

Medicaid Provider Rate Review Public Meeting

July 14, 2023
9:00am - 12:00pm

Presented by: HCPF & GPS



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Housekeeping

- Committee Members only - add “MPRRAC Member” to your Zoom name
- MPRRAC members serve 4 years on committee, any openings will be posted on our website
- Public Stakeholders - sign up to make public comment during your service
 - Please no repeat comments
- Identify yourself before speaking
- Do not share PHI
- Use Q&A feature for questions



Agenda

- Call to Order and Welcome
- Meeting Overview, Updates, and Minutes
- Year One Services Data Recap, New Analyses and MPRRAC Recommendations
 - Anesthesia
 - Ambulatory Surgical Centers
 - FFS Behavioral Health Services
 - Maternity Services
 - Abortion Services
 - Pediatric Behavioral Therapy
- 10-minute Break



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Agenda Continued

➤ Dental Services

➤ Surgeries

- Digestion System
- Musculoskeletal System
- Cardiovascular System
- Respiratory System
- Integumentary System
- Eye and Auditory System
- Other

- Questions and Feedback
- Next Steps and Announcements
- Adjourn



Department Updates

- **New manager:**
 - **Welcome Lingling Nie!**
- Victoria Martinez will still be a part of this process and will eventually phase out
- Hiring new analysts soon
- Section description



Friendly Reminder: Rules of Governance

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



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MPRRAC/ Department Roles

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



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Out of Scope for the MPRRAC

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



Points of Contact for MPRRAC Members

- **Rate Review Team**

- **HCPF_RateReview@state.co.us**

- Reviewing methodology
- Benchmarking
- Coding
- Analysis
- Anything else

- **Policy Subject Matter Experts (SMEs)**

- **Reach out to Rate Review team for assistance**

- Benefit policy
- Billing manual
- Benefit coverage
- Utilization management



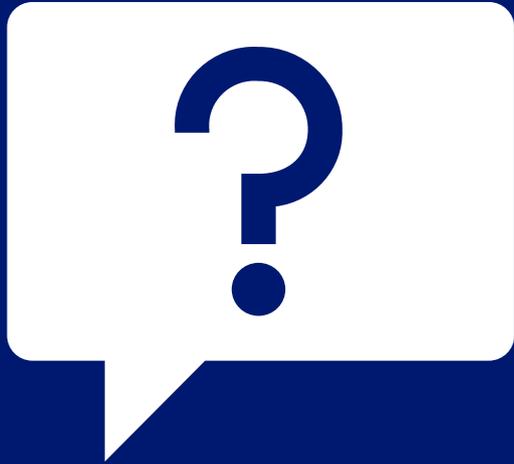
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Meeting Minutes

April 2023





Q & A



Meeting Purpose

- **BY THE END OF TODAY:**
 - The MPRRAC will have clear definitions of the recommendations being made for each service
 - The MPRRAC will reach recommendations (best method)
 - If the MPRRAC cannot come to consensus, opinions will be documented in report, and the Department will move forward with our own recommendations

- **SEPTEMBER MEETING:**
 - The MPRRAC will review the recommendations the Department has put together for accuracy
 - The MPRRAC will see a DRAFT of the Recommendation report (this will not be the final report)



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Additional Metrics for Analyses

- Suggestions from MPRRAC (*pending resources/ budget)
 - Provider-to-population ratio
 - Drive times
 - Geographic accessibility
 - Wait times
 - Patient satisfaction
 - Care coordination
 - Cultural competence
- Extra metrics will not be possible this year
- Certain metrics used last year but extra data did not influence any decisions
- Plan for next year to be discussed in November meeting



Rate Comparison Data at a Glance - RECAP

Services Rate Benchmark Comparison Results					
Service	CO as a Percent of Benchmark	Provider Participation	Service	CO as a Percent of Benchmark	Provider Participation
Anesthesia	136%	53%	Pediatric Behavioral Therapy	93.2%	85%
Ambulatory Surgical Centers	51.9%	43%	Qualified Residential Treatment Programs	N/A	43%*
Fee-for-Service Behavioral Health Services	86.1%	49%	Psychiatric Residential Treatment Facilities	N/A	43%*
Maternity Services	71.7%	79%	Dental Services	48%	Undefined
Abortion Services	Undefined	Undefined			

Table 1. Rate Benchmark Comparison & Provider Participation Results

*PRTF and Q RTP provider participation percentage were grouped together in CIVHC's analysis



Rate Comparison Data at a Glance Continued - RECAP

Surgeries Rate Benchmark Comparison Results					
Service	CO as a Percent of Benchmark	Provider Participation	Service	CO as a Percent of Benchmark	Provider Participation
Digestive System	91.4%	46%	Integumentary System	63.8%	60%
Musculoskeletal System	64.3%	53%	Eye and Auditory System	94.7%	50%
Cardiovascular System	153.3%	40%	Other Surgeries	77.9%	54%
Respiratory System	79.3%	51%			

Table 2. Surgeries Rate Benchmark Comparison & Provider Participation Results



Anesthesia - RECAP

- **Service Description:**
 - Anesthesia includes general, local, and conscious sedation done to permit the performance of medical, surgical, and radiological procedures.
- **250 Procedure Codes (248 compared to Medicare)**

Total Adjusted Expenditures FY2022	\$35,662,790
Total Members Utilizing Services in FY2022	94,532
FY2022 Over FY2021 Change in Members Utilizing Services	3.9%
Total Active Providers FY2022	1,764
FY2022 Over FY2021 Change in Active Providers	2.3%

Rate Benchmark Comparison	136%
Colorado Repriced	\$35,662,790
Medicare Repriced	\$26,225,236
Difference	\$(9,437,554)

Provider Participation: 53%



Anesthesia - New Analyses

- Top 10 codes:

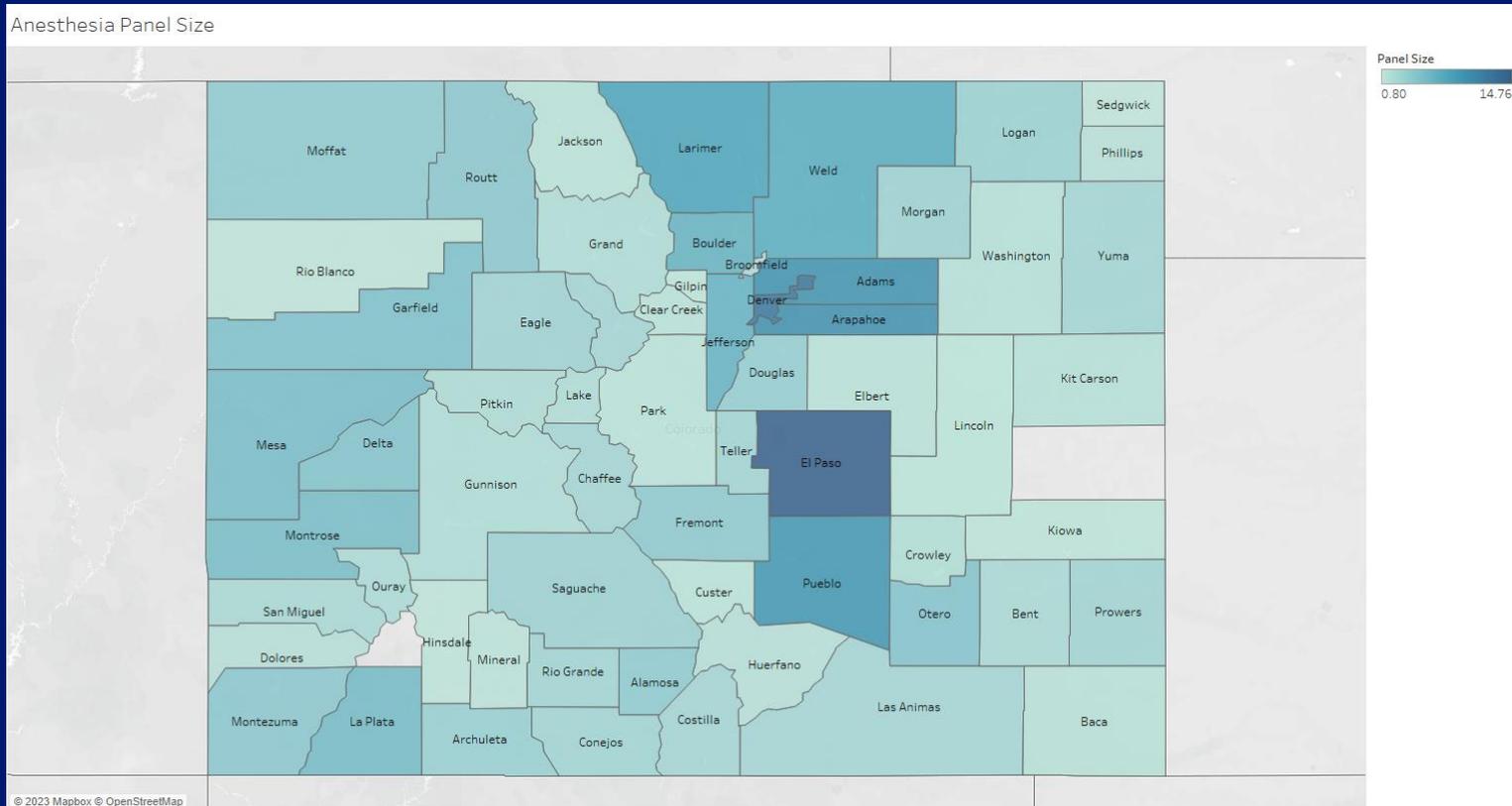
Rank	Procedure Code	Procedure Description	Paid Amount	CO Repriced	Medicare Repriced	CO as a % of Benchmark
1	00840	ANESTH SURG LOWER ABDOMEN	\$ 2,395,330	\$ 2,465,752	\$ 1,829,551	134.8%
2	01967	ANESTH/ANALG VAG DELIVERY	\$ 2,212,667	\$ 2,384,645	\$ 1,783,062	133.7%
3	00731	ANES UPR GI NDSC PX NOS	\$ 2,227,284	\$ 2,291,782	\$ 1,700,708	134.8%
4	00790	ANESTH SURG UPPER ABDOMEN	\$ 2,011,803	\$ 2,061,510	\$ 1,528,683	134.9%
5	00170	ANESTH PROCEDURE ON MOUTH	\$ 1,773,391	\$ 1,818,772	\$ 1,348,952	134.8%
6	01961	ANESTH CS DELIVERY	\$ 1,156,876	\$ 1,188,030	\$ 817,767	145.3%
7	00670	ANESTH SPINE CORD SURGERY	\$ 1,076,582	\$ 1,102,180	\$ 817,220	134.9%
8	01480	ANESTH LOWER LEG BONE SURG	\$ 983,851	\$ 1,010,285	\$ 749,495	134.8%
9	01922	ANESTH CAT OR MRI SCAN	\$ 967,917	\$ 1,000,752	\$ 743,249	134.6%
10	00811	ANES LWR INTST NDSC NOS	\$ 938,046	\$ 962,370	\$ 713,800	134.8%
Totals			\$ 15,743,749	\$ 16,286,079	\$ 12,032,486	

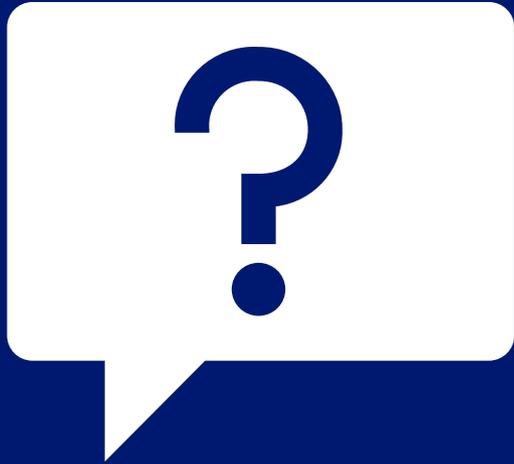
- Top 10 codes represent 45.43% of the total dollars spent on anesthesia
- No outliers
 - All codes around 135% of benchmark



Anesthesia - New Analyses

- Utilizer to Provider Ratio:





Comments Regarding Anesthesia



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MPRRAC Recommendations



Ambulatory Surgical Centers (ASCs) - RECAP

- **Service Description:**
 - ASCs are distinct entities that provide a surgical setting for members who do not require hospitalization.
- **2,686 Procedure Codes (2,424 compared to Medicare)**

Total Adjusted Expenditures FY2022	\$13,663,071
Total Members Utilizing Services in FY2022	21,890
FY2022 Over FY2021 Change in Members Utilizing Services	9.4%
Total Active Providers FY2022	305
FY2022 Over FY2021 Change in Active Providers	12.1%

Rate Benchmark Comparison	51.9%
Colorado Repriced	\$10,515,358
Medicare Repriced	\$20,265,101
Difference	\$9,749,743

