizers by Drive Time
0-30 Minutes	86.75%
30-45 Minutes	5.16%
45-60 Minutes	3.42%
Over an Hour	4.67%
Total	100%



\*DRAFT - All Calculations are Preliminary



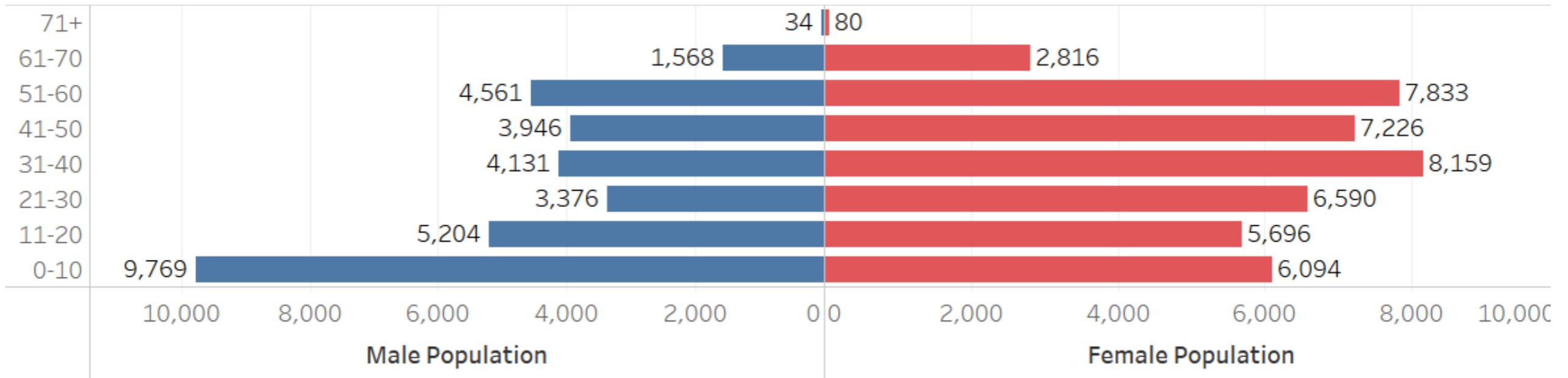
**Questions?**

# Physical and Occupational Therapy (PT/OT)

Total Member Count	Total Rendering Provider Count	Total Paid Dollars
42,562	2,468	\$52,129,747

- Physical therapy (PT) and occupational therapy (OT) are outpatient services rendered by a physical therapist or an occupational therapist.

# PT/OT Utilizer Demographics



\*DRAFT - All Calculations are Preliminary

# PT/OT FY 2018-19 Top Diagnosis Codes

Rank	Diagnosis Code	Description	Count of Utilizers
1	M545	LOW BACK PAIN	5,955
2	M542	CERVICALGIA	3,804
3	M6281	MUSCLE WEAKNESS (GENERALIZED)	2,052
4	F82	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	1,824
5	M25561	PAIN IN RIGHT KNEE	1,819
6	M25511	PAIN IN RIGHT SHOULDER	1,686
7	R620	DELAYED MILESTONE IN CHILDHOOD	1,559
8	M25562	PAIN IN LEFT KNEE	1,516
9	M25512	PAIN IN LEFT SHOULDER	1,223
10	R6250	UNSP LACK OF EXPECTED NORMAL PHYSIOL DEV IN CHILDH	1,159

**\*DRAFT - All Calculations are Preliminary**

# PT/OT - Comparison Methodology

- Medicare Non-facility Rate
  - With Multiple Therapy Discount
  - Seven codes without Medicare comparison
  - Used average of Other States' Medicaid for six of those codes
  - States previously used in comparison: AZ, CA, OK, OR
  - States added for validity: ME, MI

- Data Exclusions

Base Dollars	Post-Exclusion Dollars	Dollars Included
\$52,129,747	\$51,772,511	99.31%

- Incurred But Not Reported (IBNR) Adjustment

Post-Exclusion Dollars	IBNR-Adjusted Dollars	Completion Factor
\$51,772,511	\$54,565,513	94.88%

\*DRAFT - All Calculations are Preliminary

# PT/OT Rate Comparison Results

Benchmark	FY 20 Colorado Repriced	Benchmark Repriced	Percent of Benchmark
Other States	\$1,496,325	\$1,399,796	106.9%
Medicare with Multiple Therapy Discount	\$53,789,551	\$62,584,066	85.9%
<b>Benchmark Total</b>	<b>\$55,285,876</b>	<b>\$63,983,861</b>	<b>86.4%</b>

\*DRAFT - All Calculations are Preliminary

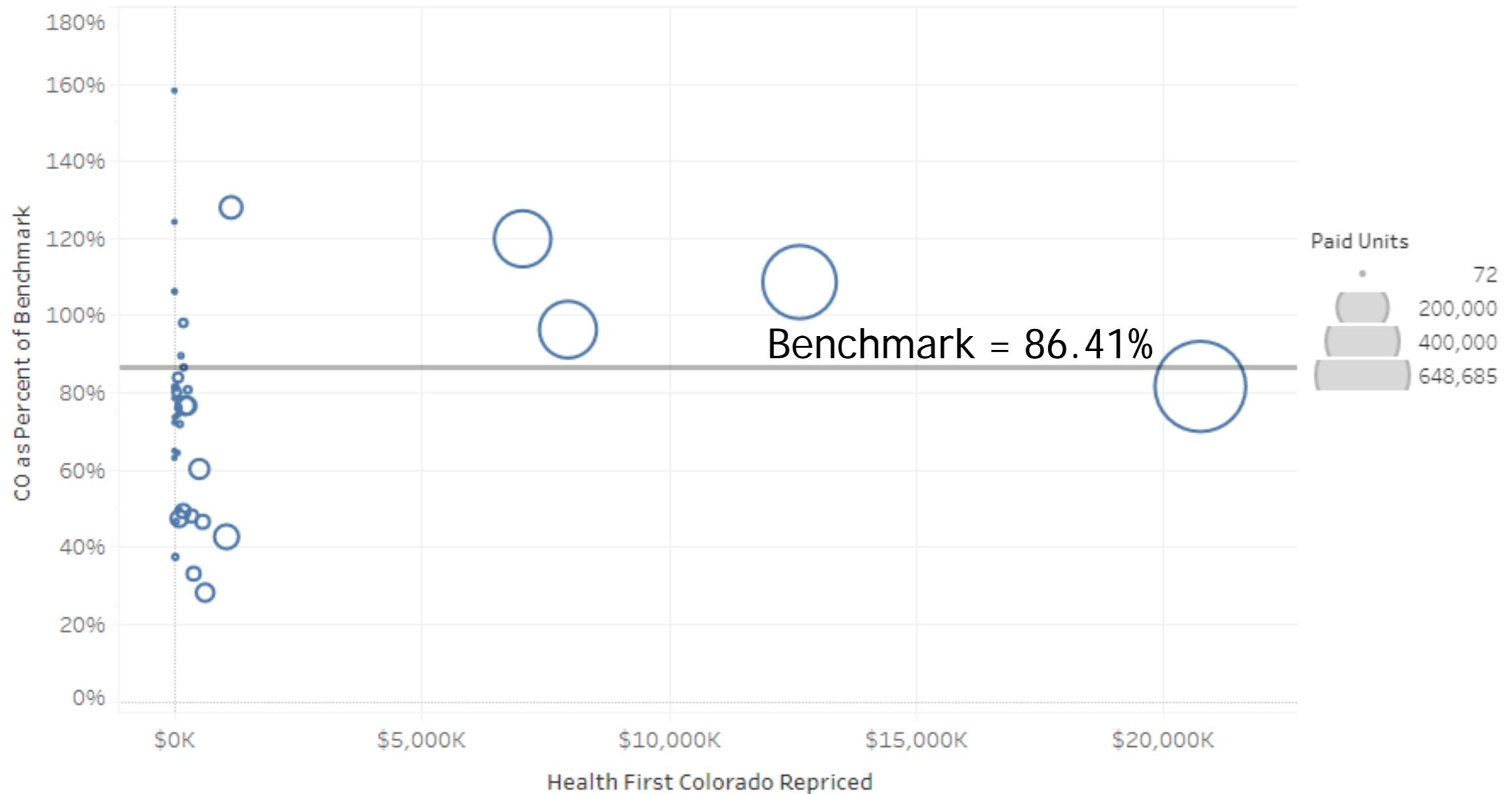
# PT/OT - Estimated Total Fund Impact

- Had Health First Colorado reimbursed at 100% of the benchmark in FY 2018-19 it would have had an estimated total fund fiscal impact of **\$8,697,985**.

PT/OT Comparison Results	
Colorado as a Percentage of Benchmark	86.4%
Colorado Repriced Amount	\$55,285,876
Benchmark Repriced Amount	\$63,983,861
Est. FY 2018-19 Total Fund Impact	\$8,697,985

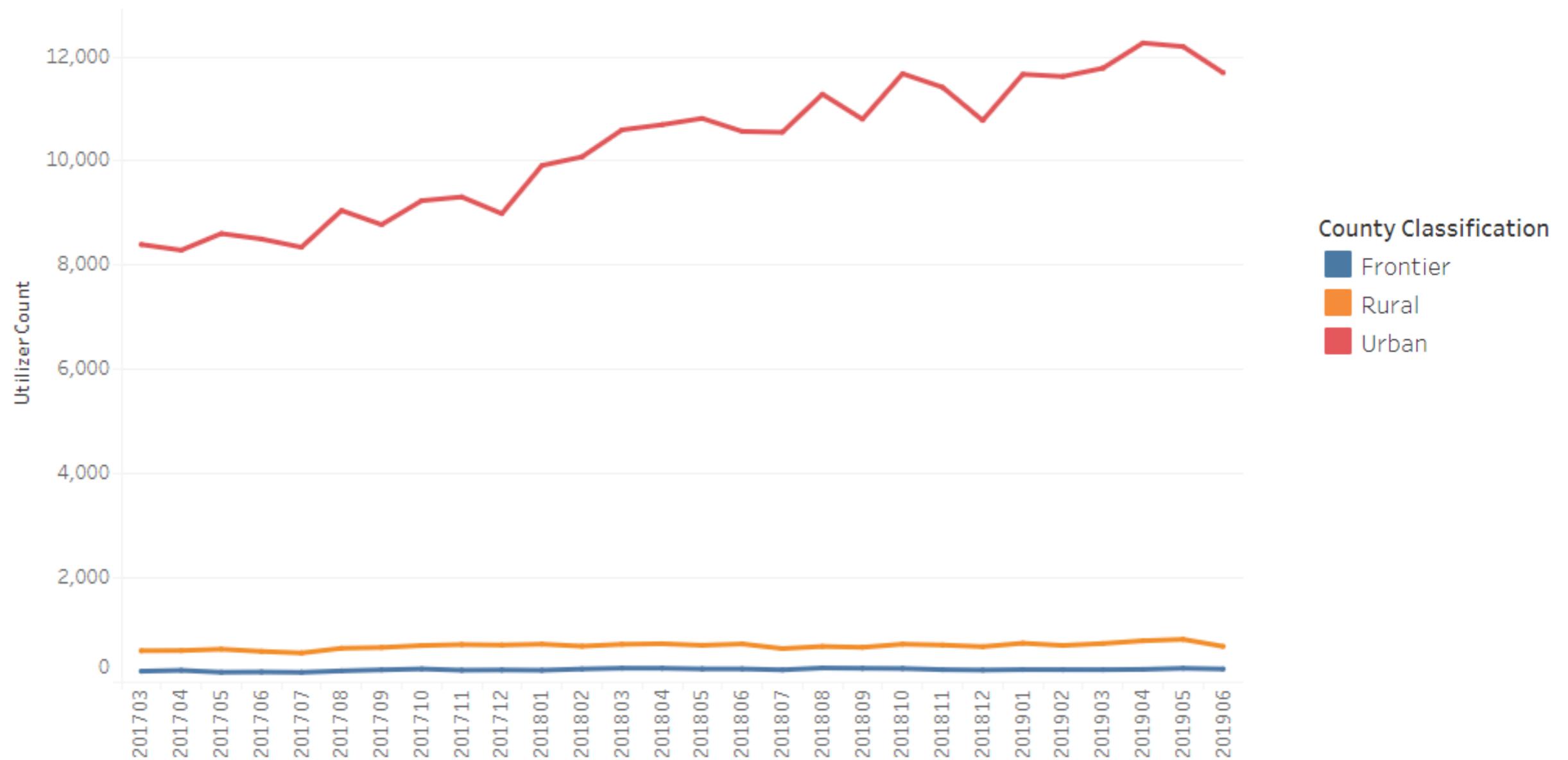
**\*DRAFT - All Calculations are Preliminary**