Provider Participation: 43%



ASCs - New Analyses

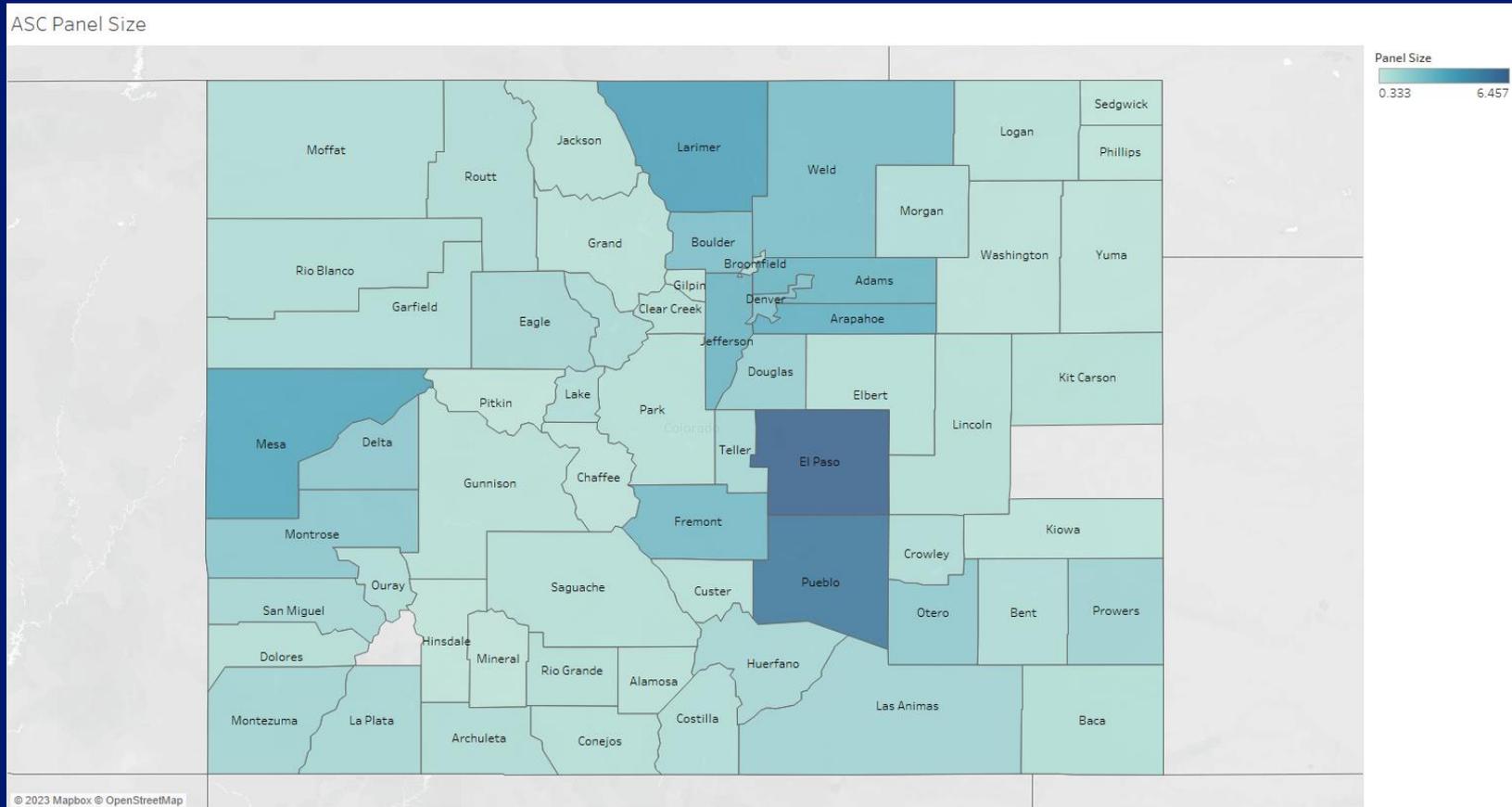
Repriced Medicare - Primary Line Only				Repriced Medicare - Multiple Procedure Discount			
Assigned Rate Type	Medicaid Repriced - TPL	Medicare Repriced	% of Benchmark	Assigned Rate Type	Medicaid Repriced - TPL	Medicare Repriced	% of Benchmark
A01	\$ 2,003,520	\$ 3,627,303	55.2%	A01	\$ 2,003,520	\$ 4,306,859	46.5%
A02	\$ 3,681,582	\$ 5,700,607	64.6%	A02	\$ 3,681,582	\$ 7,054,236	52.2%
A03	\$ 810,390	\$ 3,187,907	25.4%	A03	\$ 810,390	\$ 3,941,267	20.6%
A04	\$ 586,008	\$ 1,702,973	34.4%	A04	\$ 586,008	\$ 1,961,016	29.9%
A05	\$ 578,369	\$ 1,605,658	36.0%	A05	\$ 578,369	\$ 1,707,423	33.9%
A06	\$ 242,804	\$ 738,342	32.9%	A06	\$ 242,804	\$ 781,022	31.1%
A07	\$ 246,328	\$ 611,368	40.3%	A07	\$ 246,328	\$ 628,474	39.2%
A08	\$ 1,581,819	\$ 2,050,309	77.2%	A08	\$ 1,581,819	\$ 2,068,211	76.5%
A09	\$ 372,122	\$ 505,154	73.7%	A09	\$ 372,122	\$ 524,014	71.0%
A10	\$ 412,415	\$ 535,480	77.0%	A10	\$ 412,415	\$ 565,387	72.9%
A11	\$ -	\$ -	0.0%	A11	\$ -	\$ -	0.0%
Total	\$ 10,515,358	\$ 20,265,101	51.9%	Total	\$ 10,515,358	\$ 23,537,908	44.7%

- Medicare uses different payment methodology than CO Medicaid
 - Comparison by procedure code was not accurate representation
- To get accurate results
 - Compared payments in aggregate by ASC grouper. Payments were combined for each procedure code in grouper for Medicaid/Medicare, then Medicaid payments were divided by Medicare payments
- Discount under Medicare for multiple procedure done at the same time - box on right shows this



ASC - New Analyses

- Utilizer to Provider Ratio:



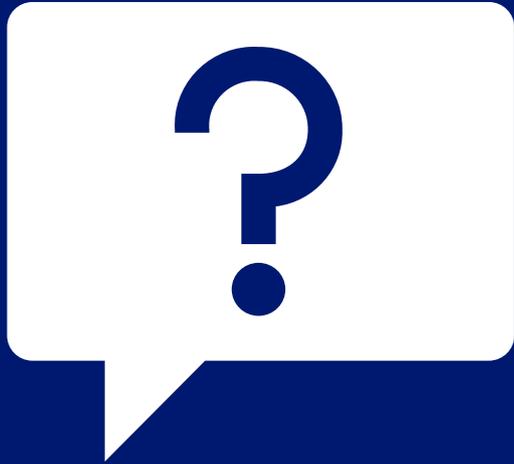


Comments Regarding ASCs



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MPRRAC Recommendations



Fee-for-Service (FFS) Behavioral Health Services - RECAP

•Service Description:

- The Department pays for a small number of behavioral health services directly (FFS), outside of the Capitated Behavioral Health Benefit. These outpatient mental health and substance use disorder services are not reimbursed by Regional Accountable Entities (RAEs) due to a diagnosis not covered by the RAE, such as autism; for procedures not covered by the RAE, such as developmental testing; or for the member not being enrolled in a RAE, such as QMB/SLMB eligibility or members in between attribution spans.
 - Additionally, the Short Term Behavioral Health Visit benefit is reimbursed FFS. It is limited to six visits per member per year.
 - Only FFS behavioral health rates are included in the analysis.
-
- 18 Procedure Codes (12 compared to Medicare)



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FFS Behavioral Health Services - RECAP

Total Adjusted Expenditures FY2022	\$38,693,668
Total Members Utilizing Services in FY2022	137,635
FY2022 Over FY2021 Change in Members Utilizing Services	7.8%
Total Active Providers FY2022	3,772
FY2022 Over FY2021 Change in Active Providers	12.8%

Rate Benchmark Comparison	86.1%
Colorado Repriced	\$38,693,668
Medicare Repriced	\$44,843,530
Difference	\$6,149,862

Provider Participation: 49%



FFS Behavioral Health Services - New Analyses

- Top 10 codes:

Rank	Procedure Code	Procedure Description	Paid Amount	CO Repriced	Medicare Repriced	CO as a % of Benchmark
1	90833	PSYTX W PT W E/M 30 MIN	\$ 18,148,854	\$ 17,308,978	\$ 20,698,093	83.6%
2	90837	PSYTX W PT 60 MINUTES	\$ 9,999,603	\$ 10,641,093	\$ 12,150,517	87.6%
3	90791	PSYCH DIAGNOSTIC EVALUATION	\$ 4,027,158	\$ 4,206,659	\$ 4,834,745	87.0%
4	90836	PSYTX W PT W E/M 45 MIN	\$ 1,838,048	\$ 1,787,095	\$ 2,133,177	83.8%
5	90834	PSYTX W PT 45 MINUTES	\$ 1,227,566	\$ 1,232,994	\$ 1,480,446	83.3%
6	90832	PSYTX W PT 30 MINUTES	\$ 704,144	\$ 708,395	\$ 848,615	83.5%
7	90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 647,718	\$ 663,288	\$ 790,667	83.9%
8	96116	NUBHVL XM PHYS/QHP 1ST HR	\$ 405,094	\$ 414,183	\$ 373,550	110.9%
9	96127	BRIEF EMOTIONAL/BEHAV ASSMT	\$ 306,406	\$ 412,210	\$ 105,557	390.5%
10	90838	PSYTX W PT W E/M 60 MIN	\$ 385,896	\$ 379,548	\$ 450,064	84.3%
Totals			\$ 37,690,487	\$ 37,754,445	\$ 43,865,430	

- Top 10 codes represent 98.72% of the total dollars spent on FFS BH

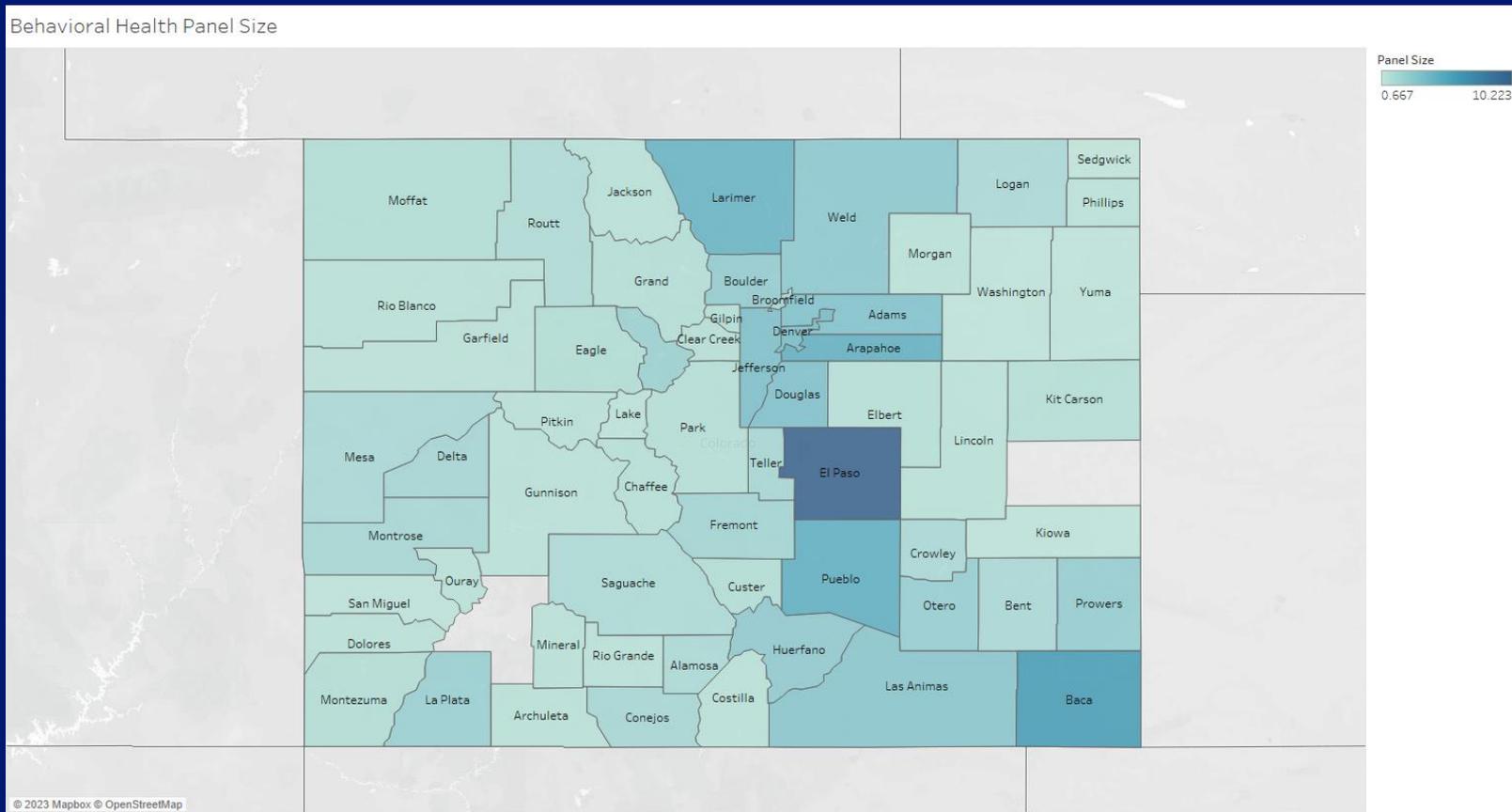
- 1 Outlier:

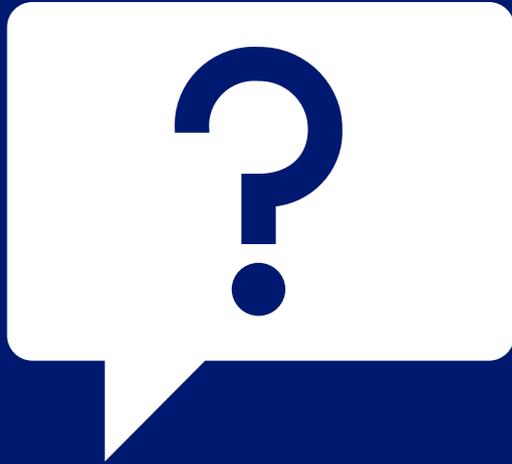
Procedure Code	Procedure Description	Paid Amount	CO Repriced	Medicare Repriced	CO as a % of Benchmark
96127	BRIEF EMOTIONAL/BEHAV ASSMT	\$ 306,406	\$ 412,210	\$ 105,557	390.5%



FFS Behavioral Health - New Analyses

- Utilizer to Provider Ratio:



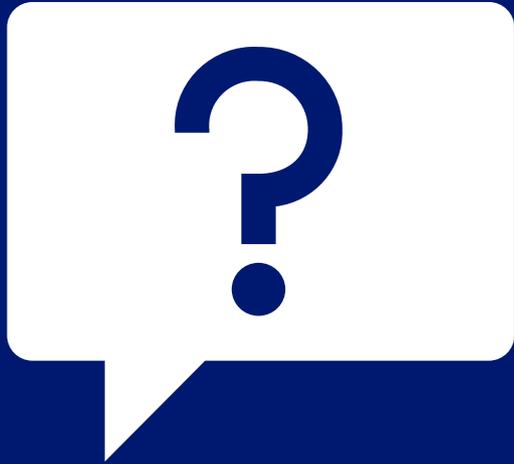


Comments Regarding FFS Behavioral Health Services



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MPRRAC Recommendations



Maternity Services - RECAP

- Service Description:

- Maternity services are any medically necessary pregnancy related service covered during the obstetrical period, beginning on the date of the initial visit in which pregnancy was confirmed and extending through the end of the postpartum period (generally considered ~60 days following delivery). Most maternity related services are reimbursed utilizing global maternity codes for services (including antepartum care, labor and delivery, and postpartum care) that are provided during the maternity period for uncomplicated pregnancies. Normal antepartum care includes monthly visits up to 28 weeks gestation, biweekly visits to 36 weeks gestation and weekly visits until delivery. Maternity care for High-Risk Pregnancies and/or Complications of Pregnancy, where patients at risk are seen more frequently during the prenatal period or for other medical/surgical intervention, are usually billed outside of the normal global OB package for these specific services. Any additional medically necessary visits are usually reported separately with billing codes selected to represent the appropriate level of Evaluation and Management services, as well as billed for separately identified services, such as for other medically necessary laboratory or radiologic tests performed.