# PT/OT - Scatterplot



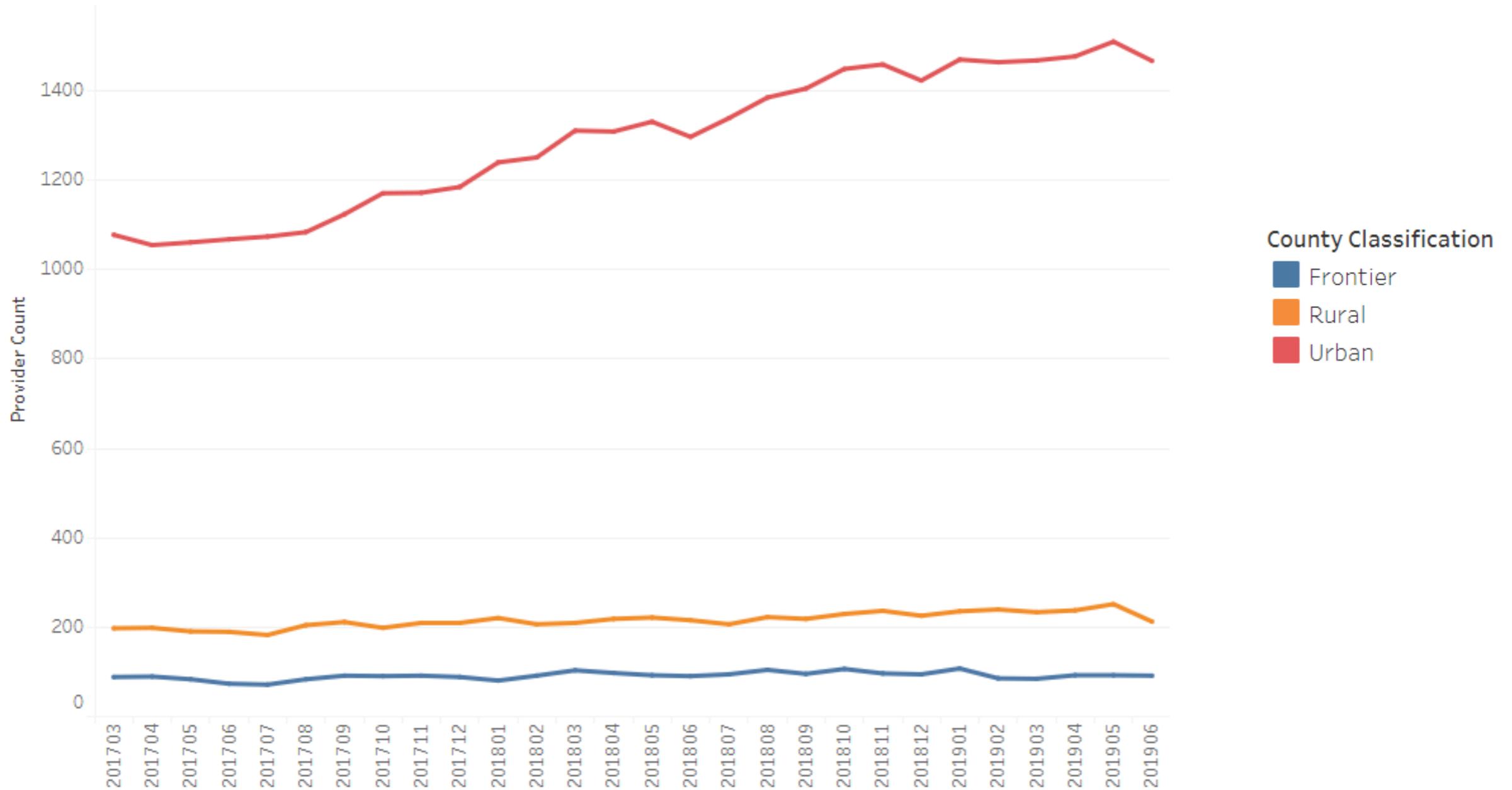
\*DRAFT - All Calculations are Preliminary

# PT/OT - Distinct Utilizers Over Time



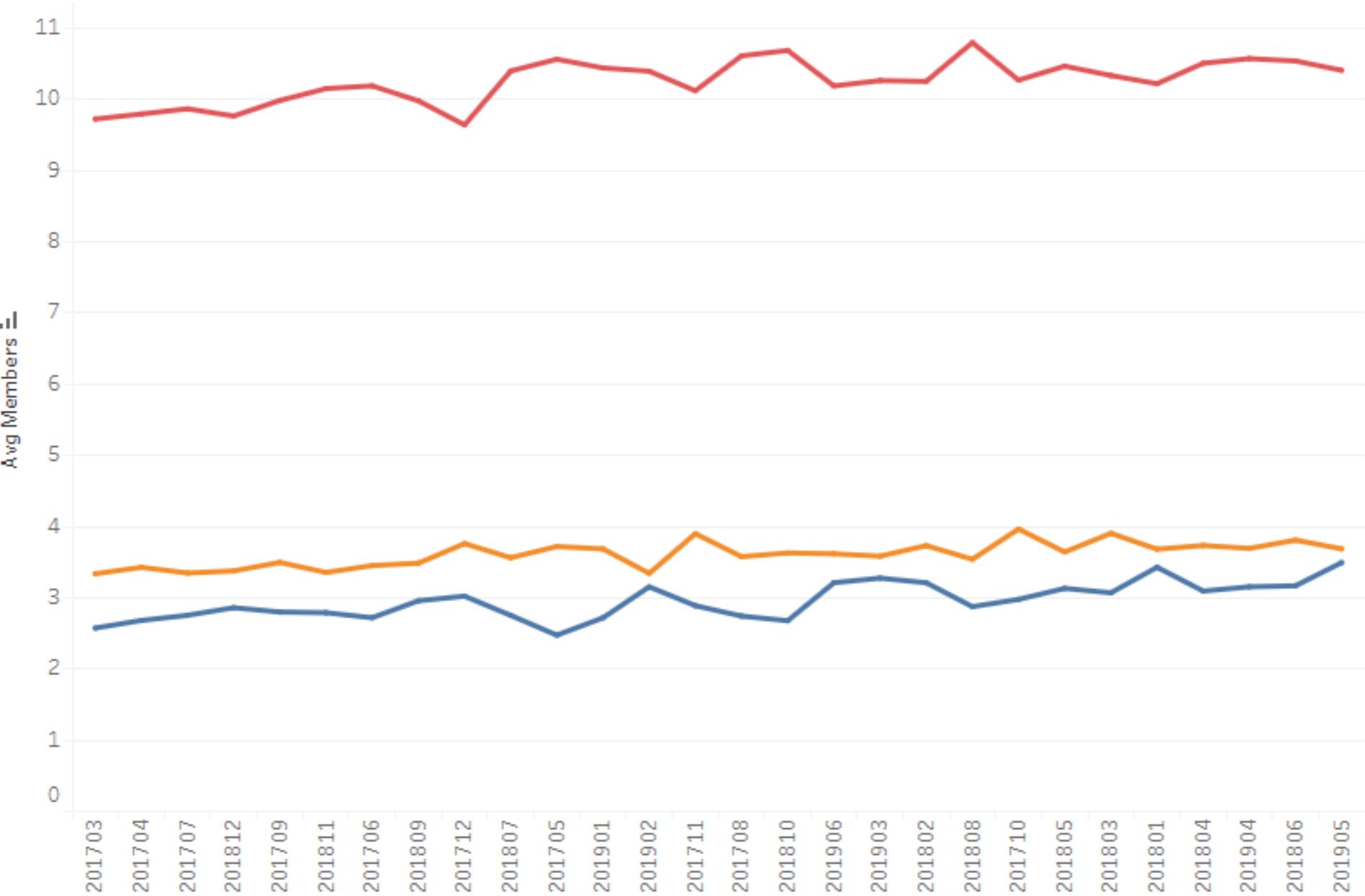
\*DRAFT - All Calculations are Preliminary

# PT/OT - Active Providers Over Time



\*DRAFT - All Calculations are Preliminary

# PT/OT - Utilizers Per Provider (Panel Size)



\*DRAFT - All Calculations are Preliminary

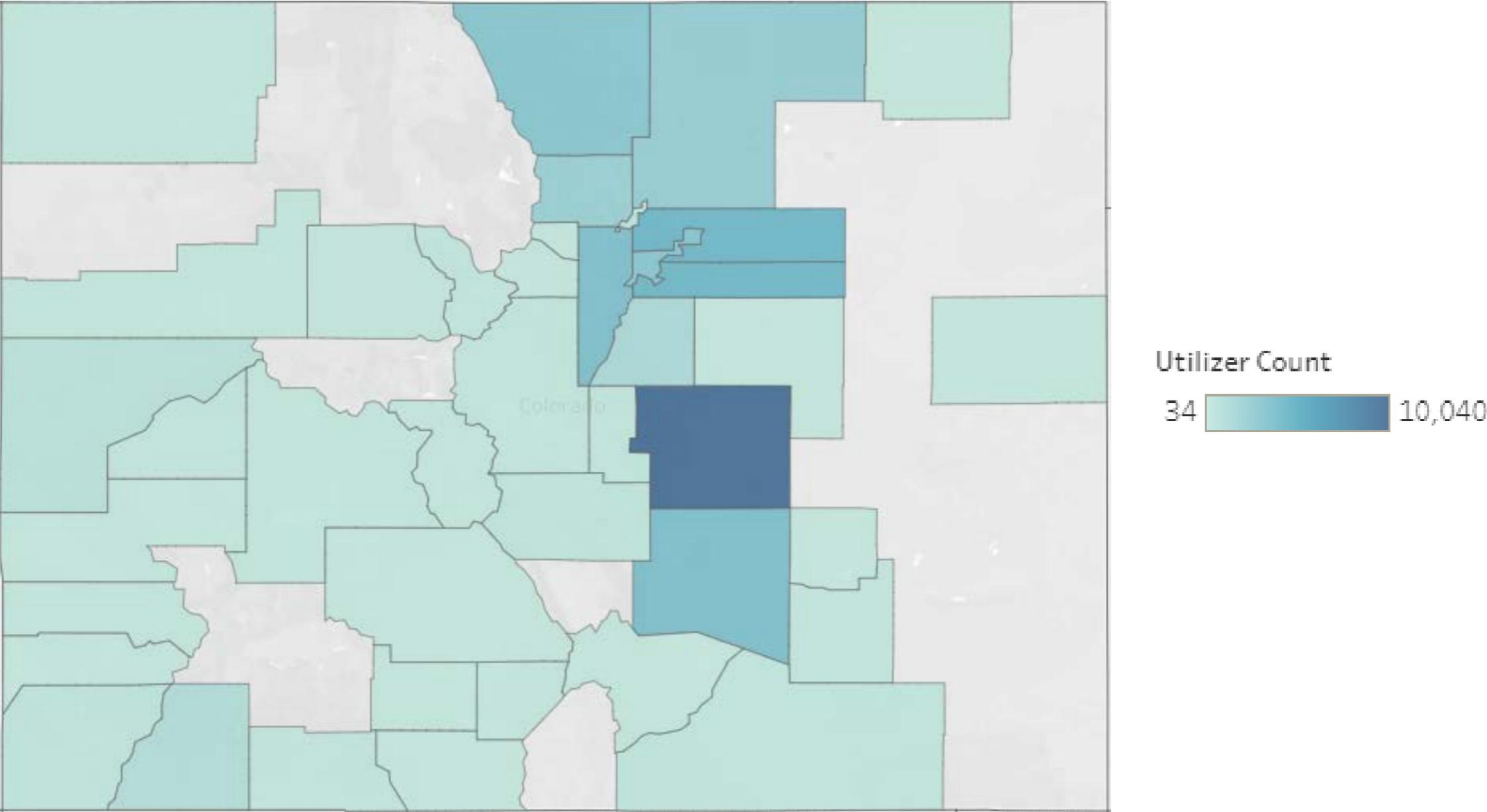
# PT/OT - Member to Provider Ratio

- Expressed as providers per 1,000 members
- Normalizing, or standardizing, per 1,000 members allows for comparisons across areas with large differences in population size

Region	FY2018-19 Providers	FY2018-19 Members	Providers per 1,000 Members
Frontier	260	49,881	5.21
Rural	562	190,075	2.96
Urban	2,296	1,407,688	1.63
<b>Statewide</b>	<b>2,468</b>	<b>1,635,698</b>	<b>1.51</b>

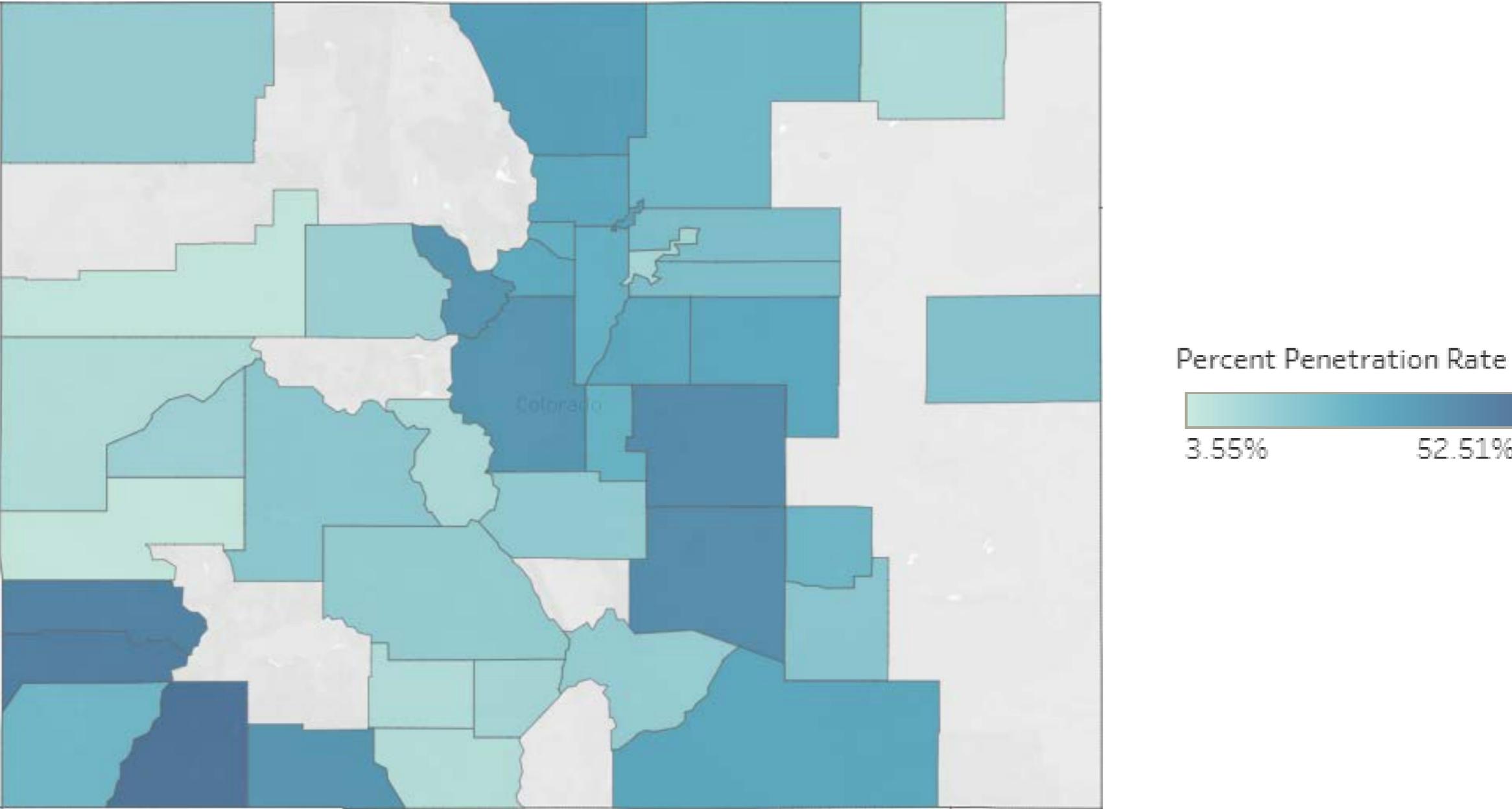
\*DRAFT - All Calculations are Preliminary