- 45 Procedure Codes (43 compared to Medicare)



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Maternity Services - RECAP

Total Adjusted Expenditures FY2022	\$26,819,048
Total Members Utilizing Services in FY2022	23,026
FY2022 Over FY2021 Change in Members Utilizing Services	.15%
Total Active Providers FY2022	1,382
FY2022 Over FY2021 Change in Active Providers	3.4%

Rate Benchmark Comparison	71.7%
Colorado Repriced	\$26,819,048
Medicare Repriced	\$37,394,267
Difference	\$10,575,219

Provider Participation: 79%



Maternity Services - New Analyses

- Top 10 codes:

Rank	Procedure Code	Procedure Description	Paid Amount	CO Repriced	Medicare Repriced	CO as a % of Benchmark
1	59400	OBSTETRICAL CARE	\$ 12,479,676	\$ 12,738,896	\$ 18,986,138	67.1%
2	59510	CESAREAN DELIVERY	\$ 4,647,210	\$ 4,741,574	\$ 6,869,556	69.0%
3	59514	CESAREAN DELIVERY ONLY	\$ 1,486,595	\$ 3,151,485	\$ 3,150,610	100.0%
4	59409	OBSTETRICAL CARE	\$ 2,655,255	\$ 2,726,252	\$ 2,834,141	96.2%
5	59410	OBSTETRICAL CARE	\$ 674,149	\$ 687,735	\$ 827,240	83.1%
6	59610	VBAC DELIVERY	\$ 484,273	\$ 494,065	\$ 712,035	69.4%
7	59426	ANTEPARTUM CARE ONLY	\$ 461,080	\$ 470,316	\$ 723,609	65.0%
8	59515	CESAREAN DELIVERY	\$ 390,686	\$ 398,618	\$ 471,432	84.6%
9	59025	FETAL NON-STRESS TEST	\$ 820,602	\$ 259,377	\$ 1,231,293	21.1%
10	59425	ANTEPARTUM CARE ONLY	\$ 244,946	\$ 249,843	\$ 376,391	66.4%

- Top 10 codes represent 97.62% of the total dollars spent on Maternity

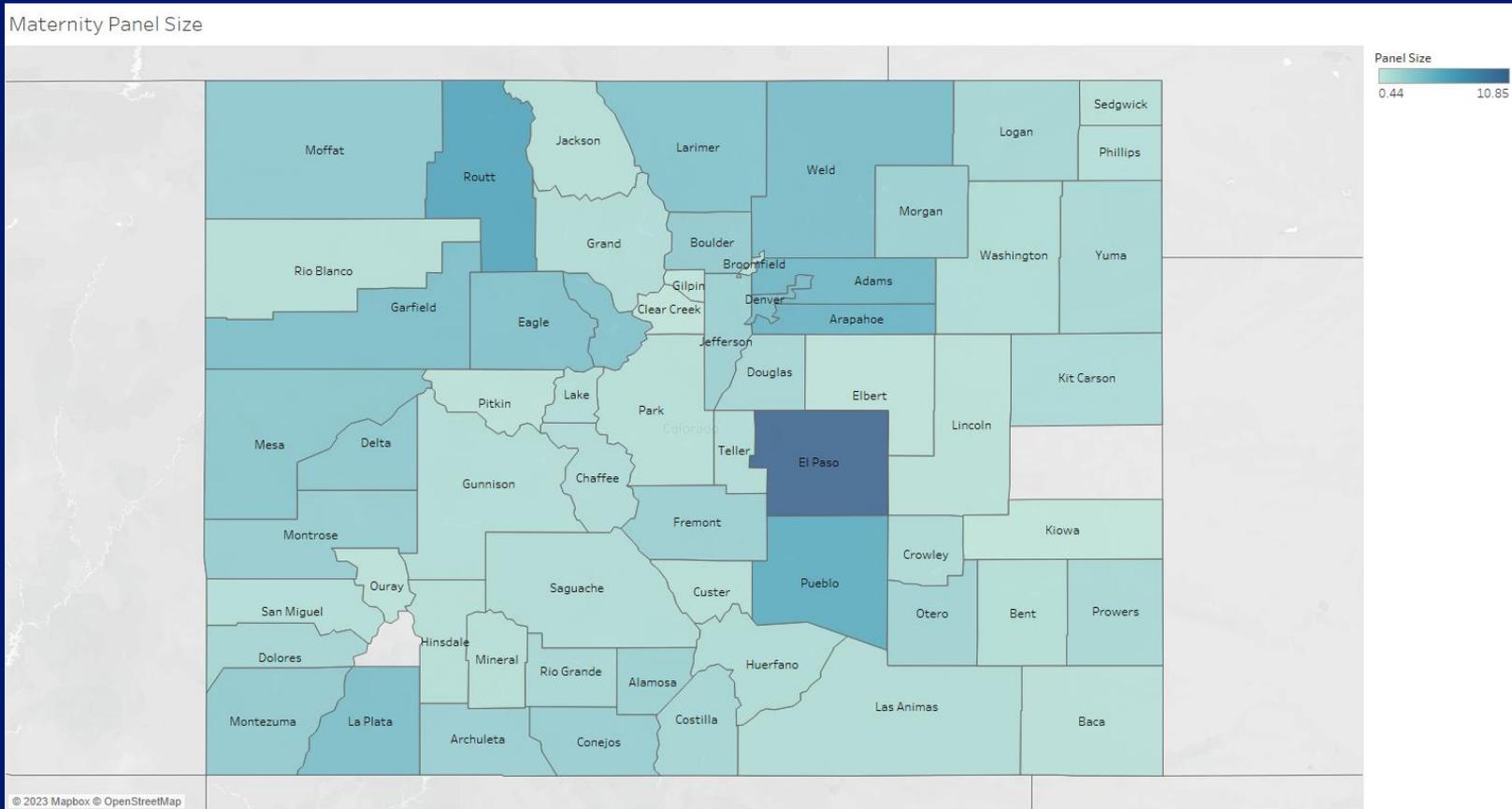
- 6 Outliers:

Procedure Code	Procedure Description	Paid Amount	CO Repriced	Medicare Repriced	CO as a % of Benchmark
59025	FETAL NON-STRESS TEST	\$ 820,602	\$ 259,377	\$ 1,231,293	21.1%
59130	TREAT ECTOPIC PREGNANCY	PHI	PHI	PHI	53.2%
59160	D & C AFTER DELIVERY	\$ 36,154	\$ 42,073	\$ 78,728	53.4%
59300	EPISIOTOMY OR VAGINAL REPAIR	\$ 7,242	\$ 8,294	\$ 15,472	53.6%
59430	CARE AFTER DELIVERY	\$ 54,158	\$ 55,705	\$ 99,243	56.1%
59870	EVACUATE MOLE OF UTERUS	PHI	PHI	PHI	58.9%



Maternity Services - New Analyses

- Utilizer to Provider Ratio:



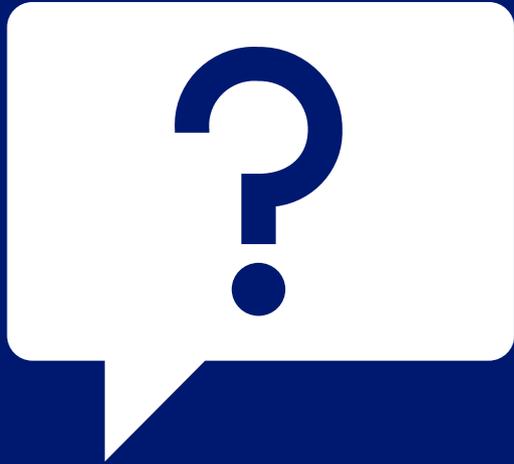


Comments Regarding Maternity Services



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MPRRAC Recommendations



Abortion Services - RECAP

- Service Description:
 - Per Federal/State guidelines, Health First Colorado covers abortion services if one of the three following circumstances exists: 1. A life-endangering condition for the pregnant individual and under situations of 2. Rape, or 3. Incest.
- Last Review:
 - Abortion Services have not been formally reviewed as a separate service. Most codes from this category are also used for other reproductive healthcare services, so it has historically been reviewed as a part of Maternity Services.
 - The below codes had no utilization:
 - 59841
 - 59850
 - 59851
 - 59852
 - 59855
 - 59856
 - 59857
- 1 Procedure Code (compared to Medicare)



Abortion Services - RECAP

Provider Participation: undefined due to utilization

**Due to having less than 30 claims,
we cannot share information due to PHI**

**Colorado Medicaid Rate: \$198.76
Medicare Non-Facility Rate: \$259.05**



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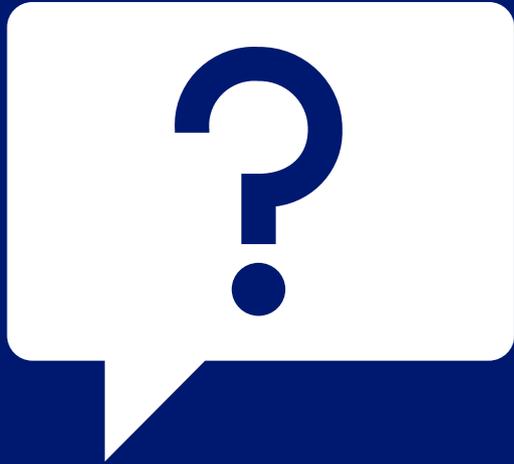


Comments Regarding Abortion Services



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MPRRAC Recommendations



Pediatric Behavioral Therapy (PBT) - RECAP

- Service Description:

- PBT services consist of adaptive behavior treatment services, as well as evaluation and assessment services, for children ages 0-20. PBT services are covered by the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. This benefit was created as a benefit through EPSDT in January 2018, after being removed as a waiver service. These services are provided both in home and clinical settings.

- 6 Procedure Codes/ Modifier Combinations

- 5 compared to the average of 7 other states' Medicaid rates (Florida, Louisiana, North Carolina, Nevada, Texas, Utah, Washington)



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PBT - RECAP

Total Adjusted Expenditures FY2022	\$127,357,636
Total Members Utilizing Services in FY2022	5,528
FY2022 Over FY2021 Change in Members Utilizing Services	20.5%
Total Active Providers FY2022	820
FY2022 Over FY2021 Change in Active Providers	25.6%

Rate Benchmark Comparison	93.2%
Colorado Repriced	\$128,780,367
Other States Repriced	\$138,221,516
Difference	\$9,441,149

Provider Participation: 85%



PBT - New Analyses

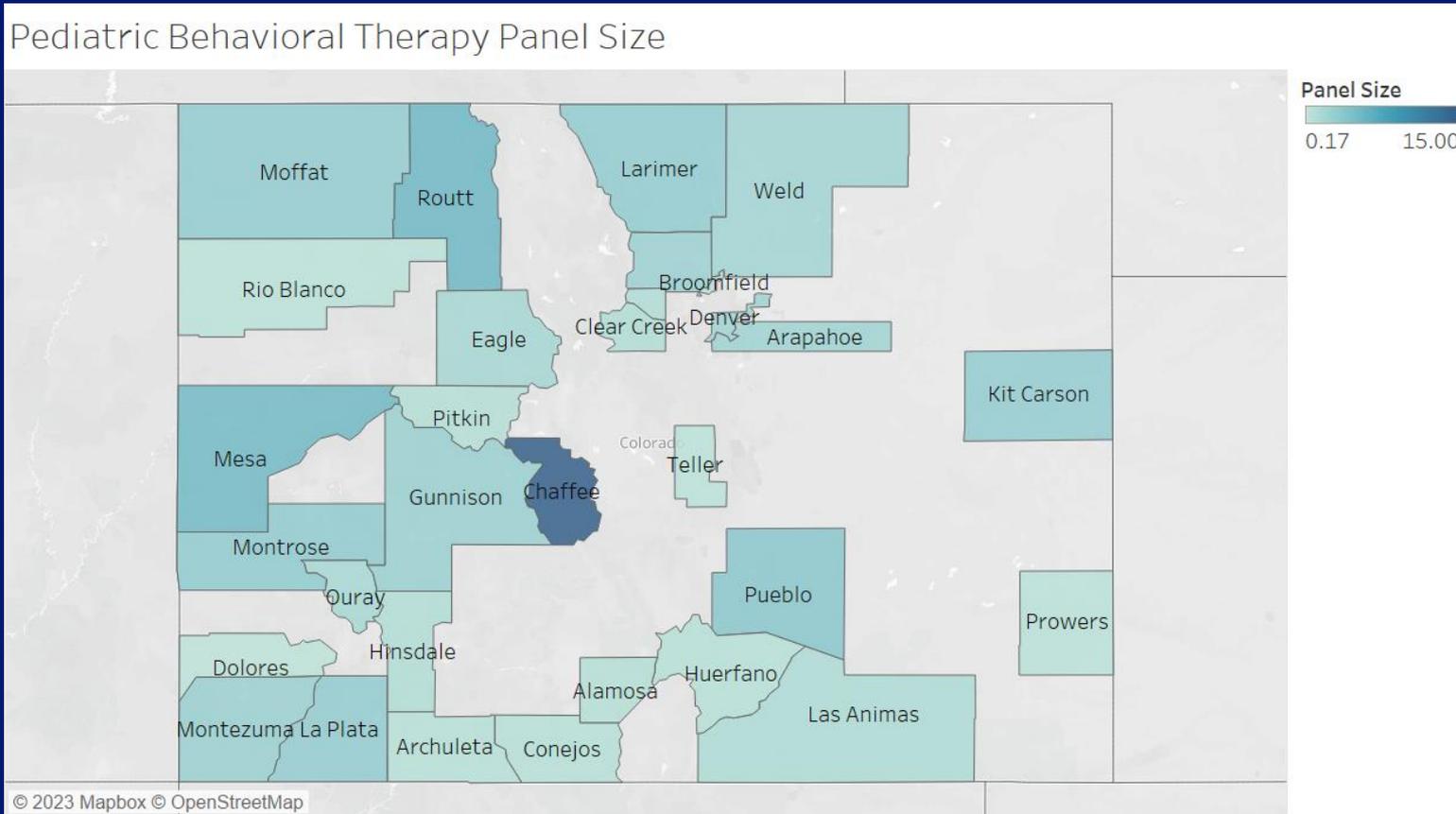
- Procedure codes/ Modifiers compared to other states and TriCare:

Procedure Code	Modifier	Procedure Description	CO HealthFirst	FL	LA	NC	NV	TX	UT	WA	Other States Average	TriCare Rates
97151		BHV ID ASSMT BY PHYS/QHP	\$ 321.30									
97151	TJ	BHV ID ASSMT BY PHYS/QHP	\$ 37.70	\$ 19.05	\$ 25.00	\$ 26.56	\$ 17.54	\$ 24.71	\$ 20.00	\$ 16.67	\$ 21.75	\$ 36.62
97153		ADAPTIVE BEHAVIOR TX BY TECH	\$ 13.97	\$ 12.19	\$ 12.50	\$ 18.09	\$ 30.10	\$ 11.25	\$ 9.38	\$ 11.00	\$ 15.39	\$ 24.10
97154		GRP ADAPT BHV TX BY TECH	\$ 7.00	\$ 7.58	\$ 4.50	\$ 9.88	\$ 7.14	\$ 1.88	\$ 7.04	\$ 11.00	\$ 6.91	
97155		ADAPT BEHAVIOR TX PHYS/QHP	\$ 21.80	\$ 19.05	\$ 22.50	\$ 28.00	\$ 30.10	\$ 21.06	\$ 22.00	\$ 12.50	\$ 22.69	\$ 28.90
97158		GRP ADAPT BHV TX BY PHY/QHP	\$ 10.89	\$ 9.58	\$ 10.00		\$ 14.28	\$ 2.81	\$ 22.00	\$ 11.00	\$ 12.02	\$ 6.87