# PT/OT - Utilizer Density Map FY 2018-19



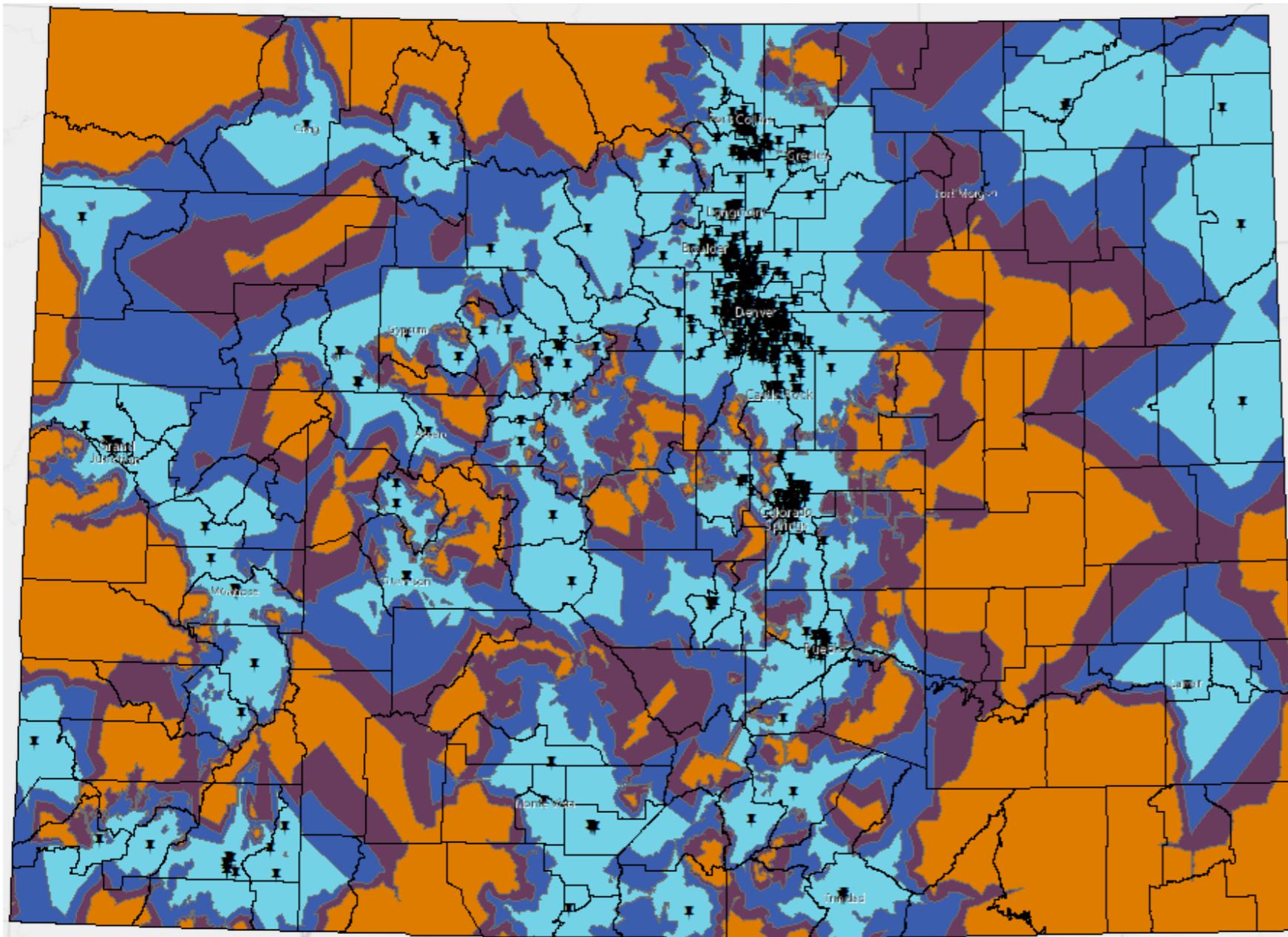
\*DRAFT - All Calculations are Preliminary

# PT/OT - Penetration Rate by Member County



\*DRAFT - All Calculations are Preliminary

# PT/OT - ArcGIS Map



Drive Time	Percent of Utilizers by Drive Time
0-30 Minutes	94.74%
30-45 Minutes	2.71%
45-60 Minutes	1.52%
Over an Hour	1.04%
Total	100%

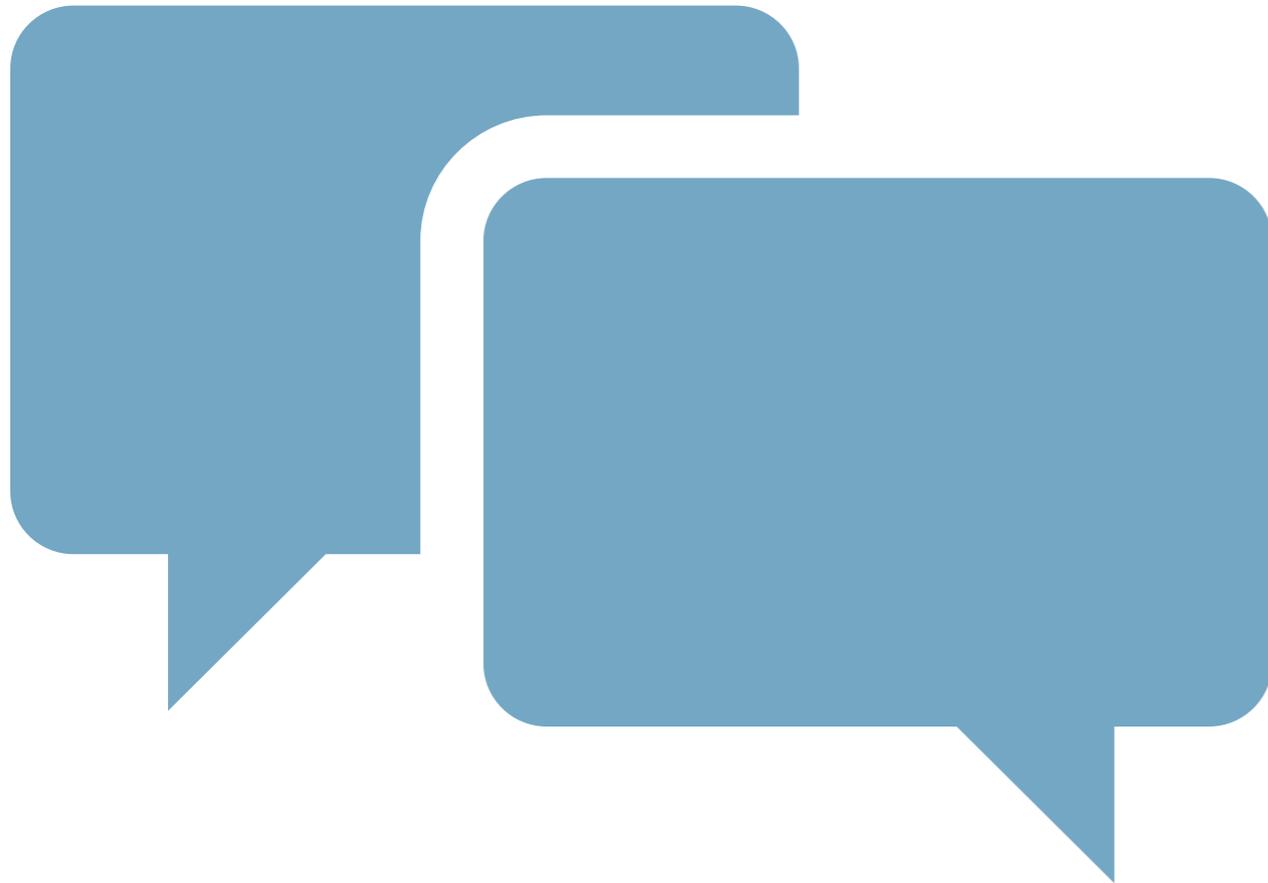
\*DRAFT - All Calculations are Preliminary



**Questions?**



# Stakeholder Comments - Speech Therapy & PT/OT



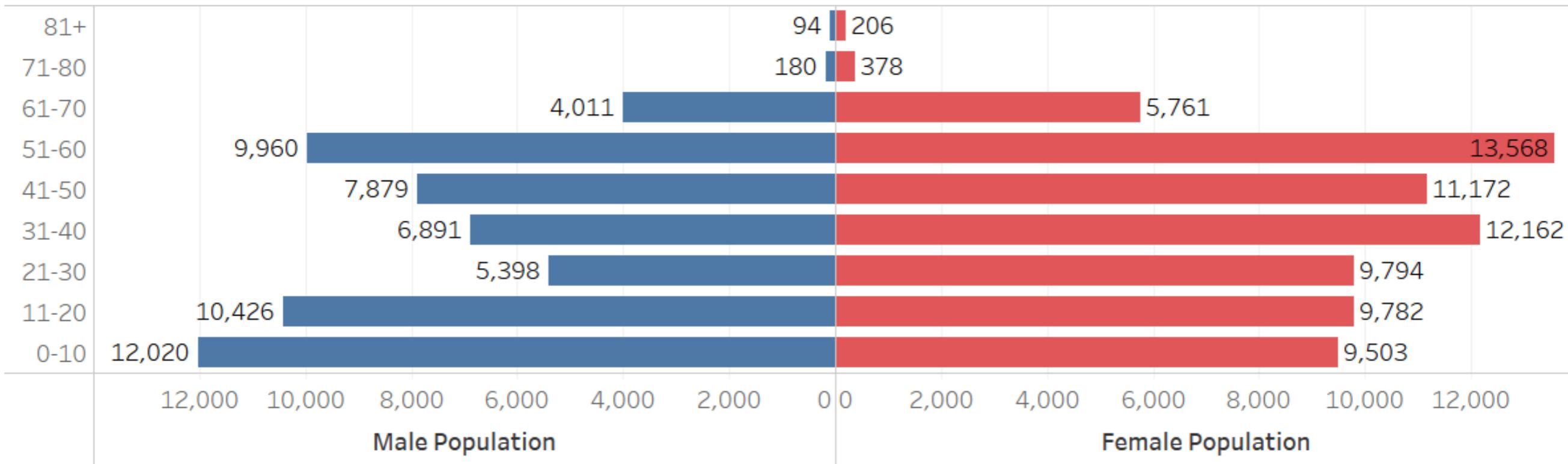
# Committee Discussion - Speech Therapy & PT/OT

# Prosthetics, Orthotics, and Supplies (POS)

Total Member Count	Total Provider Count	Total Paid Dollars
67,206	1,377	\$31,530,786

- The Prosthetics and Orthotics benefit includes, but is not limited to, items such as breast prostheses, braces, artificial limbs, implants, and orthopedic shoes for diabetic members.
- Supplies must serve a medical purpose but are not intended for repeated use.
- Supply items are items used in active treatment or therapy that are disposable or can be consumed.
- Some examples of supplies that are covered include:
  - Diabetic monitoring supplies;
  - Oral enteral formulas and supplies; and
  - Parenteral supplies.

# POS Utilizer Demographics



\*DRAFT - All Calculations are Preliminary

# POS FY 2018-19 Top Diagnosis Codes

Rank	Procedure Code	Description	Count of Utilizers
1	E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	11,641
2	G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	5,920
3	E1165	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	4,167
4	E1065	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	2,043
5	M722	PLANTAR FASCIAL FIBROMATOSIS	1,461
6	E109	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	1,100
7	J45909	UNSPECIFIED ASTHMA, UNCOMPLICATED	1,042
8	E118	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICA	1,033
9	J4520	MILD INTERMITTENT ASTHMA, UNCOMPLICATED	984
10	R6889	OTHER GENERAL SYMPTOMS AND SIGNS	970

**\*DRAFT - All Calculations are Preliminary**

# POS - Comparison Methodology

- Medicare Rates
  - Competitive Bidding Area (CBA) Denver, CBA Colorado Springs, Rural, and Non-Rural rates
  - States previously used in comparison: AZ, CA, LA, NV, OK, OH, OR
  - States added for validity: TX

- Data Exclusions

Base Dollars	Post-Exclusion Dollars	Dollars Included
\$31,530,786	\$30,754,106	97.54%

- Incurred But Not Reported (IBNR) Adjustment

Post-Exclusion Dollars	IBNR-Adjusted Dollars	Completion Factor
\$30,754,106	\$32,434,510	94.82%

\*DRAFT - All Calculations are Preliminary

# POS Rate Comparison Results

Benchmark	FY 20 Colorado Repriced	Benchmark Repriced	Percent of Benchmark
Other States	\$966,737	\$608,121	159.0%
Medicare CBA Colorado Springs	\$325,677	\$196,507	165.7%
Medicare CBA Denver	\$677,012	\$426,270	159.2%
Medicare Rural Rate	\$413,327	\$413,070	100.1%
Medicare Non-Rural Rate	\$30,089,762	\$36,639,336	77.9%
<b>Benchmark Total</b>	<b>\$30,933,692</b>	<b>\$38,283,303</b>	<b>80.8%</b>