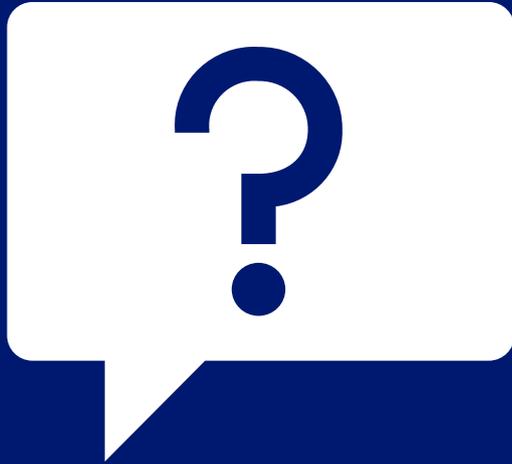
PBT - New Analyses

- Utilizer to Provider Ratio:



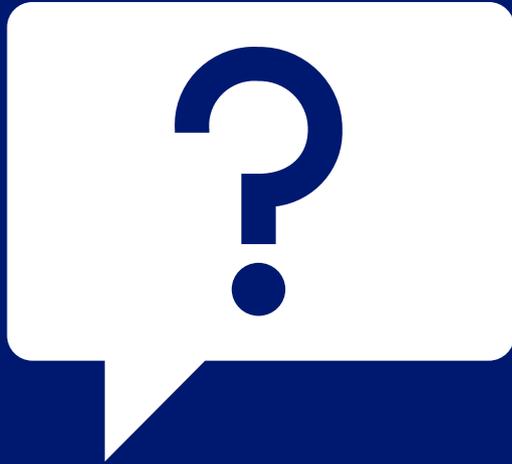
PBT - Next Steps

- Department taking holistic approach & working with COABA and other providers



Comments Regarding PBT Services





MPRRAC Recommendations



10-Minute Break



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Dental Services - RECAP

- Service Description:

- Colorado Medicaid covered dental services for children; Colorado Medicaid began covering dental services for adults in 2013. The adult dental benefit provides eligible Colorado Medicaid members up to \$1,500 in dental services per state fiscal year. Colorado Medicaid partners with DentaQuest, which operates as an Administrative Services Only organization (ASO), to help members find a dental provider and manage dental benefits.

- 466 Procedure Codes

- 177 compared to ADA Survey (40% of codes were compared to ADA Survey)
- 289 with no comparable ADA Survey rate

<https://hcpf.colorado.gov/sites/hcpf/files/Health%20First%20Colorado%20Dental%20Annual%20Report%20FY22.pdf>



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Dental Services- RECAP

Total Adjusted Expenditures FY2022	\$349,409,091
Total Members Utilizing Services in FY2022	595,541
FY2022 Over FY2021 Change in Members Utilizing Services	16.4%
Total Active Providers FY2022	2,026
FY2022 Over FY2021 Change in Active Providers	6.6%

Rate Benchmark Comparison	48%
Colorado Repriced	Undefined due to lack of claims data
Medicare Repriced	Undefined due to lack of claims data
Difference	Undefined due to lack of claims data

Provider Participation: Undefined

<https://hcpf.colorado.gov/sites/hcpf/files/Health%20First%20Colorado%20Dental%20Annual%20Report%20FY22.pdf>



Dental Services - New Analyses

- 24 Outliers:

CDT Procedure Code	Procedure Code Description	CO Medicaid Rate	Benchmark Rate (ADA Dental Fee Survey)	CO as a % of Benchmark
D1354	Interim Caries Arresting Medicament Application, Per Tooth	\$5.71	\$54.53	10.5%
D0190	Screening of a patient	\$17.02	\$61.14	27.8%
D1208	Topical application of fluoride - excluding varnish	\$11.66	\$39.89	29.2%
D2710	Crown, Resin-based composite (indirect)	\$245.25	\$826.53	29.7%
D4212	Gingivectomy/plasty rest	\$73.51	\$235.76	31.2%
D5650	Add Tooth to Existing Partial Denture	\$76.01	\$234.11	32.5%
D3222	Part pulp for apexogenesis	\$88.58	\$259.23	34.2%
D2799	Provisional crown	\$122.61	\$356.87	34.4%
D7440	Excision Malignant Tumor Lesion 1.25 cm	\$251.44	\$726.64	34.6%
D7111	Extraction, coronal remnants	\$47.27	\$134.94	35.0%
D1352	Prev resin rest, perm tooth	\$35.22	\$99.32	35.5%
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$95.27	\$261.55	36.4%
D4278	Soft tissue graft addl tooth	\$233.45	\$636.03	36.7%
D2929	Prefabricated Porcelain/Ceramic Crown- Primary Tooth	\$127.98	\$345.69	37.0%
D2790	Crown Full Cast High Noble Metal	\$468.56	\$1,240.88	37.8%
D7450	Remov Ben Odontogenic Cyst to 1.25 cm	\$222.30	\$586.07	37.9%
D2740	Crown, Porcelain/Ceramic substrate	\$468.56	\$1,213.08	38.6%
D9420	Hospital/ASC call	\$114.29	\$295.57	38.7%
D2750	Crown Porcelain High Noble Metal	\$468.56	\$1,201.52	39.0%
D9310	Dental consultation	\$41.71	\$106.84	39.0%
D2783	Crown 3/4 Porcelain/Ceramic	\$468.56	\$1,198.26	39.1%
D2794	Crown Titanium	\$468.56	\$1,195.54	39.2%
D3410	Apicoectomy/Periradicular Surgery Anter	\$304.56	\$767.40	39.7%
D9952	Occlusal Adjustment Complete	\$225.79	\$565.50	39.9%



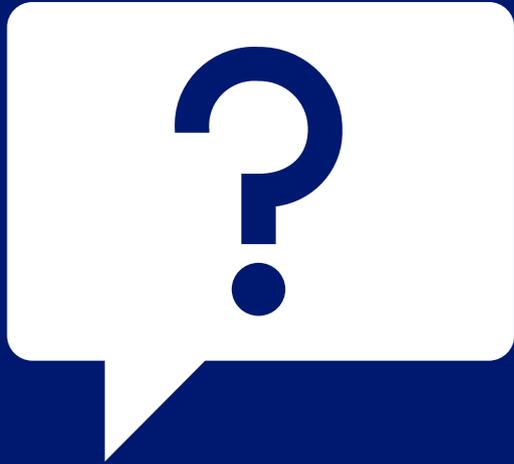
Dental Services - New Analyses

- Unable to obtain DentaQuest data in time to include in analyses
- Dental up for full review next year



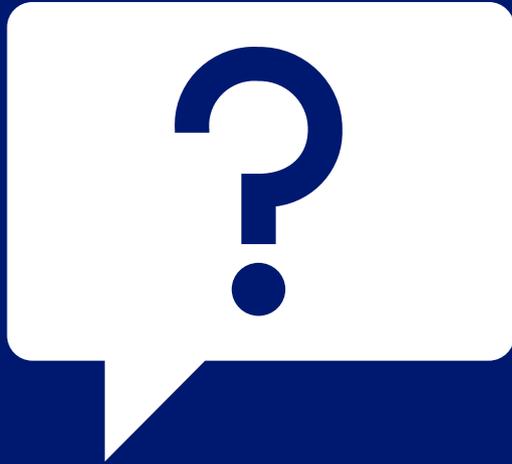
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Comments Regarding Dental Services





MPRRAC Recommendations & Vote



Surgeries - RECAP

- 7 Subcategories:
 - Digestive System
 - Musculoskeletal System
 - Cardiovascular System
 - Respiratory System
 - Integumentary System
 - Eye and Auditory System
 - Other Surgeries
- 3,964 Procedure Codes
 - 3,922 compared to Medicare (99% of codes were compared to Medicare)
 - 42 with no comparable Medicare rate



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Surgeries - RECAP

Total Adjusted Expenditures FY2022	\$107,859,097
Total Members Utilizing Services in FY2022	240,292
FY2022 Over FY2021 Change in Members Utilizing Services	-3.9%
Total Active Providers FY2022	14,943
FY2022 Over FY2021 Change in Active Providers	3.4%

Provider Participation (All Categories): 62%



Surgeries - New Analyses

- Top 10 codes (ALL CATEGORIES):

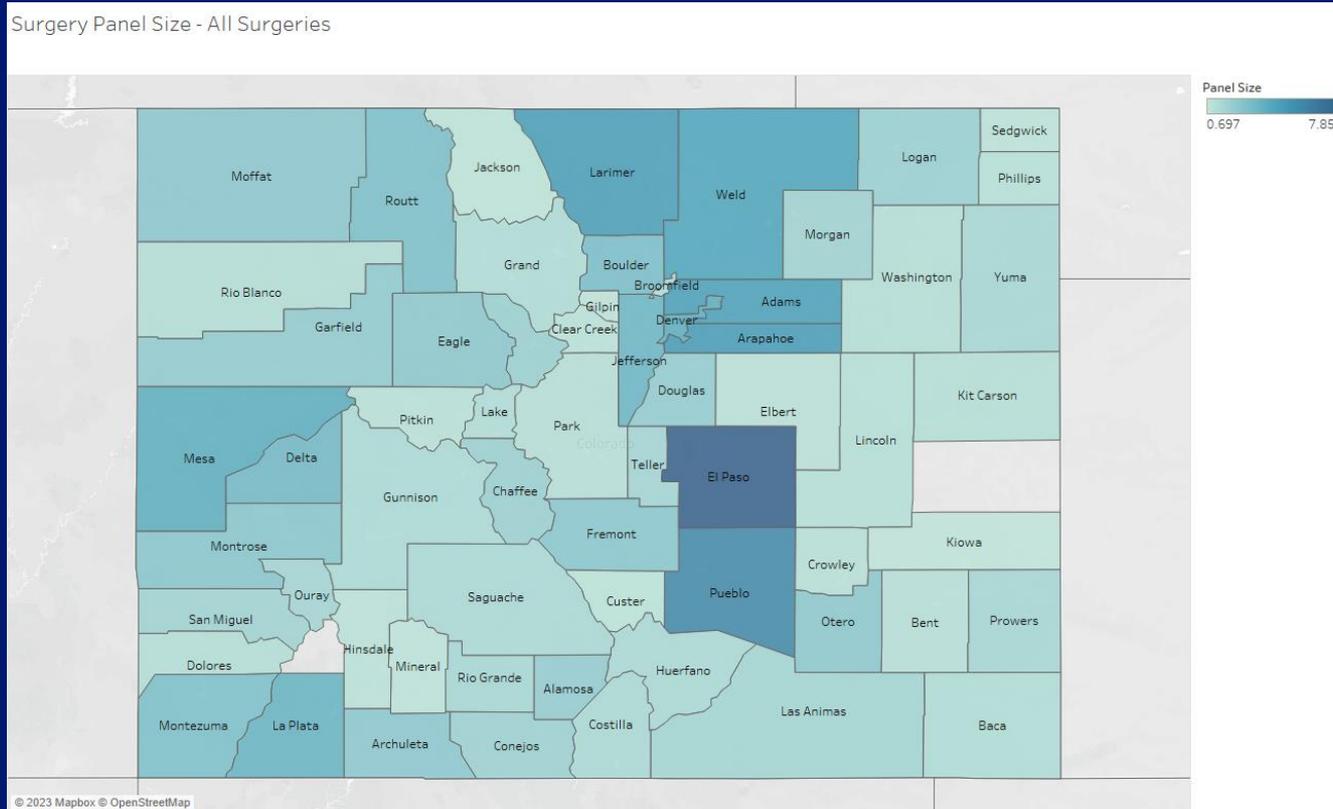
Rank	Procedure Code	Procedure Description	Service Subcategory	Paid Amount	CO Repriced	Medicare Repriced	CO as a % of Benchmark
1	36475	ENDOVENOUS RF 1ST VEIN	Cardiovascular	\$ 3,509,446	\$ 3,556,111	\$ 2,423,503	146.7%
2	66984	XCAPSL CTSC RMVL W/O ECP	Eye & Auditory	\$ 2,782,361	\$ 3,470,874	\$ 3,234,804	107.3%
3	43239	EGD BIOPSY SINGLE/MULTIPLE	Digestive	\$ 3,135,472	\$ 2,722,386	\$ 2,271,515	119.8%
4	45380	COLONOSCOPY AND BIOPSY	Digestive	\$ 2,183,223	\$ 2,098,743	\$ 1,787,696	117.4%
5	45385	COLONOSCOPY W/LESION REMOVAL	Digestive	\$ 2,085,520	\$ 1,999,649	\$ 1,762,343	113.5%
6	27447	TOTAL KNEE ARTHROPLASTY	Musculoskeletal	\$ 1,340,800	\$ 1,656,257	\$ 1,487,530	111.3%
7	45378	DIAGNOSTIC COLONOSCOPY	Digestive	\$ 1,653,479	\$ 1,503,744	\$ 1,239,256	121.3%
8	49083	ABD PARACENTESIS W/IMAGING	Digestive	\$ 1,239,134	\$ 1,278,672	\$ 536,874	238.2%
9	37244	VASC EMBOLIZE/OCCLUDE BLEED	Cardiovascular	\$ 874,373	\$ 1,229,714	\$ 141,547	868.8%
10	47562	LAPAROSCOPIC CHOLECYSTECTOMY	Digestive	\$ 1,200,953	\$ 1,159,016	\$ 1,419,950	81.6%
Totals				\$ 20,004,762	\$ 20,675,166	\$ 16,305,018	

- Top 10 codes represent 19% of the total dollars spent on surgeries



Surgeries - New Analyses

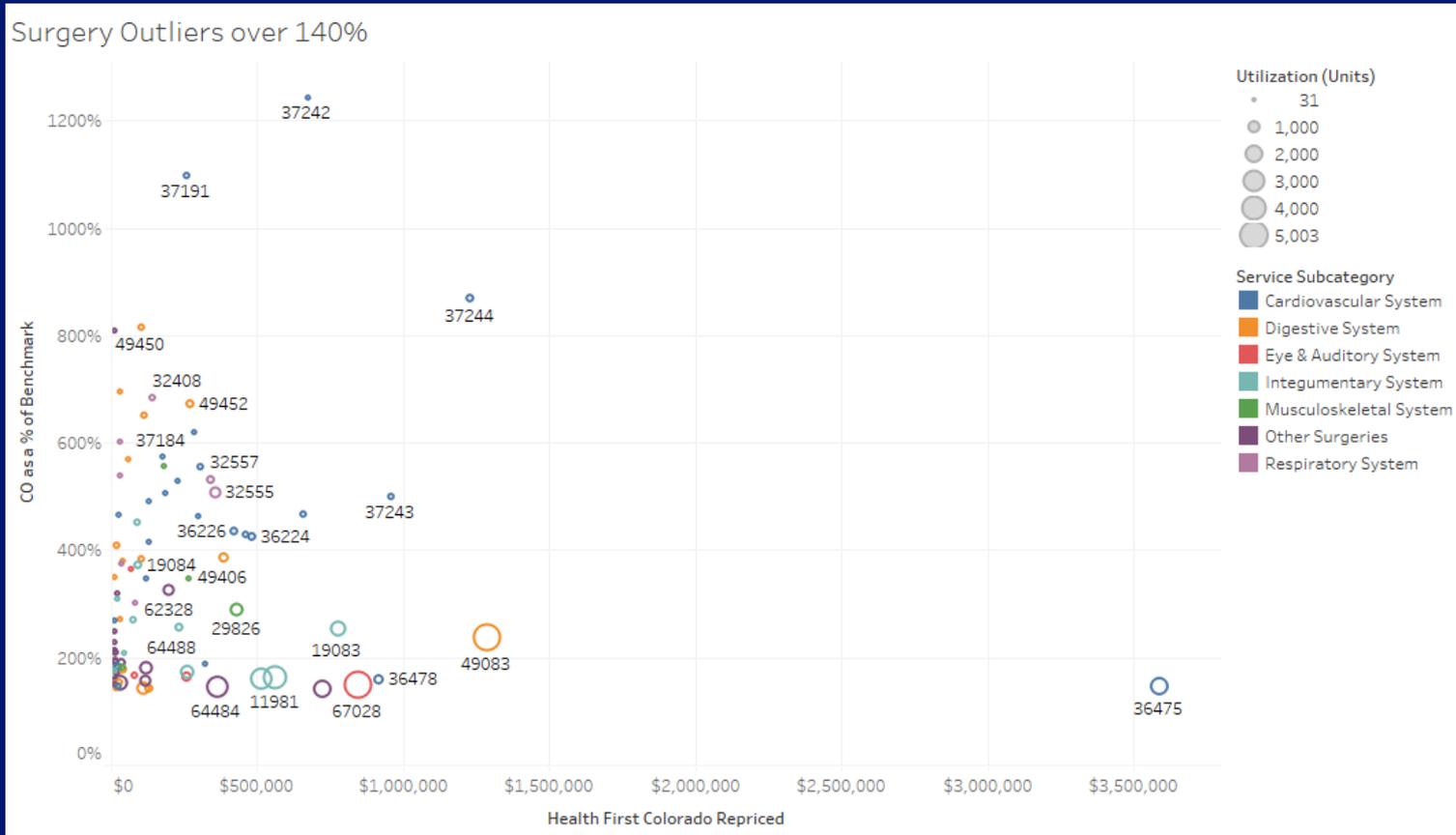
- Utilizer to Provider Ratio (ALL CATEGORIES):



- 857 Outliers (ALL CATEGORIES)

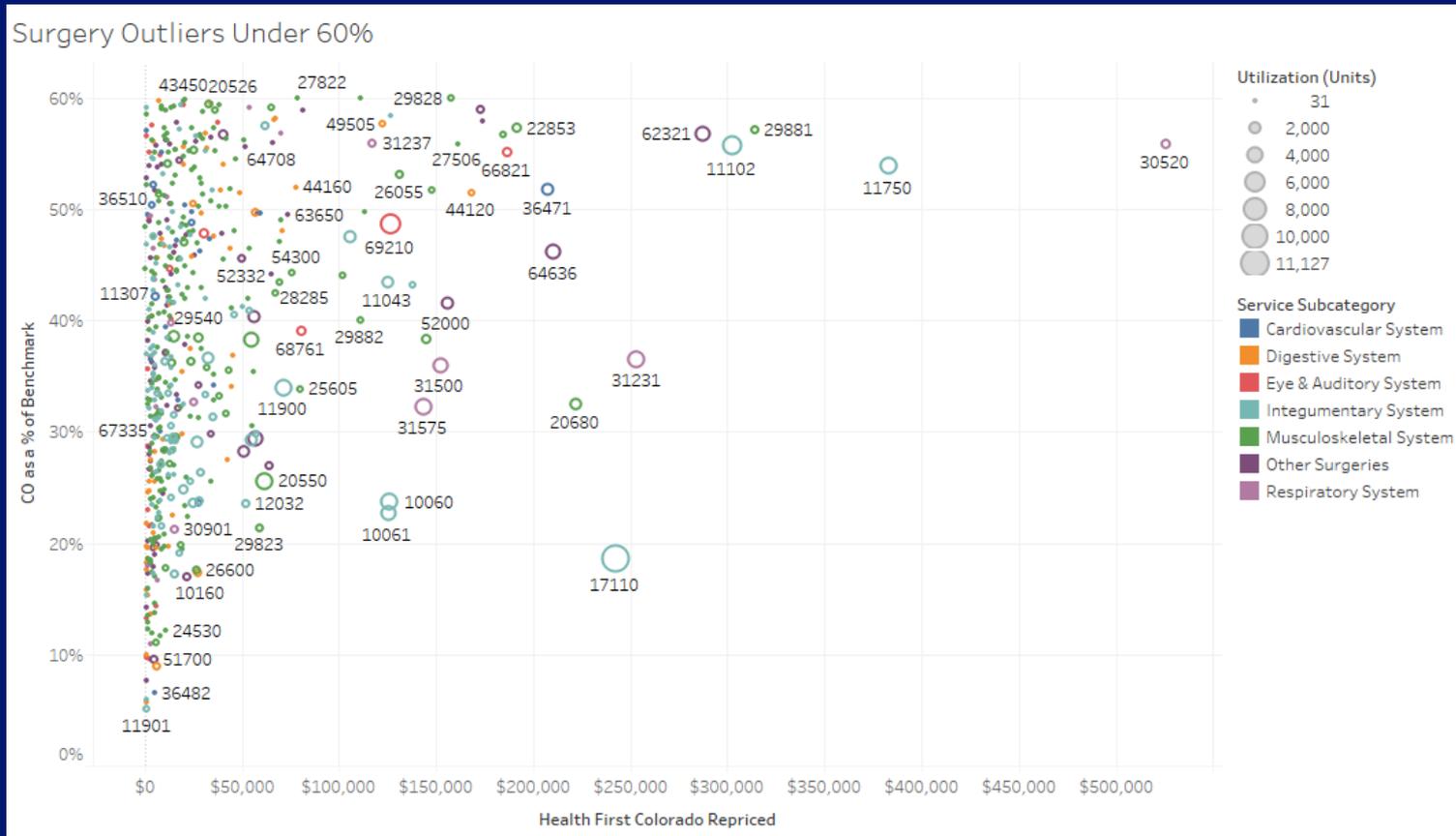
Surgeries - New Analyses

- Outliers over 140% (ALL CATEGORIES):



Surgeries - New Analyses

- Outliers under 60% (ALL CATEGORIES):



Surgeries: Digestive System - RECAP

- Service Description:
 - Digestive system surgery services involve surgical and diagnostic procedures extending from where the food enters the body to where it leaves.
- 622 Procedure Codes (615 compared to Medicare)

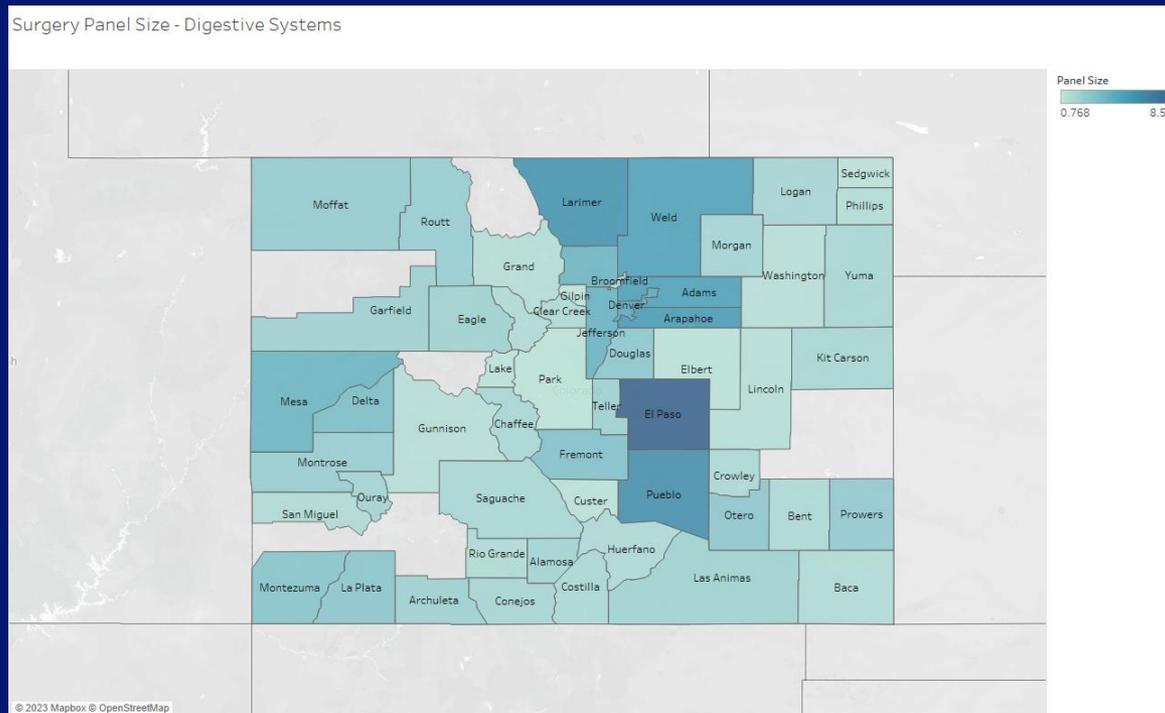
Rate Benchmark Comparison	91.4%
Colorado Repriced	\$21,642,366
Medicare Repriced	\$23,690,199
Difference	\$2,047,833

Provider Participation: 46%



Surgeries: Digestive System - New Analyses

- Utilizer to Provider Ratio:



- 158 Outliers

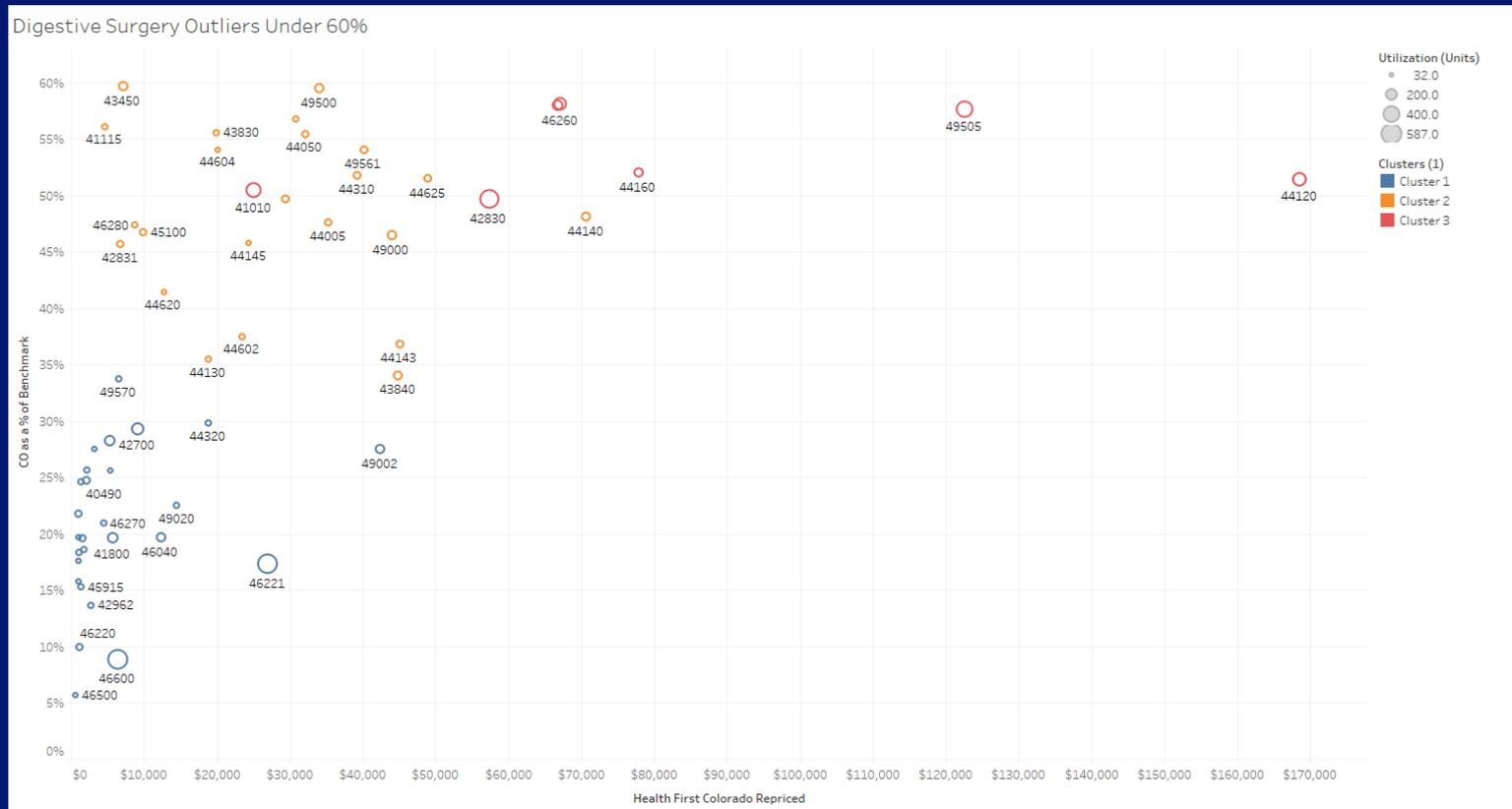
Surgeries: Digestive System - New Analyses

- Outliers over 140%



Surgeries: Digestive System - New Analyses

- Outliers under 60%



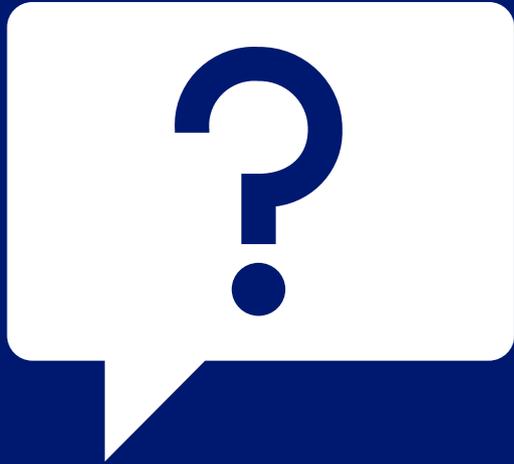


Comments Regarding Digestive System Surgery



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MPRRAC Recommendations



Surgeries: Musculoskeletal System - RECAP

- Service Description:
 - Musculoskeletal System Surgery services involve procedures done to the locomotor system, such as spine fusions, arthroscopy, and arthroplasty.
- 1,246 Procedure Codes (1,240 compared to Medicare)
 - 1,240 compared to Medicare (99% of codes were compared to Medicare)
 - 6 with no comparable Medicare rate