\*DRAFT - All Calculations are Preliminary

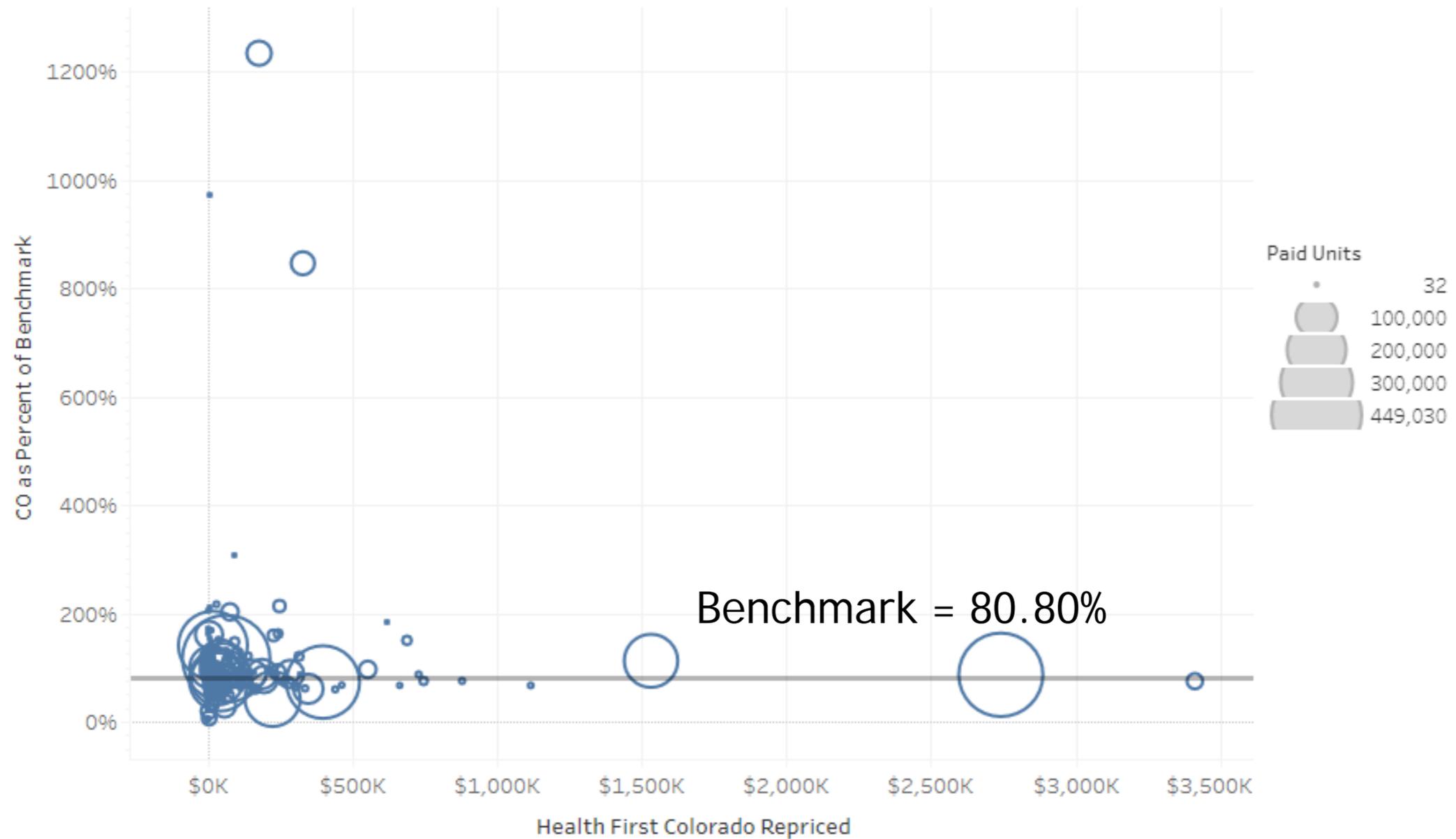
# POS - Estimated Total Fund Impact

- Had Health First Colorado reimbursed at 100% of the benchmark in FY2018-19 it would have had an estimated total fund fiscal impact of **\$7,349,611**.

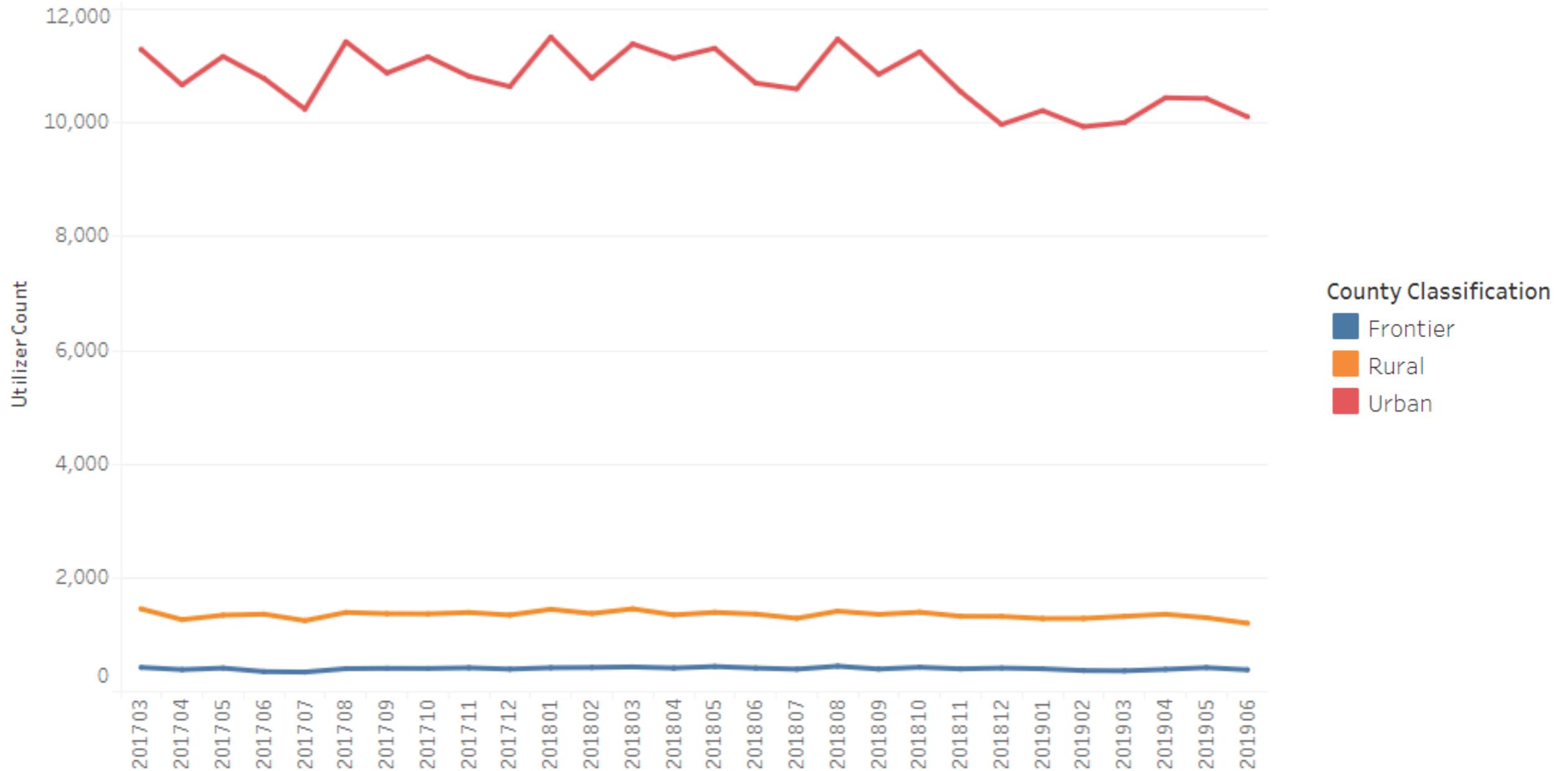
POS Comparison Results	
Colorado as a Percentage of Benchmark	80.80%
Colorado Repriced Amount	\$30,933,692
Benchmark Repriced Amount	\$38,283,303
Est. FY 2018-19 Total Fund Impact	\$7,349,611

**\*DRAFT - All Calculations are Preliminary**

# POS - Scatterplot

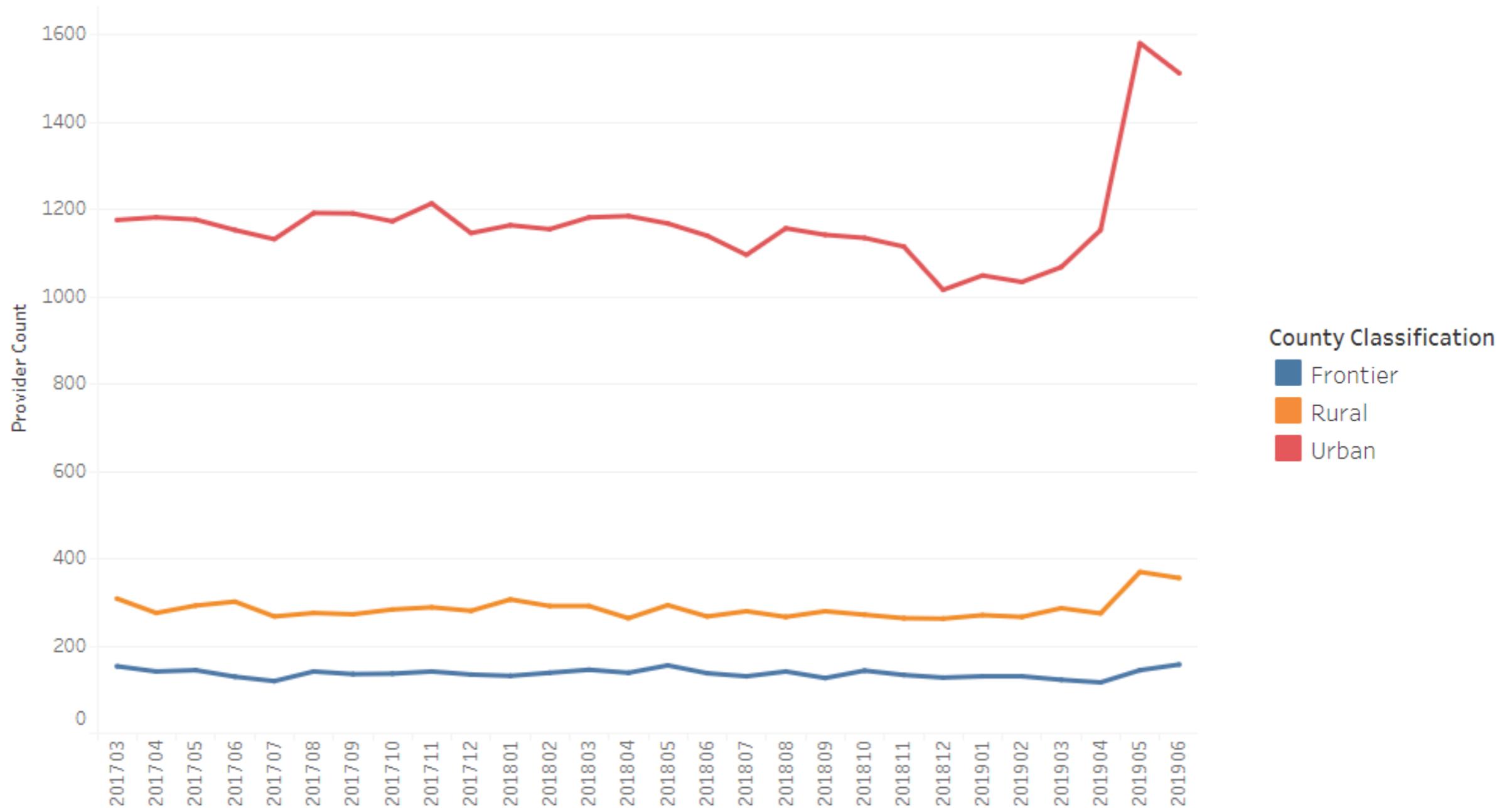


# POS - Distinct Utilizers Over Time



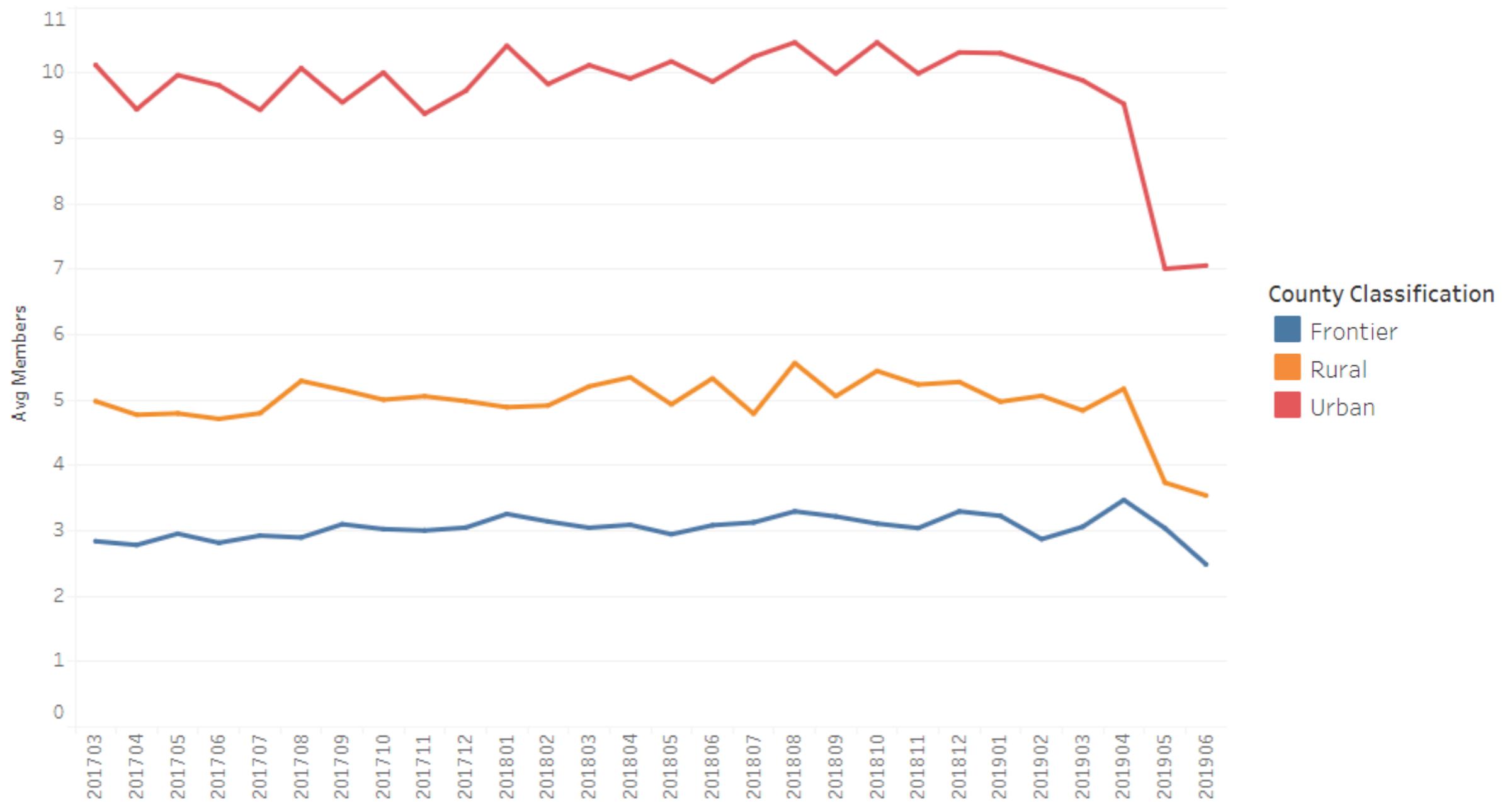
\*DRAFT - All Calculations are Preliminary

# POS - Active Providers Over Time



\*DRAFT - All Calculations are Preliminary

# POS - Utilizers Per Provider (Panel Size)



\*DRAFT - All Calculations are Preliminary

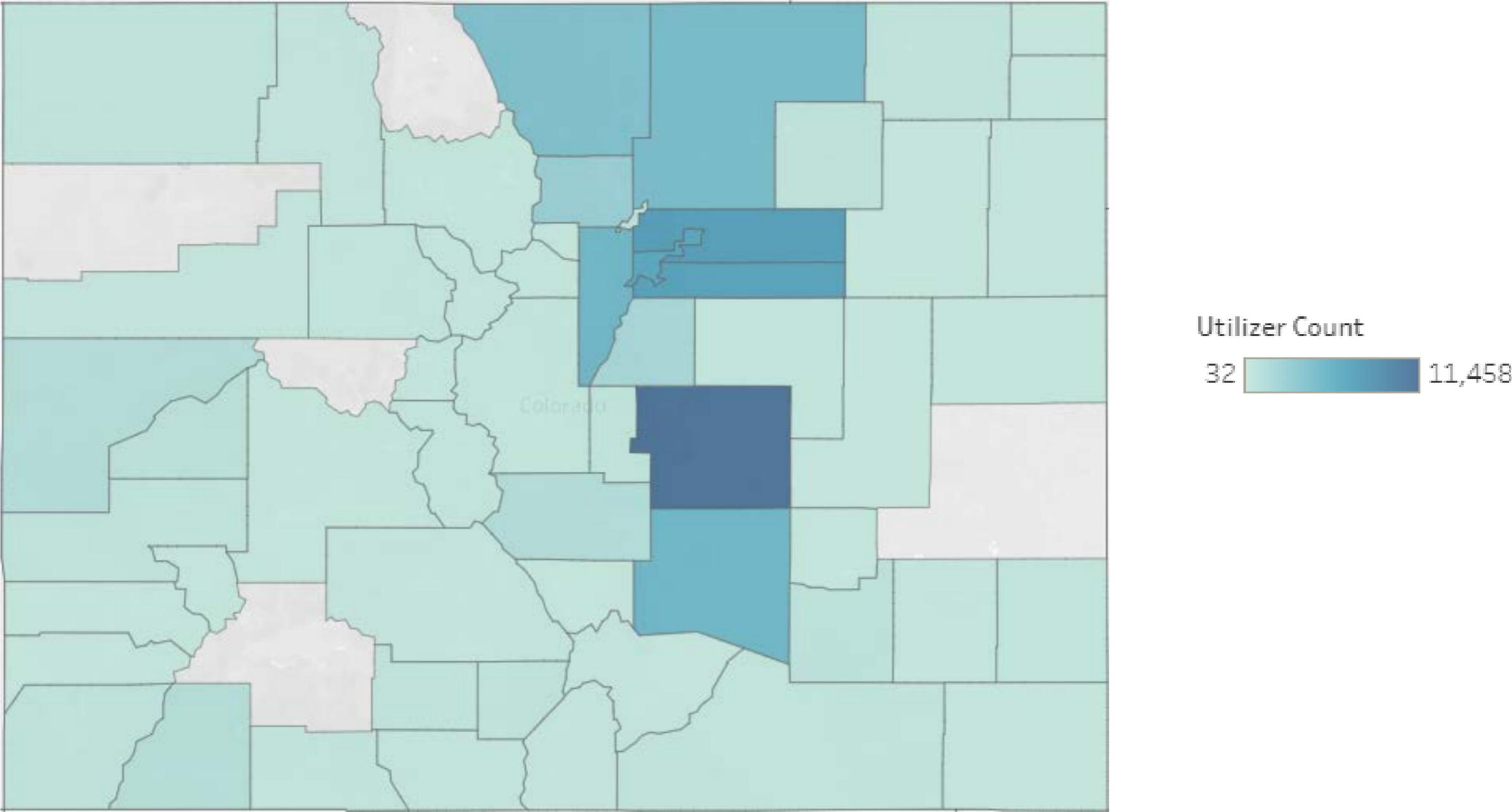
# POS - Member to Provider Ratio

- Expressed as providers per 1,000 members
- Normalizing, or standardizing, per 1,000 members allows for comparisons across areas with large differences in population size

Region	FY2018-19 Providers	FY2018-19 Members	Providers per 1,000 Members
Frontier	399	49,881	8.00
Rural	818	190,075	4.30
Urban	3,148	1,407,688	2.24
<b>Statewide</b>	<b>3,591</b>	<b>1,635,698</b>	<b>2.20</b>

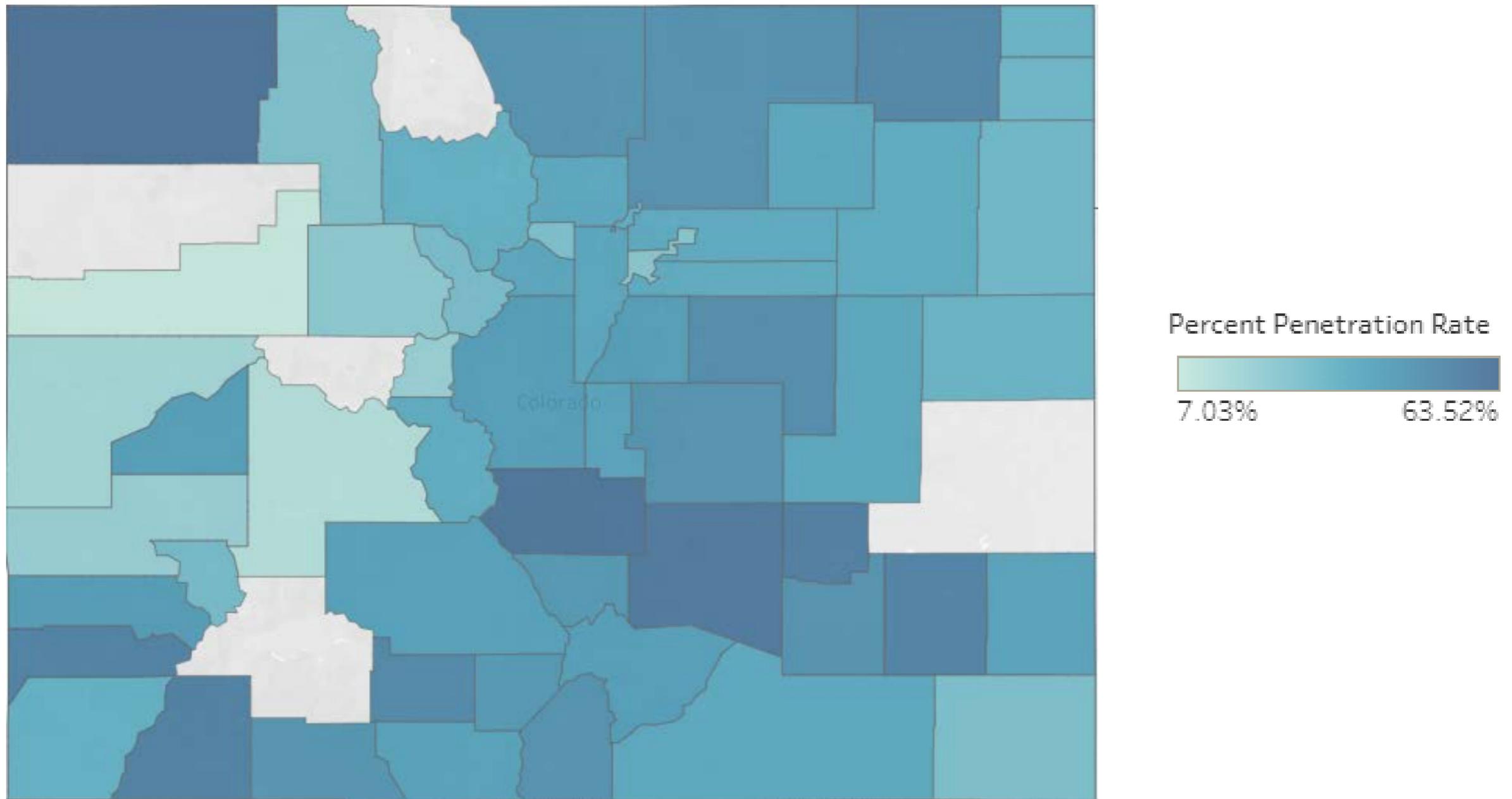
\*DRAFT - All Calculations are Preliminary

# POS - Utilizer Density FY Map 2018-19



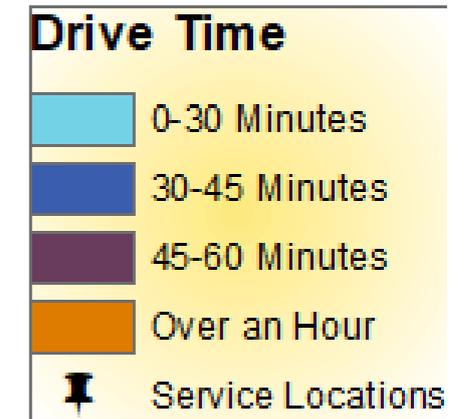
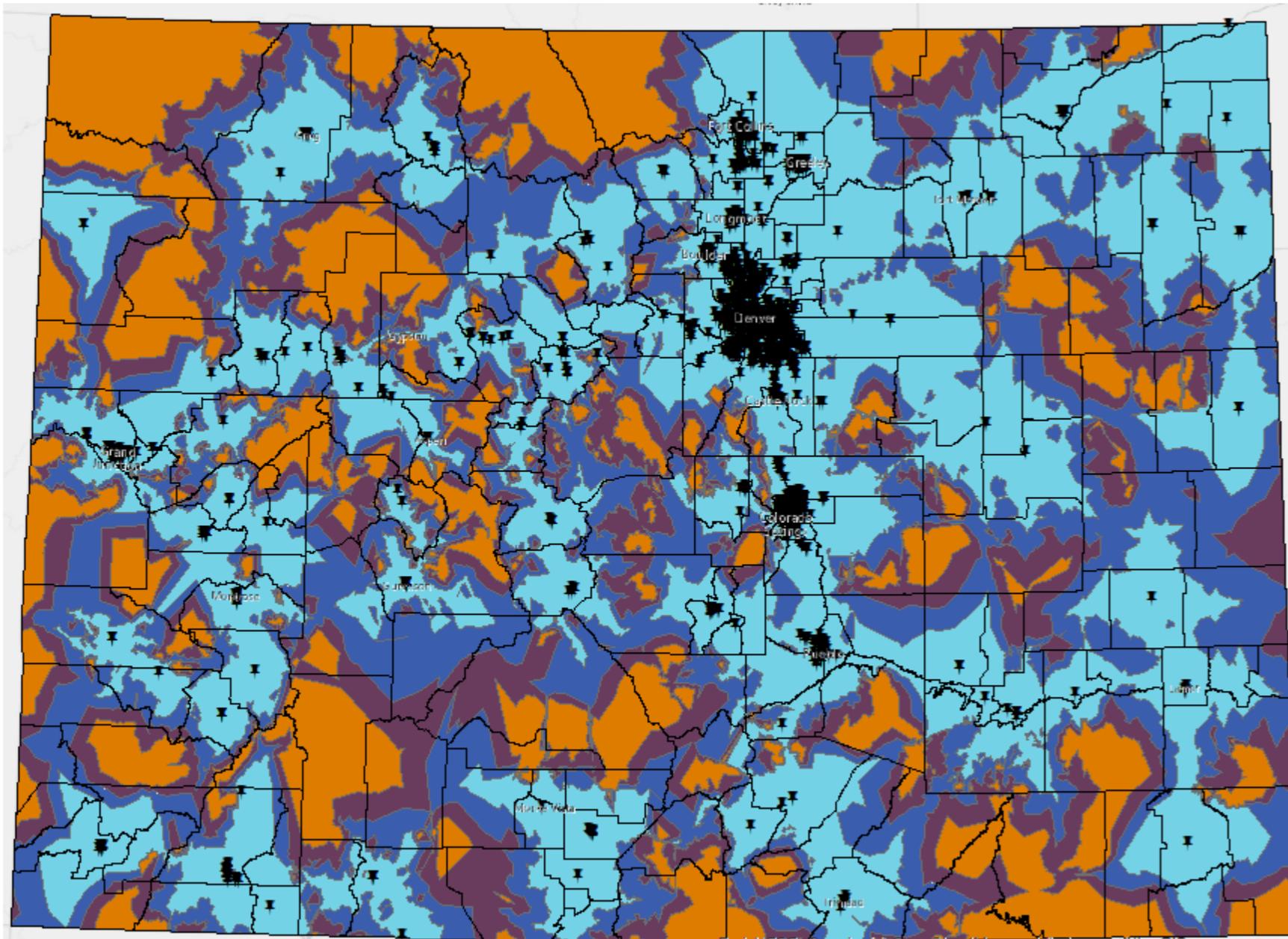
\*DRAFT - All Calculations are Preliminary