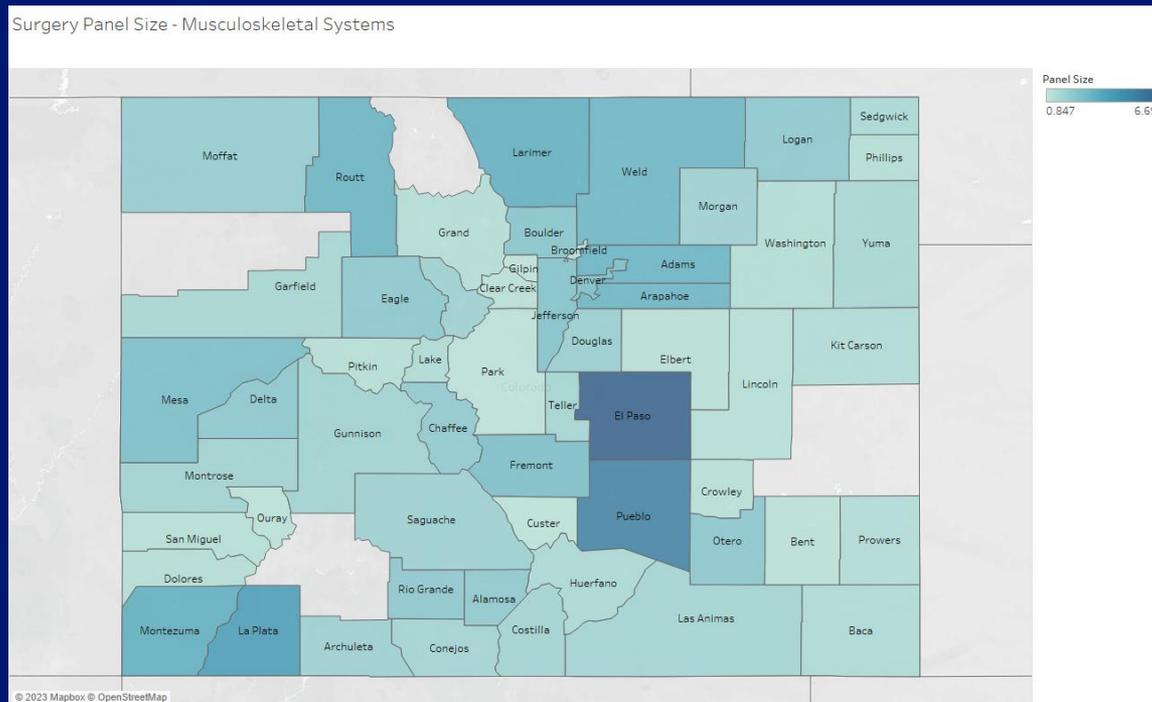
Rate Benchmark Comparison	64.3%
Colorado Repriced	\$23,821,176
Medicare Repriced	\$37,036,569
Difference	\$13,215,393

Provider Participation: 53%



Surgeries: Musculoskeletal System - New Analyses

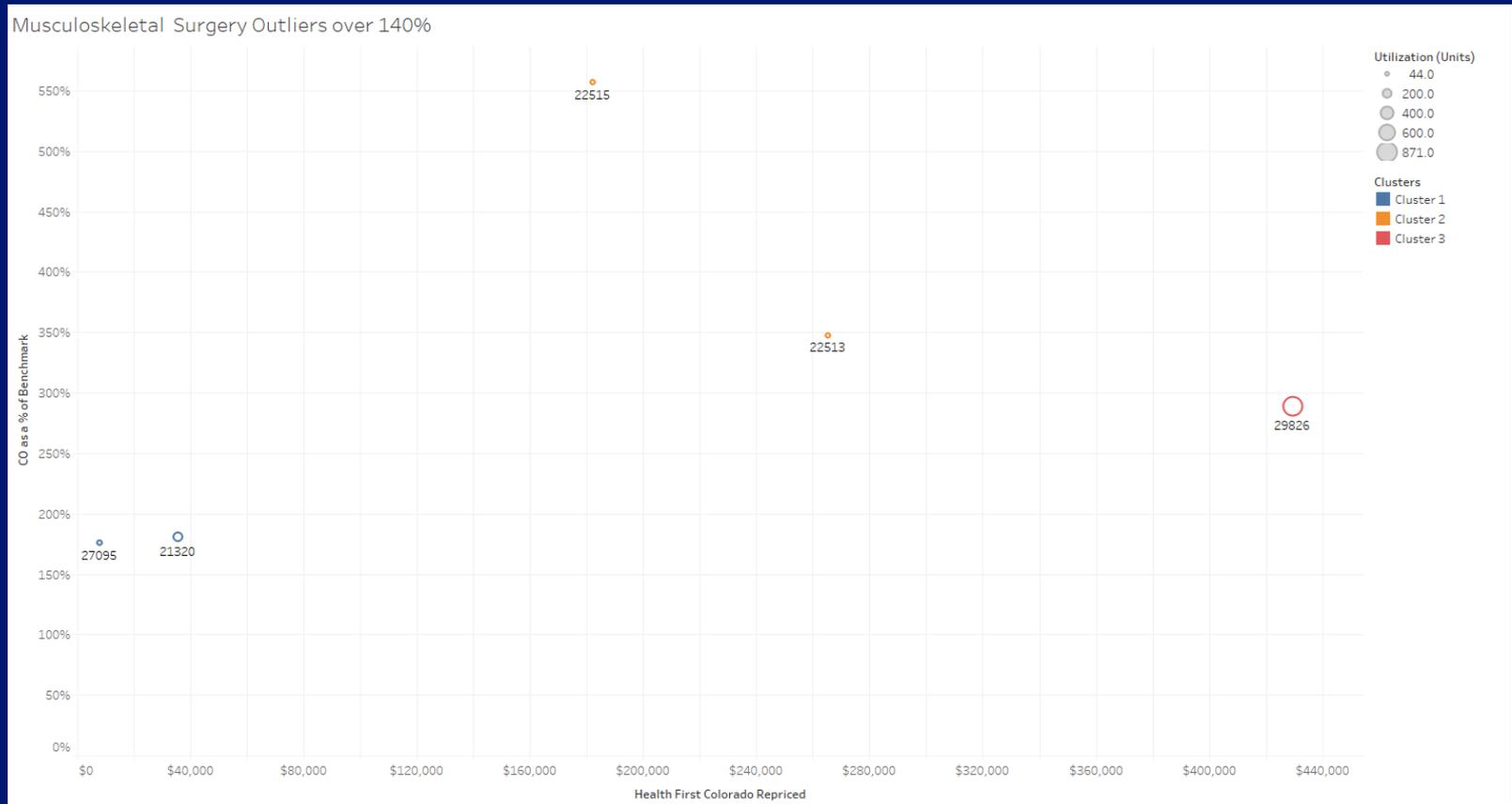
- Utilizer to Provider Ratio:

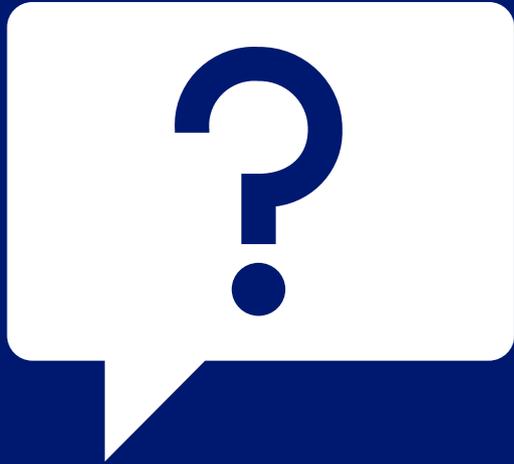


- 371 Outliers

Surgeries: Musculoskeletal System - New Analyses

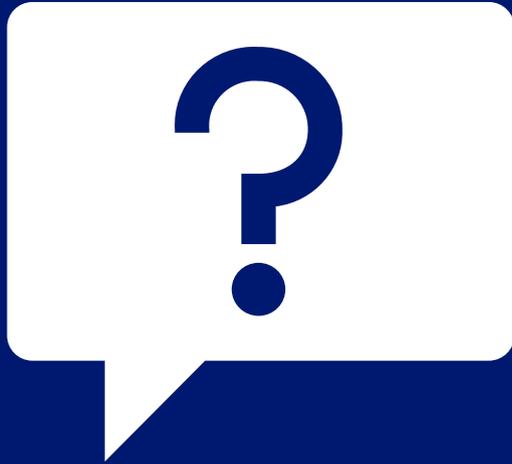
- Outliers over 140%





Comments Regarding Musculoskeletal System Surgery





MPRRAC Recommendations



Surgeries: Cardiovascular System - RECAP

- Service Description:
 - Cardiovascular System Surgery services involve procedures related to the heart, veins, and arteries.
- 453 Procedure Codes (445 compared to Medicare)

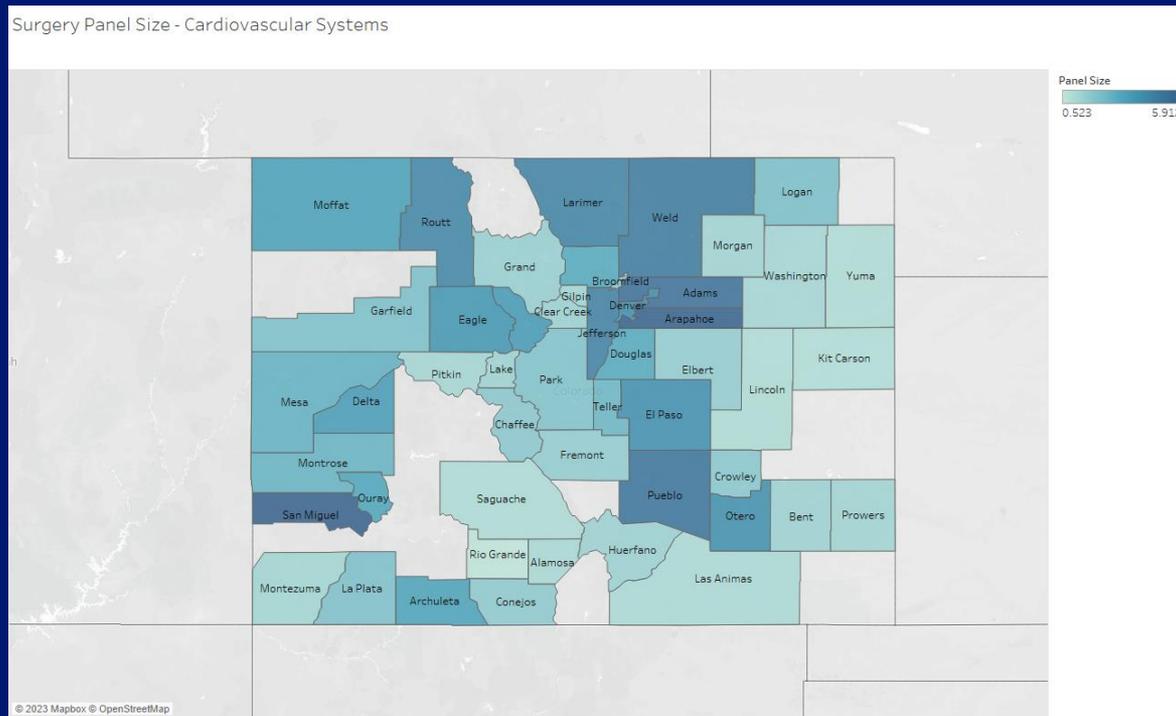
Rate Benchmark Comparison	153.3%
Colorado Repriced	\$17,158,61
Medicare Repriced	\$11,190,181
Difference	\$(5,968,437)

Provider Participation: 40%



Surgeries: Cardiovascular System - New Analyses

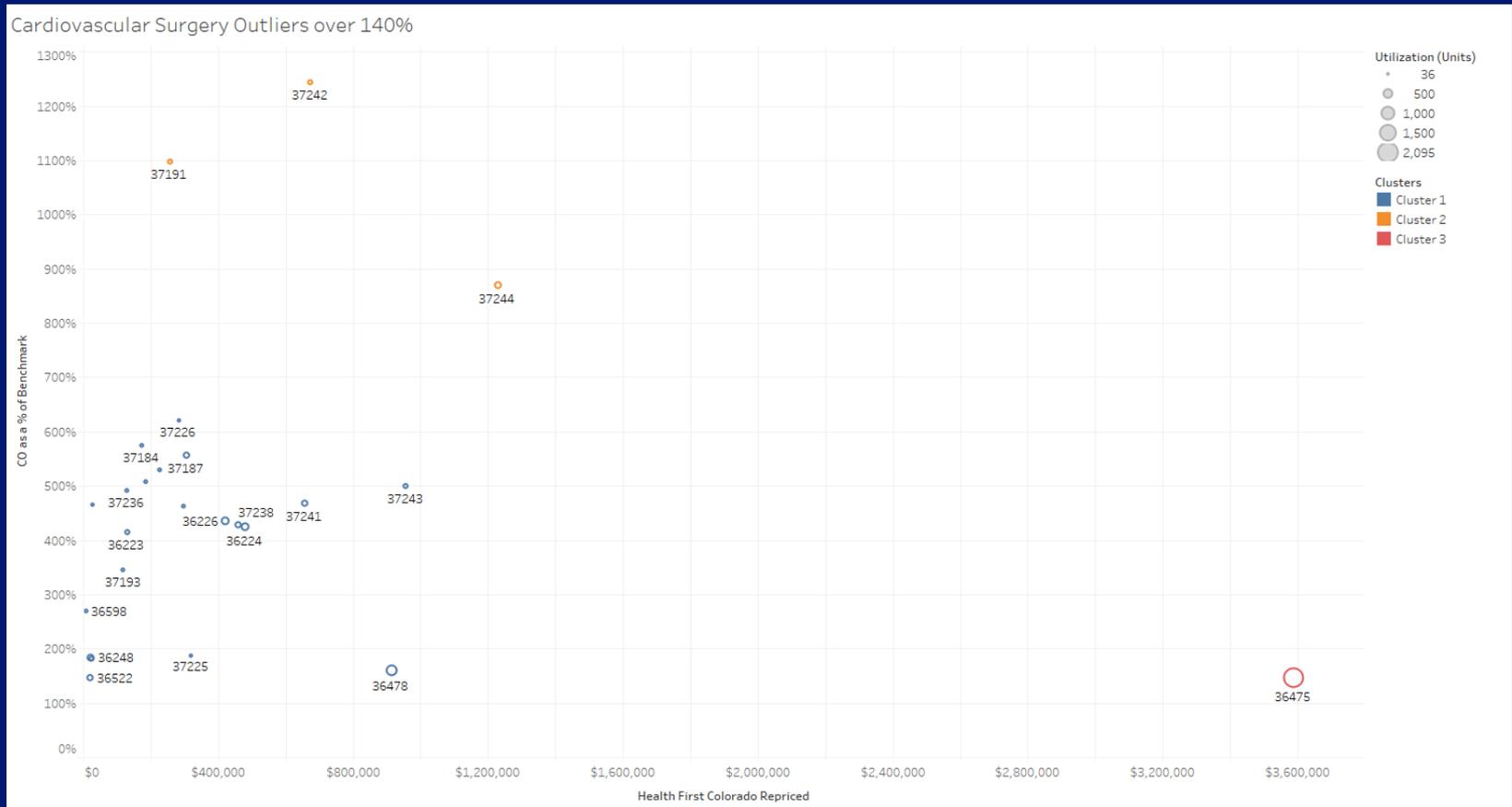
- Utilizer to Provider Ratio:



- 25 Outliers

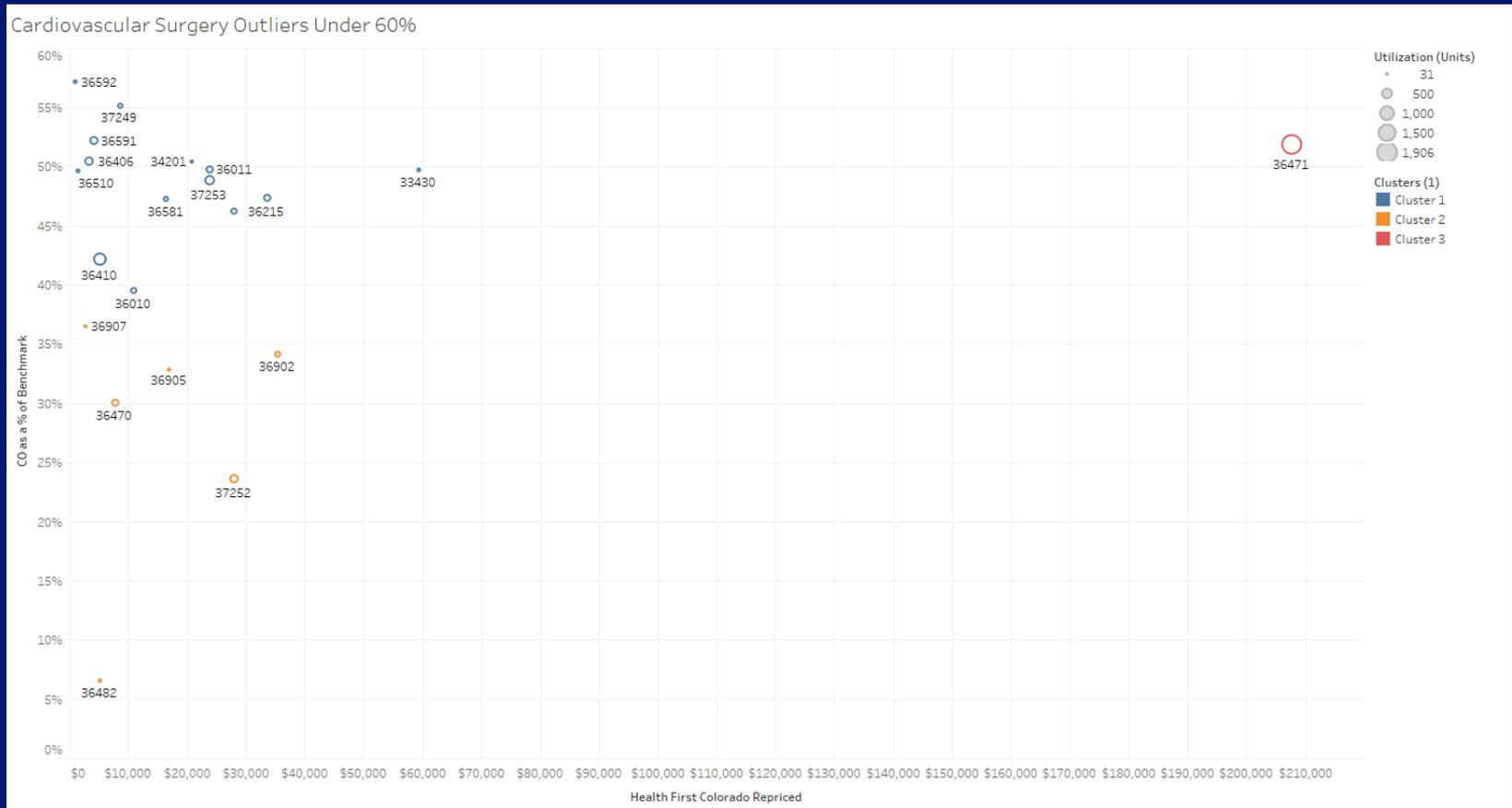
Surgeries: Cardiovascular System - New Analyses

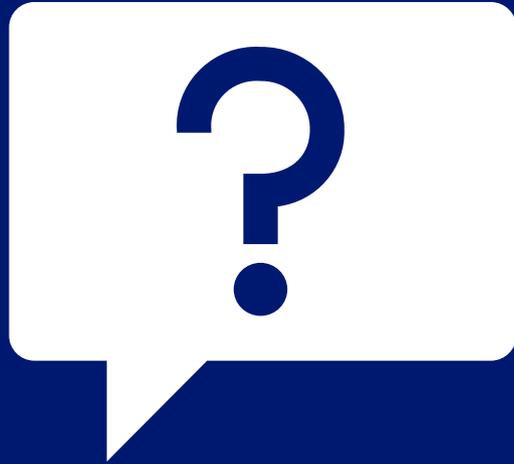
- Outliers over 140%



Surgeries: Cardiovascular System - New Analyses

- Outliers under 60%





Comments Regarding Cardiovascular System Surgery



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MPRRAC Recommendations



Surgeries: Respiratory System - RECAP

- Service Description:
 - Respiratory System Surgery services involve procedures related to the diagnostic evaluation and invasive surgeries of the nose, trachea, bronchi, lungs, and pleura.
- 203 Procedure Codes (202 compared to Medicare)

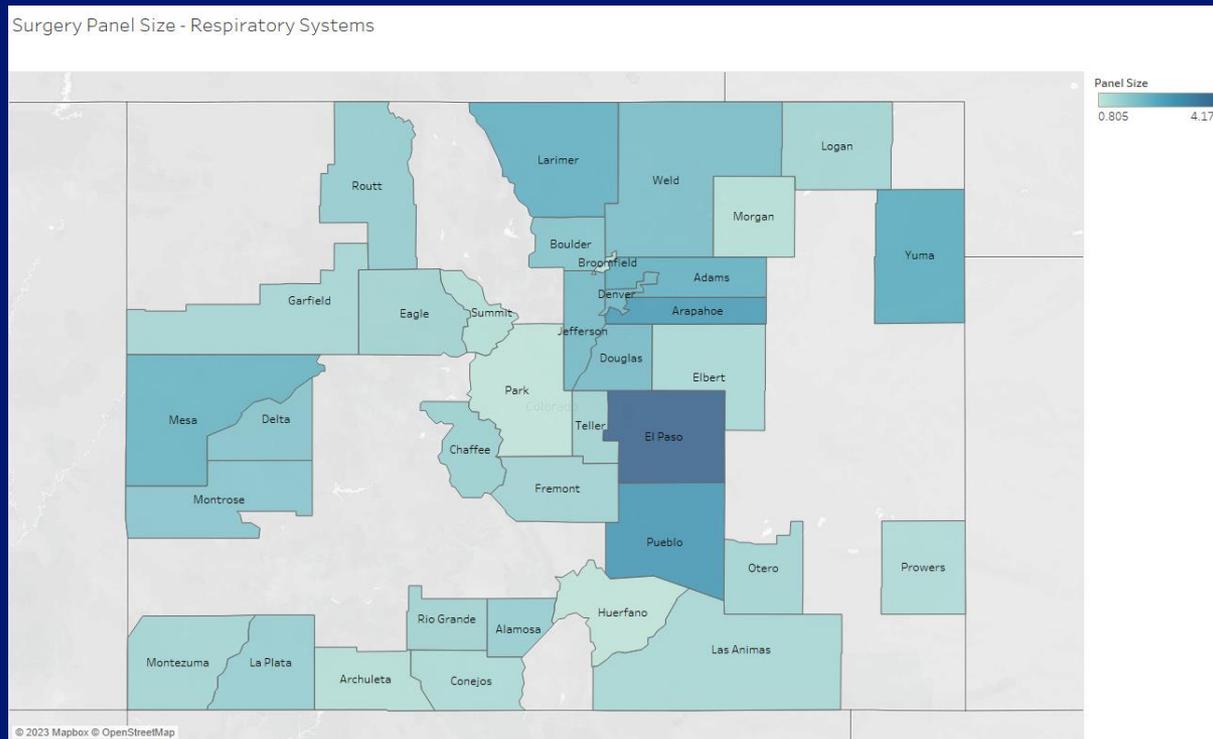
Rate Benchmark Comparison	79.3%
Colorado Repriced	\$4,879,225
Medicare Repriced	\$6,154,363
Difference	\$1,275,138

Provider Participation: 51%



Surgeries: Respiratory System - New Analyses

- Utilizer to Provider Ratio:



- 43 Outliers

Surgeries: Respiratory System - New Analyses

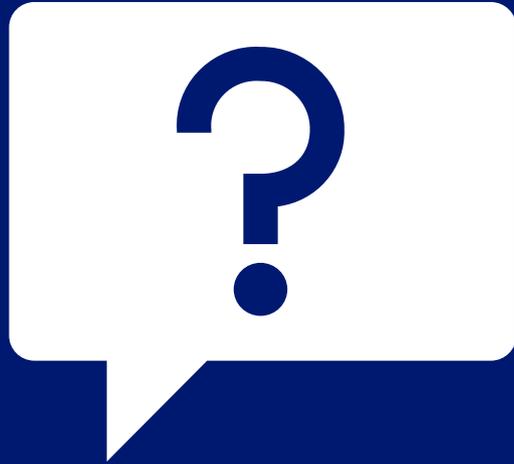
- Outliers over 140%



Surgeries: Respiratory System - New Analyses

- Outliers under 60%





Comments Regarding Respiratory System Surgery



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MPRRAC Recommendations



Surgeries: Integumentary System - RECAP

- Service Description:
 - Integumentary System Surgery services involve procedures of the skin and breast.
- 336 Procedure Codes (330 compared to Medicare)

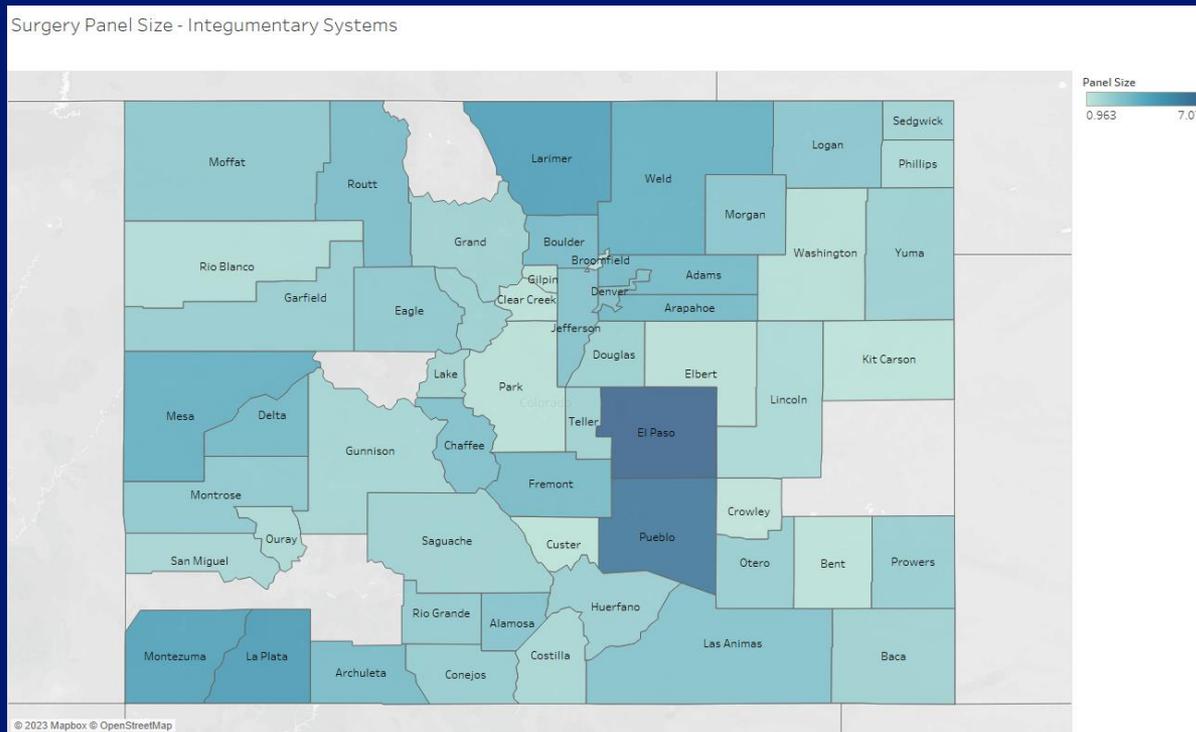
Rate Benchmark Comparison	63.8%
Colorado Repriced	\$10,440,097
Medicare Repriced	\$16,353,178
Difference	\$5,913,081

Provider Participation: 60%



Surgeries: Integumentary System - New Analyses

- Utilizer to Provider Ratio:



- 96 Outliers

Surgeries: Integumentary System - New Analyses

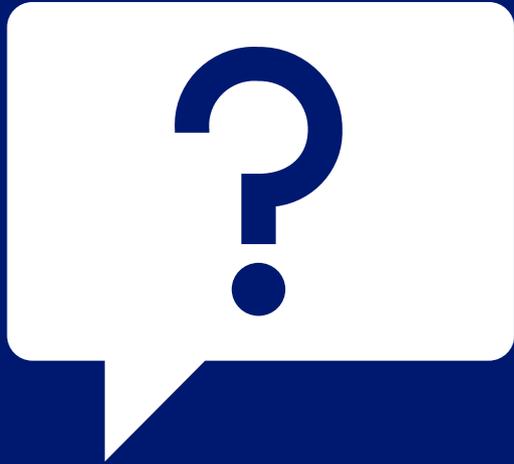
- Outliers over 140%





Comments Regarding Integumentary System Surgery





MPRRAC Recommendations



Surgeries: Eye and Auditory System - RECAP

- Service Description:
 - Eye and Auditory Systems Surgery services involve surgeries pertaining to the eye, including the ocular muscles and eyelids, and ears.
- 253 Procedure Codes (249 compared to Medicare)