# POS - Penetration Rate by Member County



\*DRAFT - All Calculations are Preliminary

# POS - ArcGIS Map



Drive Time	Percent of Utilizers by Drive Time
0-30 Minutes	98.18%
30-45 Minutes	0.97%
45-60 Minutes	0.46%
Over an Hour	0.39%
Total	100%

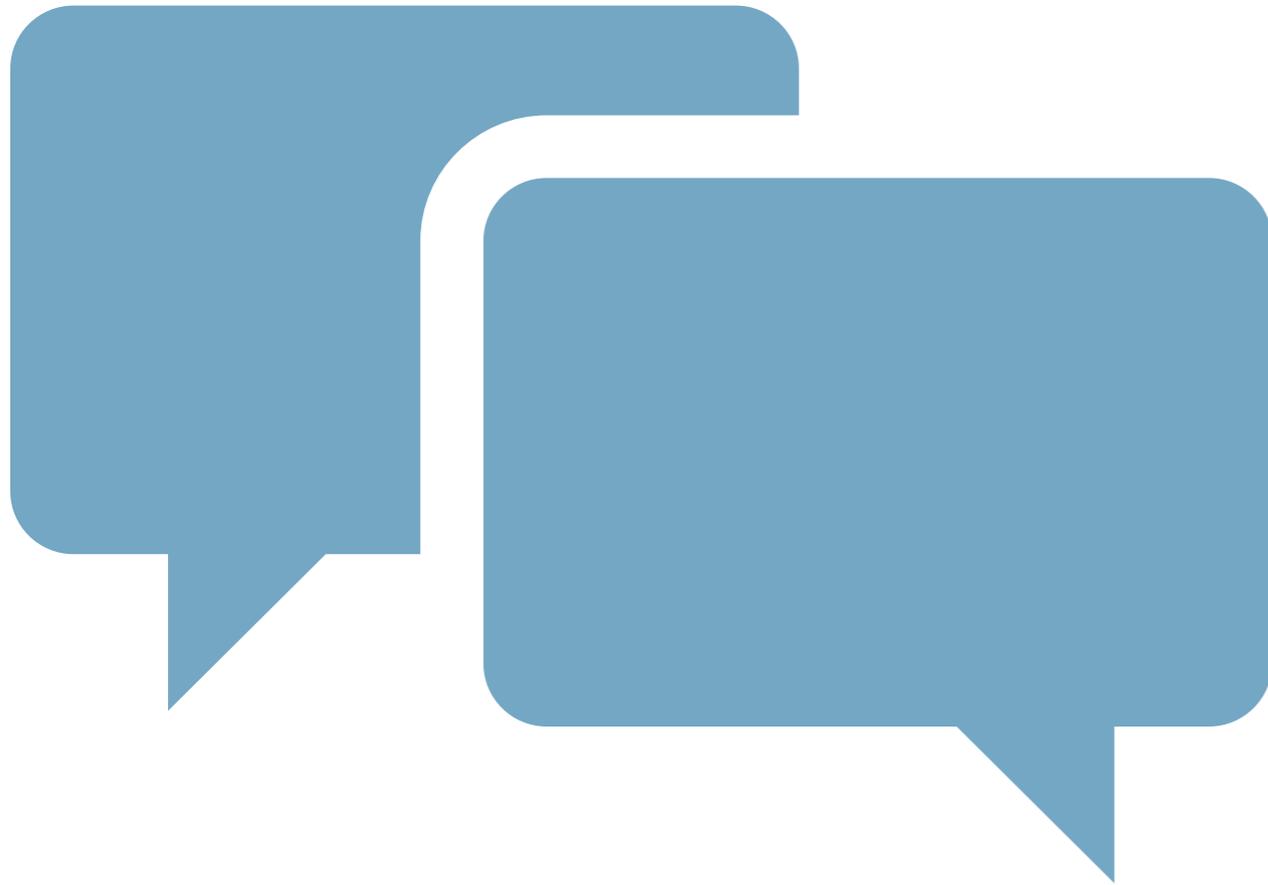
\*DRAFT - All Calculations are Preliminary



**Questions?**



# Stakeholder Comments - POS



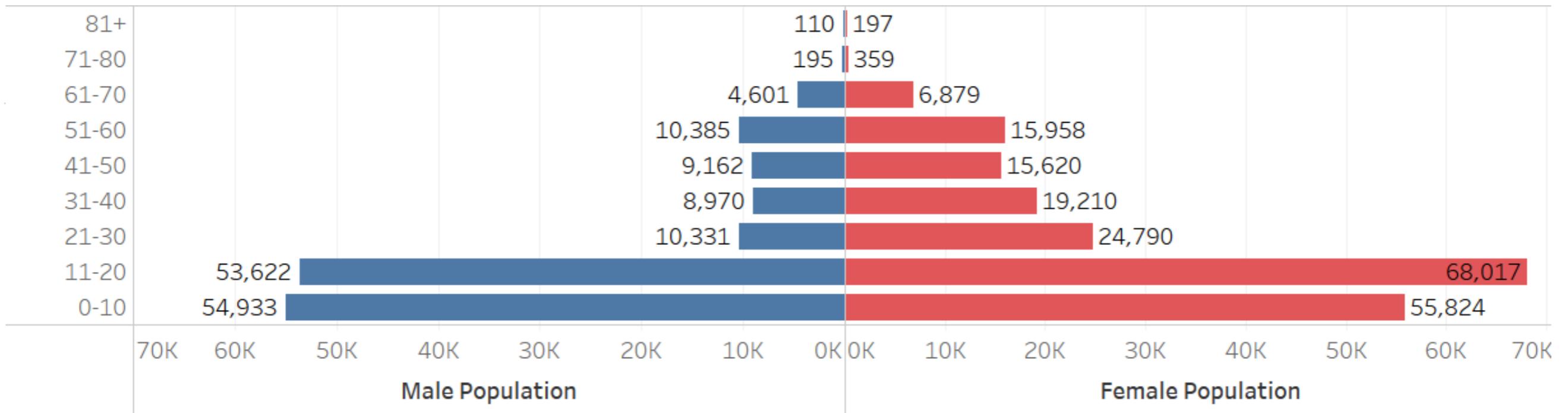
# Committee Discussion - POS

# Vision

Total Member Count	Total Provider Count	Total Paid Dollars
209,019	544	\$55,139,530

- Benefits for members ages 21 and older:
  - Annual eye examinations and follow-up appointments;
  - Eyeglasses and contact lenses are benefits following eye surgery only; and
  - Ocular prosthetics.
- Benefits for members ages 20 and younger:
  - Annual eye examinations and follow-up appointments are a benefit;
  - Eyeglasses (one or two single or multifocal vision clear plastic or polycarbonate lenses with one frame);
  - Glasses dispensed by an optician when ordered by an ophthalmologist or optometrist;
  - Replacement or repair of frames or lenses, not to exceed the cost of replacement;
  - Contact lenses (must be medically necessary); and
  - Ocular prosthetics.

# Vision Utilizer Demographics



\*DRAFT - All Calculations are Preliminary

# Vision FY 2018-19 Top Diagnosis Codes

Rank	Procedure Code	Description	Count of Utilizers
1	H5213	MYOPIA, BILATERAL	63,776
2	H5203	HYPERMETROPIA, BILATERAL	57,865
3	H52223	REGULAR ASTIGMATISM, BILATERAL	33,182
4	H538	OTHER VISUAL DISTURBANCES	4,578
5	H527	UNSPECIFIED DISORDER OF REFRACTION	3,350
6	E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	3,017
7	H524	PRESBYOPIA	2,957
8	H04123	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	2,866
9	Z0100	ENCOUNTER FOR EXAM OF EYES AND VISION W/O ABNORMAL	2,761
10	H5201	HYPERMETROPIA, RIGHT EYE	2,643

**\*DRAFT - All Calculations are Preliminary**

# Vision - Comparison Methodology

- Medicare Rate

- States previously used in comparison: AZ, CA, LA, NV, OK

- Data Exclusions

Base Dollars	Post-Exclusion Dollars	Dollars Included
\$31,530,786	\$30,754,106	97.54%

- Incurred But Not Reported (IBNR) Adjustment

Post-Exclusion Dollars	IBNR-Adjusted Dollars	Completion Factor
\$30,754,106	\$32,434,510	94.82%

\*DRAFT - All Calculations are Preliminary

# Vision Rate Comparison Results

Benchmark	FY 20 Colorado Repriced	Benchmark Repriced	Percent of Benchmark
Other States	\$33,480,795	\$41,216,125	81.2%
Medicare	\$24,390,204	\$30,112,101	81.0%
<b>Benchmark Total</b>	<b>\$57,870,999</b>	<b>\$71,328,226</b>	<b>81.1%</b>

\*DRAFT - All Calculations are Preliminary

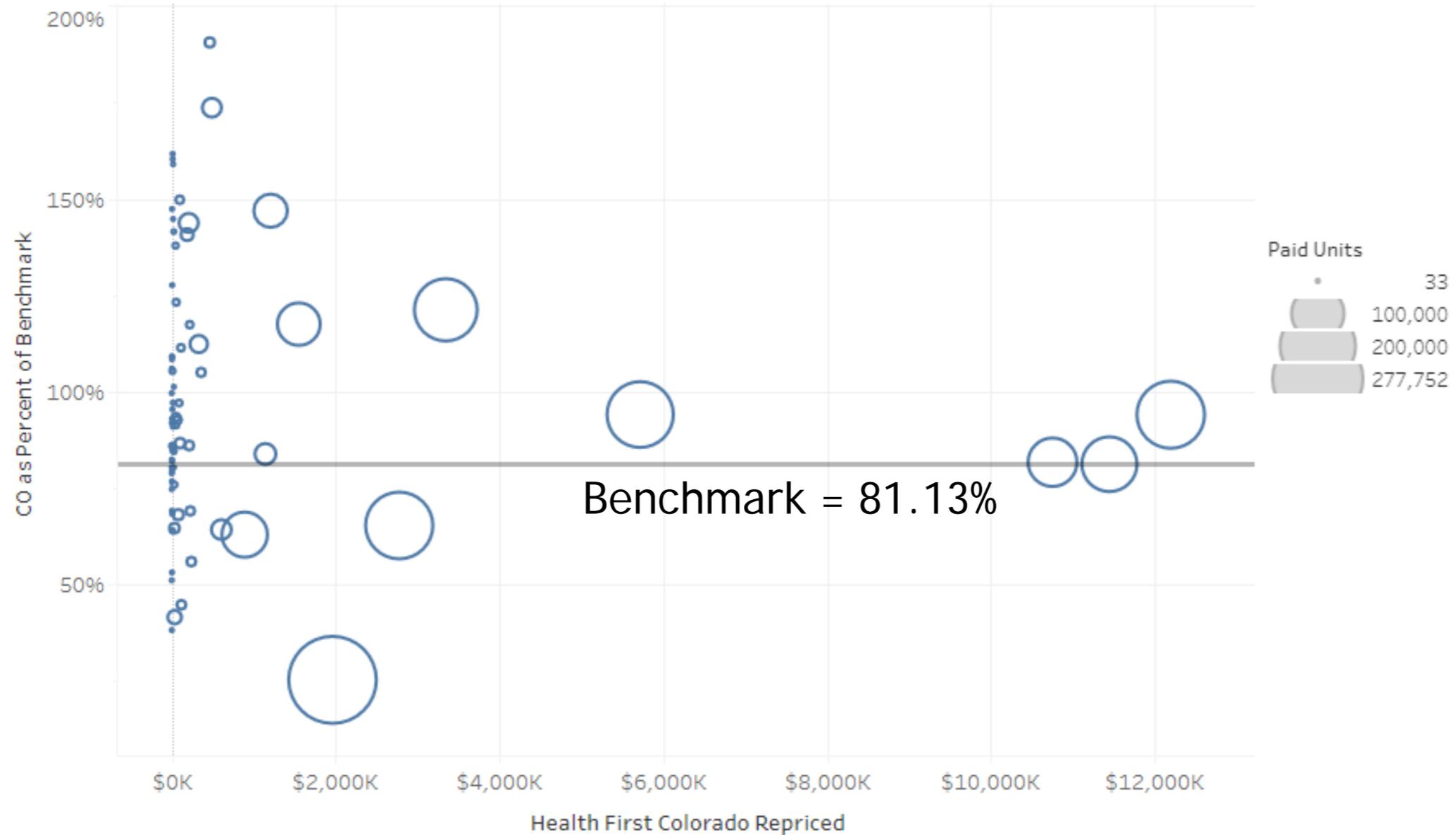
# Vision - Estimated Total Fund Impact

- Had Health First Colorado reimbursed at 100% of the benchmark in FY2018-19 it would have had an estimated total fund fiscal impact of **\$13,457,227**.