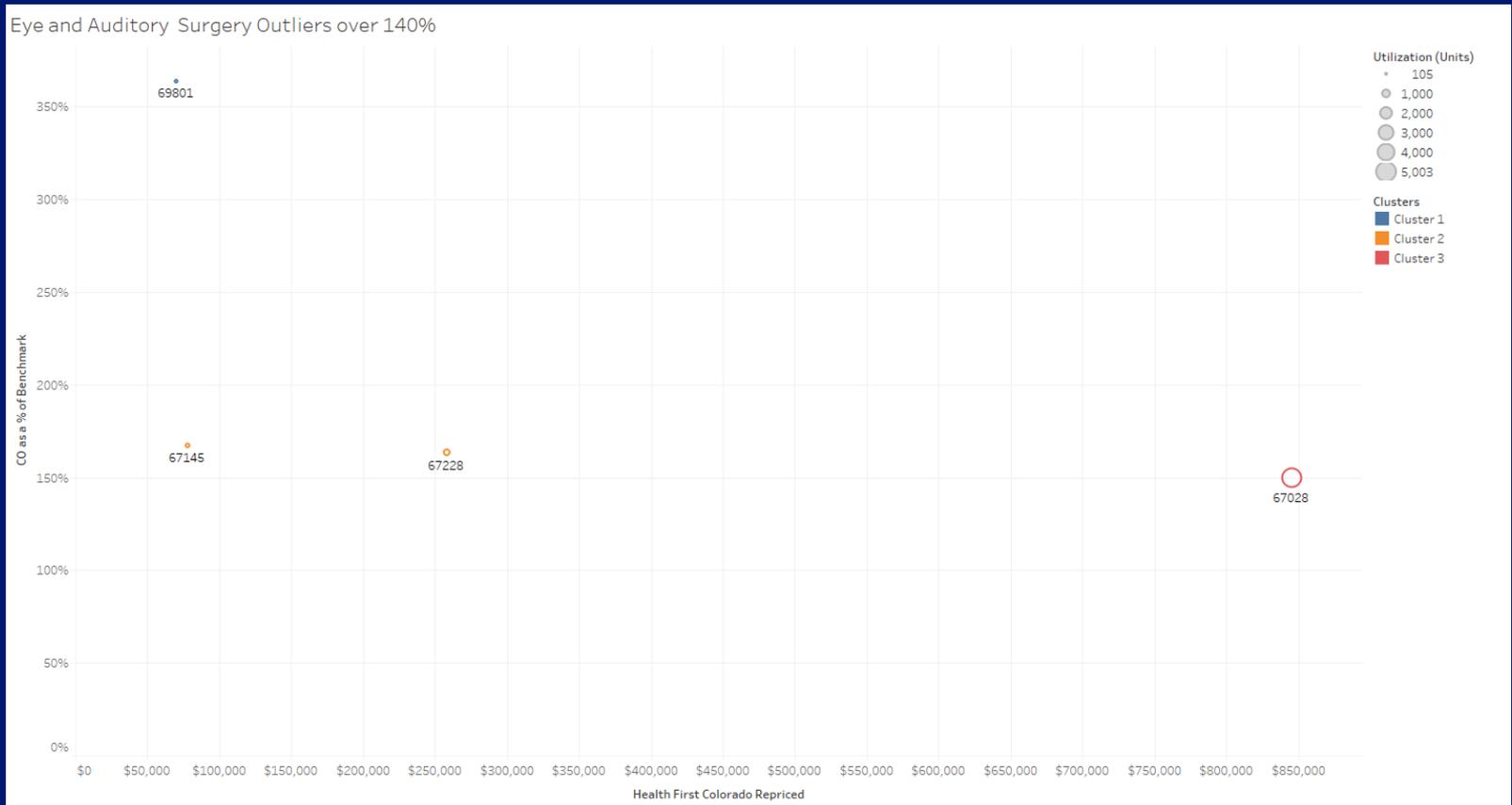
Rate Benchmark Comparison	94.7%
Colorado Repriced	\$8,577,572
Medicare Repriced	\$9,057,557
Difference	\$479,985

Provider Participation: 50%



Surgeries: Eye and Auditory System - New Analyses

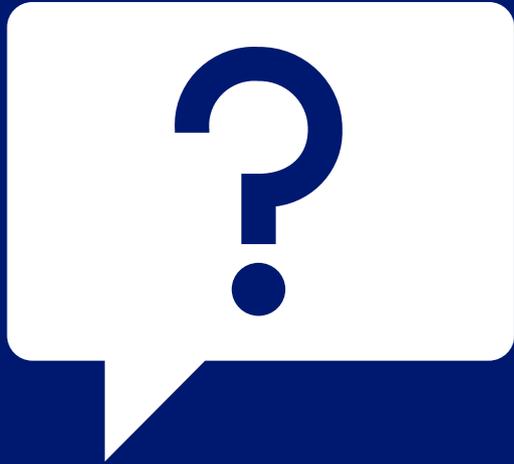
- Outliers over 140%



Surgeries: Eye and Auditory System - New Analyses

- Outliers under 60%





Comments Regarding Eye and Auditory System Surgery



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MPRRAC Recommendations



Surgeries: Other - RECAP

- Service Description:
 - This category includes procedures which are considered surgeries but are not included in any of the other surgical categories covered in this report. Services under "other surgeries" are as follows: endocrine system, female genital system, male genital system, intersex surgery, and urinary system. These surgery categories have been added to the rate review cycle since surgeries were previously reviewed in the 2017 Medicaid Provider Rate Review Analysis Report.
- 893 Procedure Codes (883 compared to Medicare)

Rate Benchmark Comparison	77.9%
Colorado Repriced	\$21,340,044
Medicare Repriced	\$27,380,217
Difference	\$6,040,173

Provider Participation: 54%

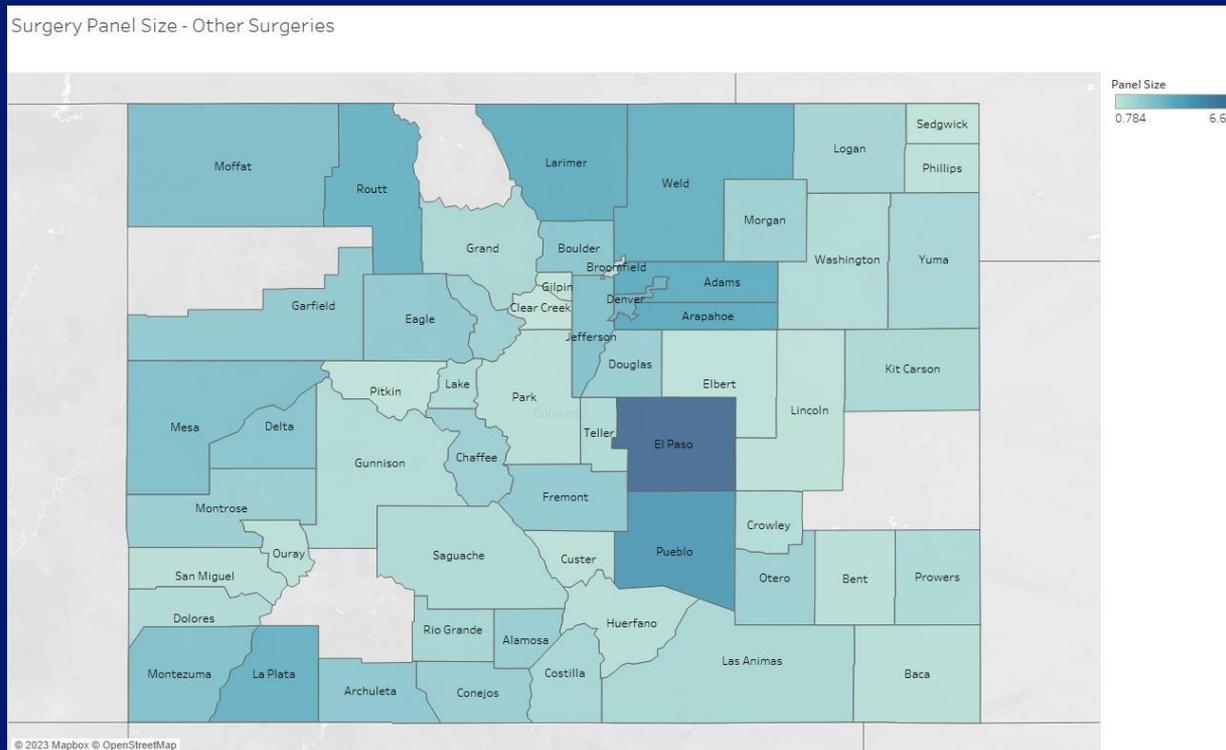


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Surgeries: Other - New Analyses

- Utilizer to Provider Ratio:



- 115 Outliers

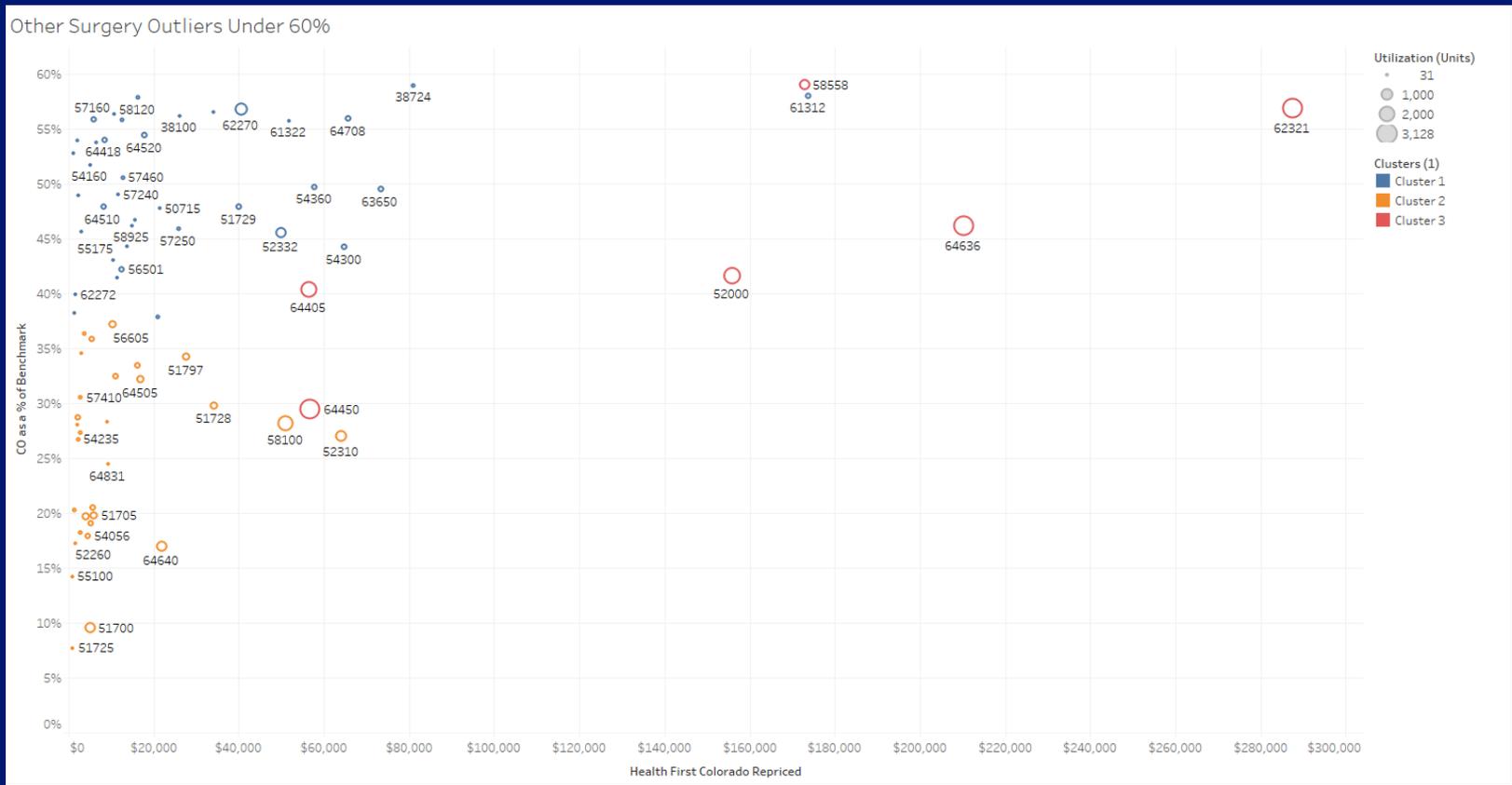
Surgeries: Other - New Analyses

- Outliers over 140%



Surgeries: Other - New Analyses

- Outliers under 60%



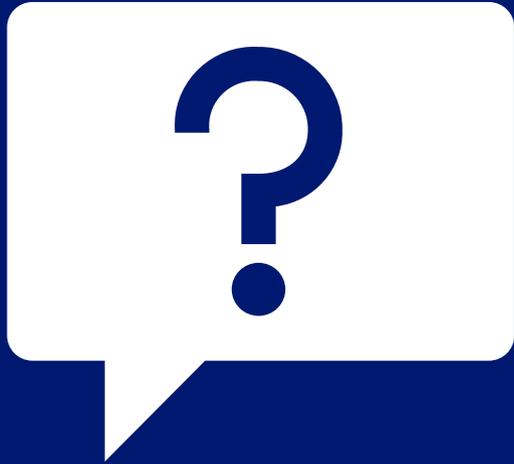


Comments Regarding Other Surgeries



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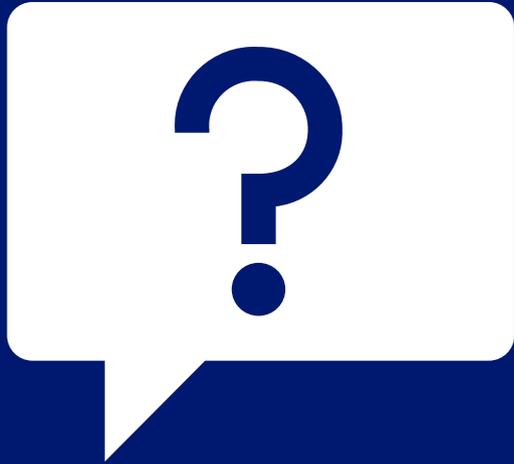
MPRRAC Recommendations



Co-Surgery

- Recently added to analysis, in future services will not be added in last minute
- Will have budget impact and will be included in November Recommendation Report
- Questions?





Public Comments



Next Steps

NEXT MEETING: SEPTEMBER 29, 2023
9:00am - 12:00pm



Announcements

MEETING MINUTES

- Sent to Chair and Vice Chair, then to committee
- Posted on website within 1 week of meeting
- Meeting summary will be faithful to MPRRAC recommendations and show any minority opinions

WEBSITE

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



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Thank you!



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