POS Comparison Results	
Colorado as a Percentage of Benchmark	81.1%
Colorado Repriced Amount	\$57,870,999
Benchmark Repriced Amount	\$71,328,226
Est. FY 2018-19 Total Fund Impact	\$13,457,227

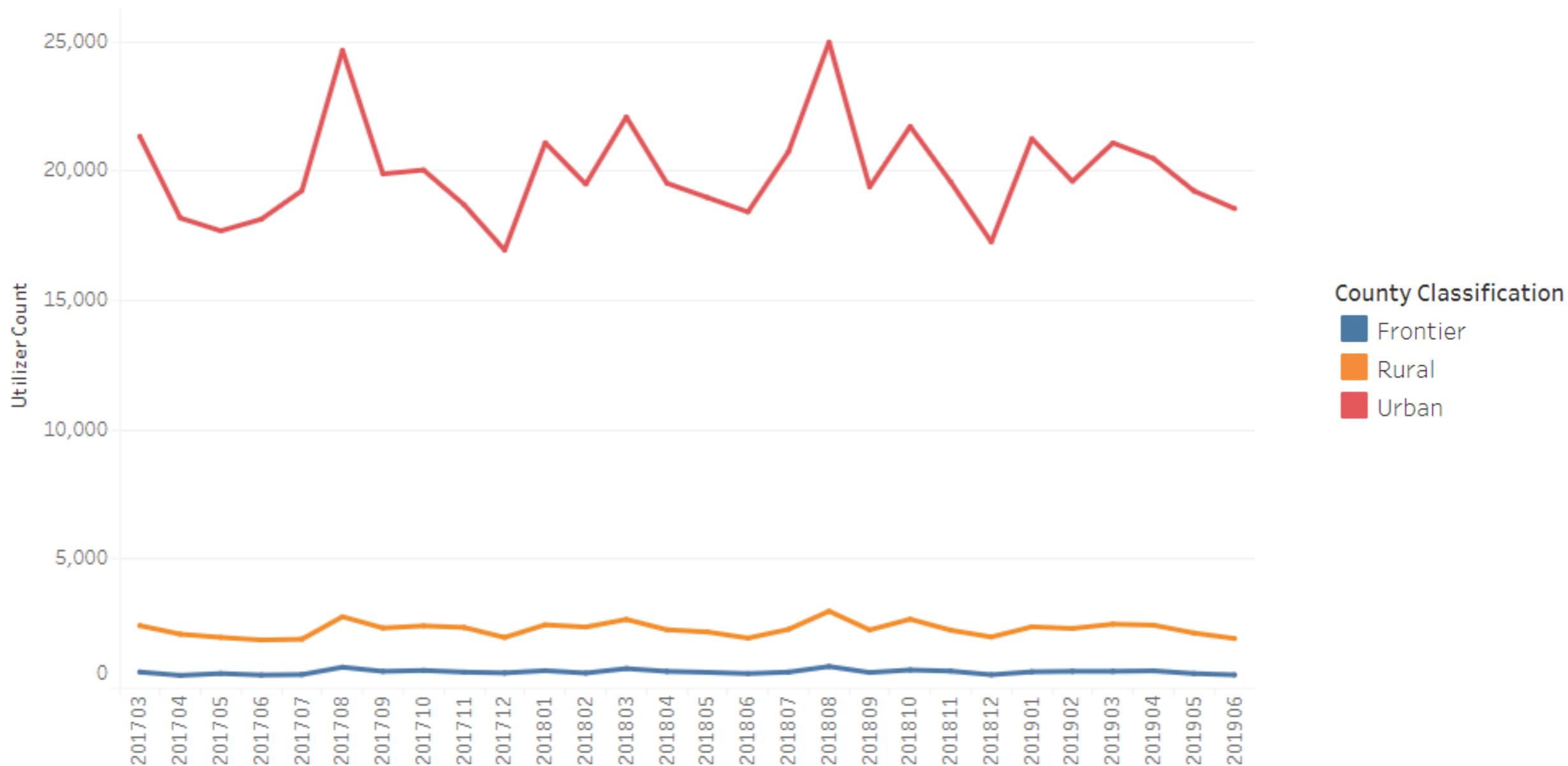
**\*DRAFT - All Calculations are Preliminary**

# Vision - Scatterplot



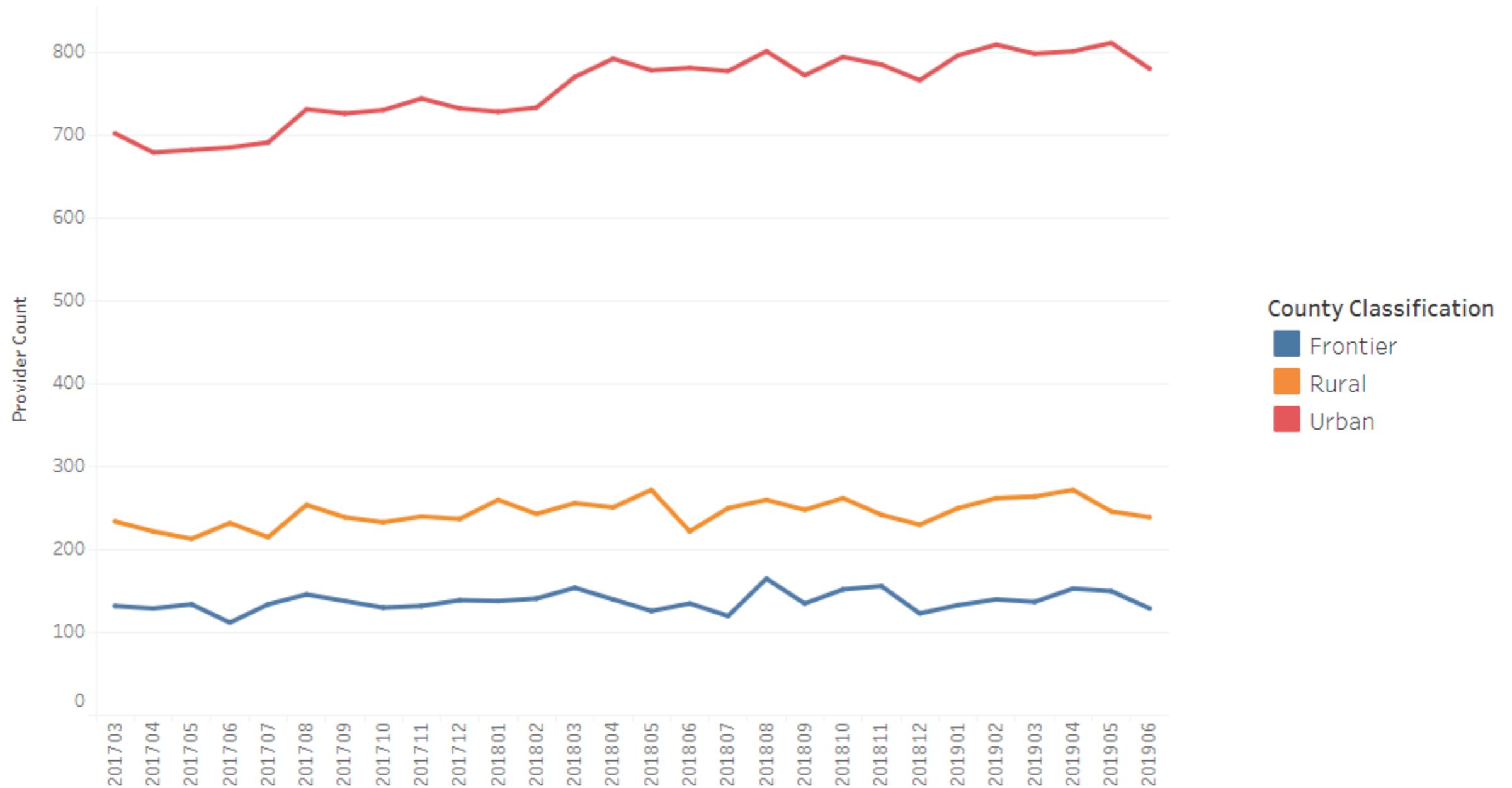
\*DRAFT - All Calculations are Preliminary

# Vision - Distinct Utilizers Over Time



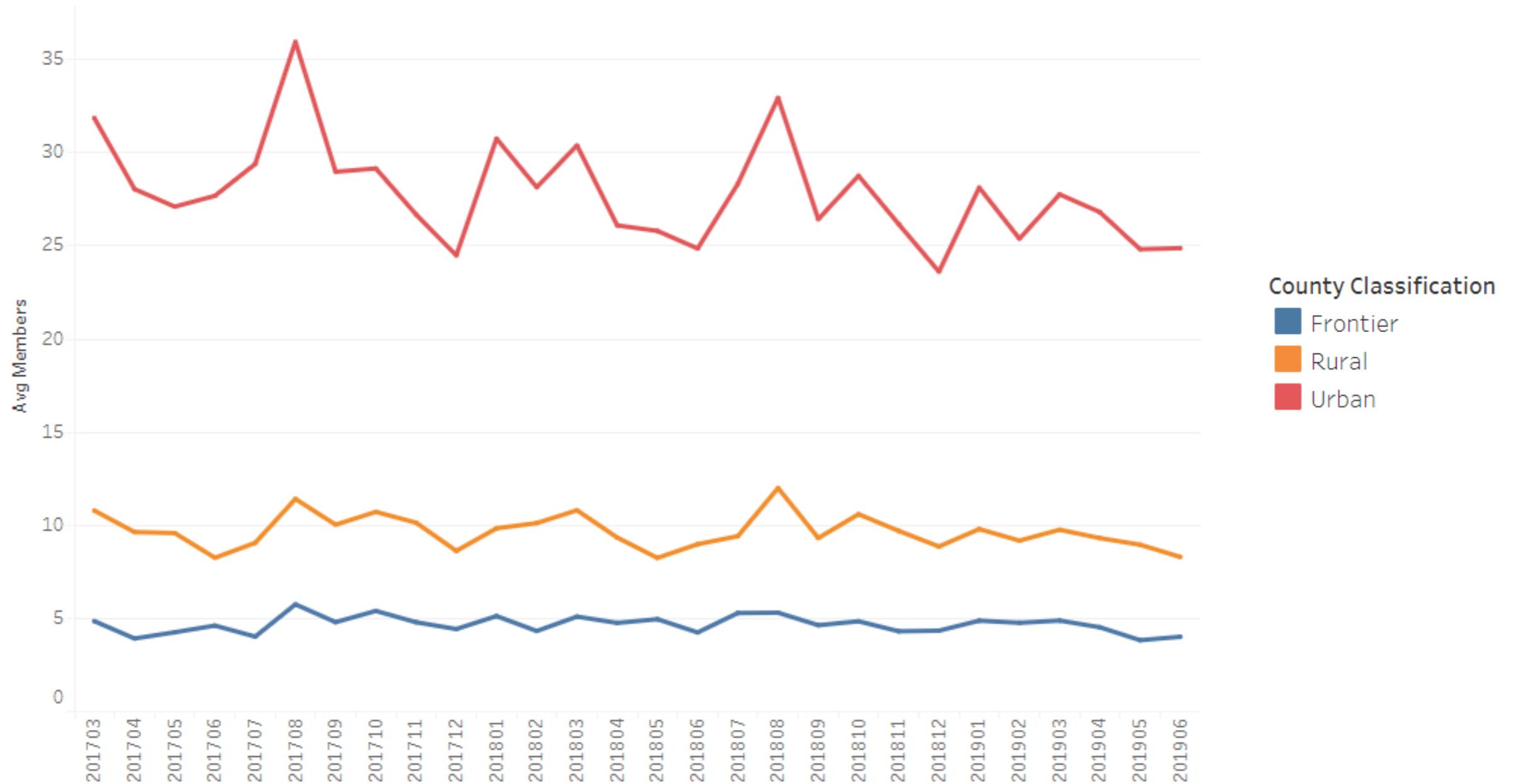
\*DRAFT - All Calculations are Preliminary

# Vision - Active Providers Over Time



\*DRAFT - All Calculations are Preliminary

# Vision - Utilizers Per Provider (Panel Size)



\*DRAFT - All Calculations are Preliminary

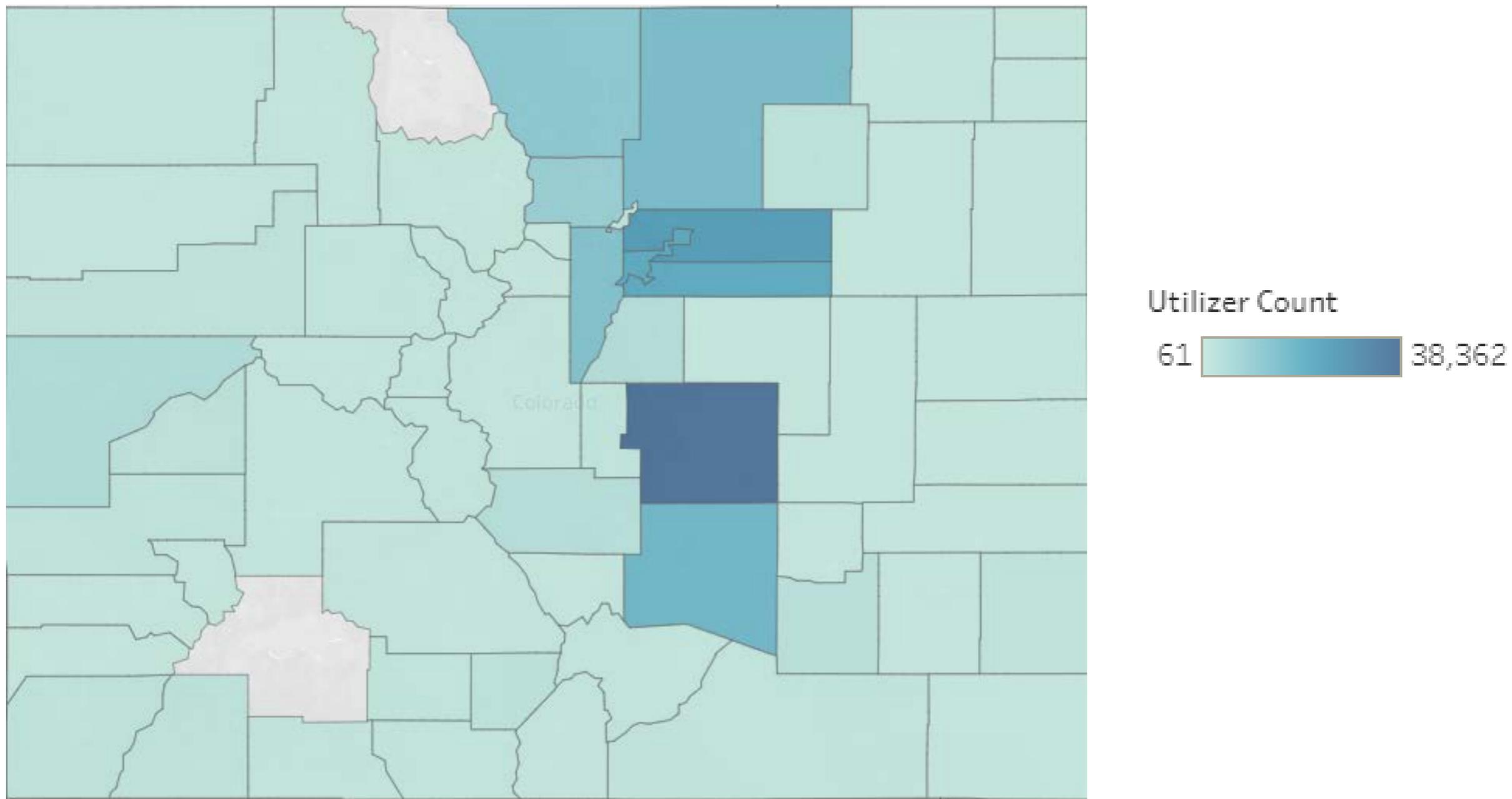
# Vision - Member to Provider Ratio

- Expressed as providers per 1,000 members
- Normalizing, or standardizing, per 1,000 members allows for comparisons across areas with large differences in population size

Region	FY2018-19 Providers	FY2018-19 Members	Providers per 1,000 Members
Frontier	437	49,881	8.76
Rural	624	190,075	3.28
Urban	1175	1,407,688	0.83
<b>Statewide</b>	<b>1,230</b>	<b>1,635,698</b>	<b>0.75</b>

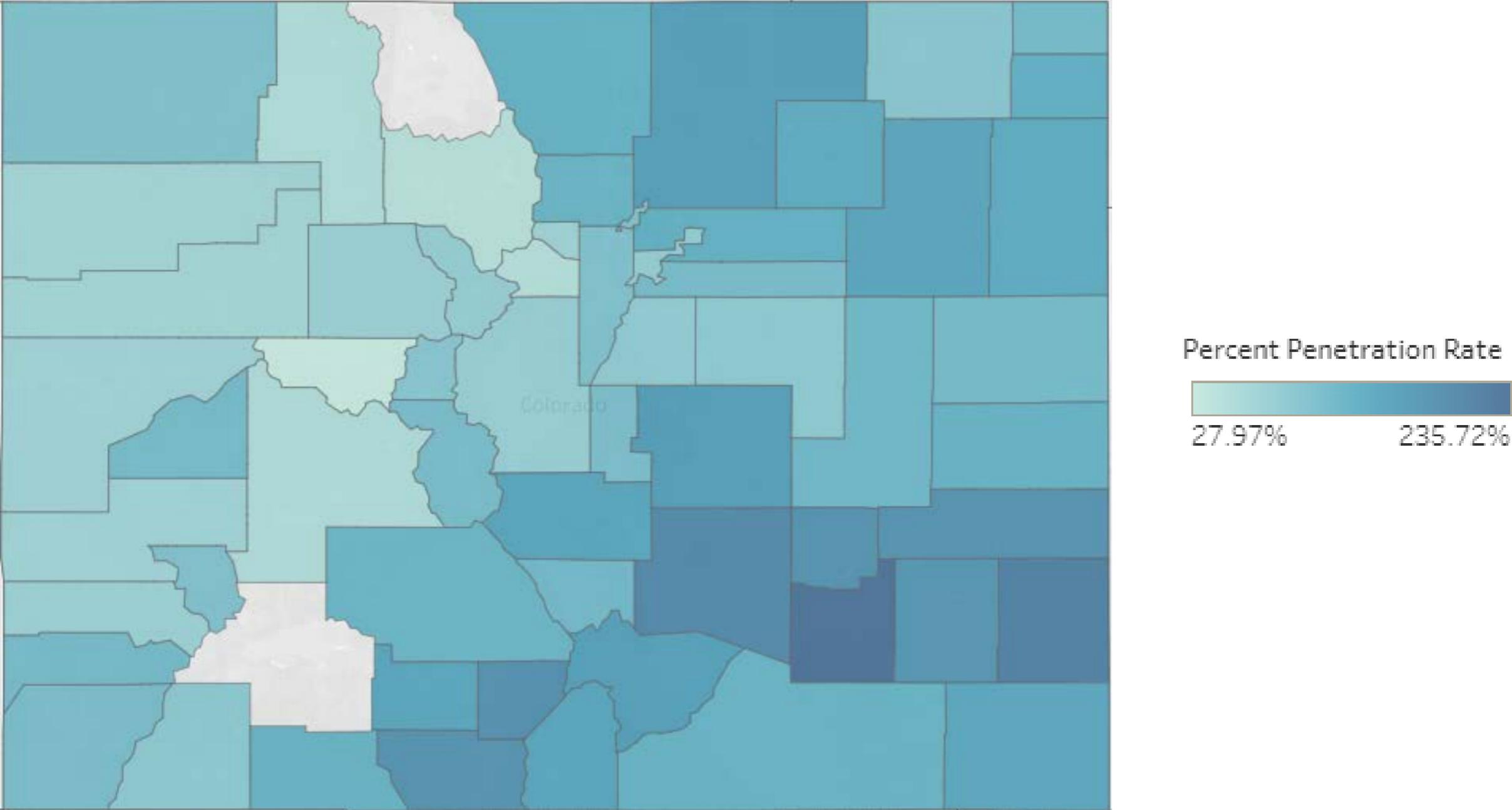
\*DRAFT - All Calculations are Preliminary

# Vision - Utilizer Density Map FY 2018-19



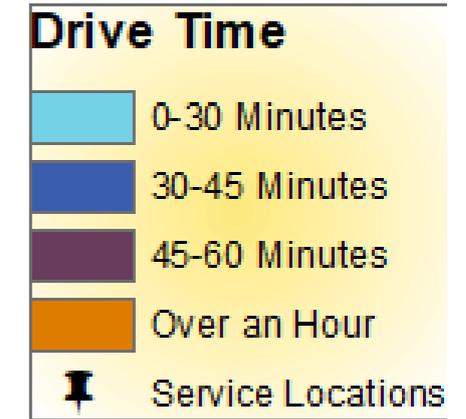
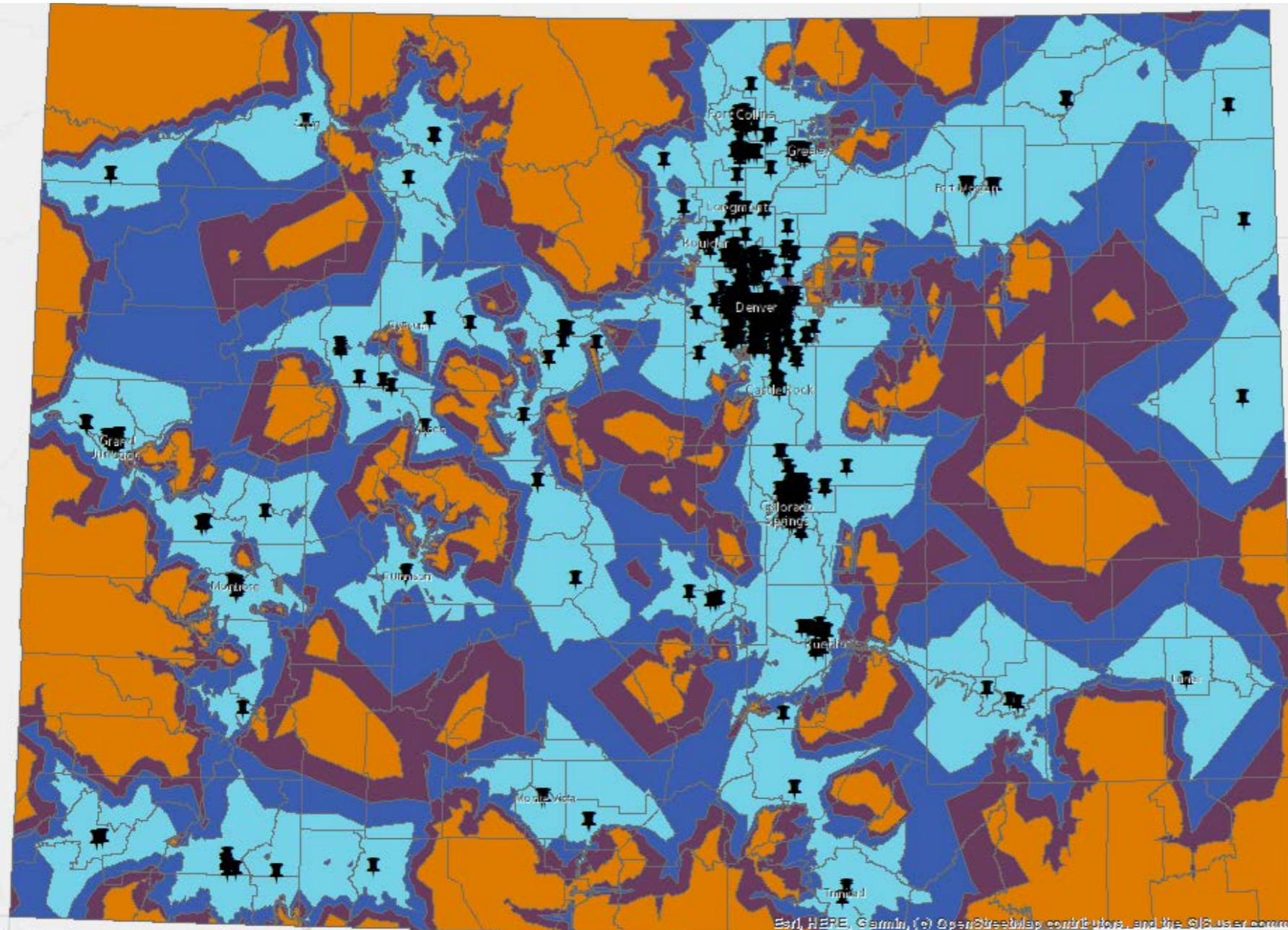
\*DRAFT - All Calculations are Preliminary

# Vision - Penetration Rate by Member County



\*DRAFT - All Calculations are Preliminary

# Vision - ArcGIS Map



Drive Time	Percent of Utilizers by Drive Time
0-30 Minutes	95.91%
30-45 Minutes	2.21%
45-60 Minutes	1.13%
Over an Hour	0.74%
<b>Total</b>	<b>100%</b>

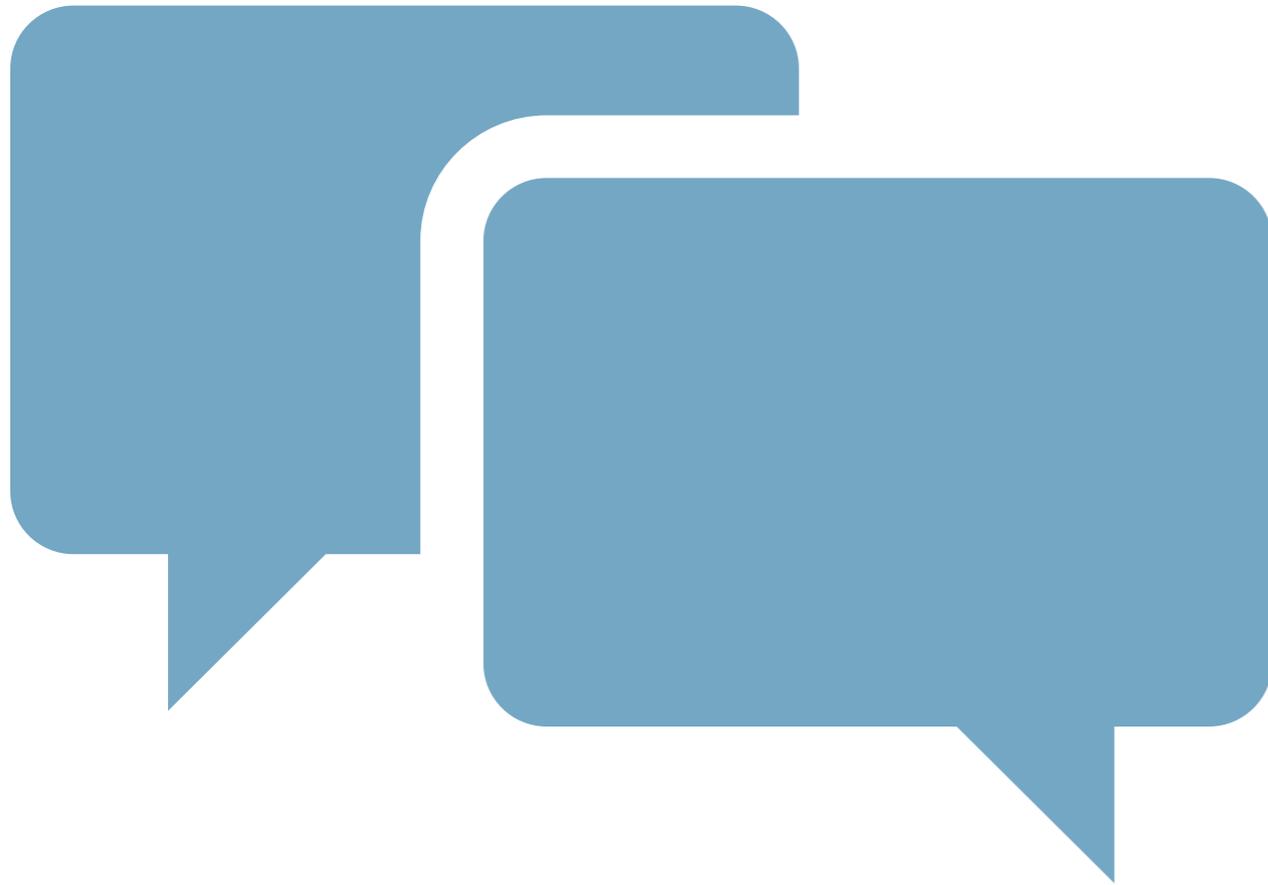
\*DRAFT - All Calculations are Preliminary



**Questions?**



# Stakeholder Comments - Vision



# Committee Discussion - Vision

# Announcements & Next Steps

- Next Meeting - June 19, 2020, 9:00 a.m.-12:00 p.m.
- 2020 Meeting Schedule:
  - September 18, 2020, 9:00 a.m.-12:00 p.m.
  - November 20, 2020, 9:00 a.m.-12:00 p.m.
- New Rate Review Process web pages!
  - URL: <https://www.colorado.gov/hcpf/rate-review>
- If you have additional comments that are not within the scope of this meeting, they can be sent to [HCPF\\_RateReview@state.co.us](mailto:HCPF_RateReview@state.co.us)

**Eloiss Hulsbrink**  
Rate Review Stakeholder Relations Specialist  
[Eloiss.Hulsbrink@state.co.us](mailto:Eloiss.Hulsbrink@state.co.us)

[HCPF\\_RateReview@state.co.us](mailto:HCPF_RateReview@state.co.us)

# Thank You!