

Medicaid Provider Rate Review Public Meeting

July 18 & 25, 2025
9:00am - 2:00pm

Presented by: HCPF & GPS



COLORADO

Department of Health Care
Policy & Financing

Call to Order & Attendance



Agenda

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



Housekeeping

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



Disclaimer

- Dylan Marcy, HCPF Accessibility Technology Specialist

- dylan.marcy@state.co.us

- The PowerPoint presentation and Appendix for this meeting are in draft form and may be updated with new information up until the day of the meeting. Therefore, these materials did not have the time to undergo accessibility review before the meeting. New versions of these materials that have gone through a full ADA review will be posted on our website as soon as possible after the meeting.



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MPRRAC/ Department Roles

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

Out of Scope for the MPRRAC

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

Rules of Governance

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



Meeting Minutes

March 21, 2025



Meeting Structure

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

Meeting Purpose

- BY THE END OF TODAY:
 - Provide additional background data
 - Present any additional analyses
 - The MPRRAC will have clear definitions of the recommendations being made for each service
- AUGUST MEETING:
 - Review the fiscal impact of Q2 recommendations
 - Make changes to recommendations if necessary

Analysis Updates since March 21, 2025



Year 3 Services (2025)

Service Category	Service Subcategory
Dialysis & Dialysis-Related Services	Facility
Dialysis & Dialysis-Related Services	Non-Facility
Dental for People with Intellectual and Developmental Disabilities (DIDD) Services	DIDD
Durable Medical Equipment (DME)	Durable Medical Equipment
Prosthetics, Orthotics, and Disposable Supplies (POS)	Prosthetics
Prosthetics, Orthotics, and Disposable Supplies (POS)	Orthotics
Prosthetics, Orthotics, and Disposable Supplies (POS)	Enteral Formula
Prosthetics, Orthotics, and Disposable Supplies (POS)	Other and Disposable Supplies
Laboratory and Pathology Services	Laboratory and Pathology Services
Outpatient PT/OT/ST	PT
Outpatient PT/OT/ST	OT
Outpatient PT/OT/ST	ST
Specialty Care Services	Specialty Care Services
Early Intervention TCM	Early Intervention
Targeted Case Management (TCM)	Case Management
Targeted Case Management (TCM)	Transition Coordination
Vision Services	Vision Services



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Year 3 Services (2025) (continued)

Service Category	Service Subcategory
Physician Services	Allergy and Immunology
Physician Services	Cardiology
Physician Services	Dermatology
Physician Services	ED and Hospital E&M
Physician Services	ENT
Physician Services	Family Planning
Physician Services	Gastroenterology
Physician Services	Gynecology
Physician Services	Health Education
Physician Services	Medication Injections & Infusions
Physician Services	Neuro/Psychological Testing Services
Physician Services	Neurology
Physician Services	Primary Care E&M
Physician Services	Radiology
Physician Services	Respiratory
Physician Services	Sleep Study
Physician Services	Vaccines Immunizations
Physician Services	Vascular

Regrouping Updates 1: No Changes

- Not-impacted services:
 - Dialysis
 - DME
 - DIDD dental services
 - Outpatient PT/OT/ST
 - Specialty Care Services
 - Early Intervention TCM
 - TCM

Regrouping Updates 2: Changes to non-Physician Services

- Laboratory and Pathology Services
 - Two codes have been re-assigned to Primary Care E&M Services.
 - Two Vascular and one “Other” Physician Services have been moved into Laboratory and Pathology Services
- Prosthetics, Orthotics, and Disposable Supplies (POS)
 - New subcategory: Enteral Formula
 - codes were moved from POS - Other and Disposable Supplies
- Vision Services
 - Combined Eyeglasses & Vision (128), Ophthalmology (73), and “Other” Physician (4) codes



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Regrouping Updates 3: Changes to Physician Services

Scenario	Service Subcategory
1 - No change	<ul style="list-style-type: none"> • Cardiology • ENT • Family Planning • Gastroenterology • Neuro/Psychological Testing Services • Respiratory • Sleep Study • Vaccines & Immunizations
2 - With changes	<ul style="list-style-type: none"> • Medication Injections & Infusions Services: A newly created category includes “Injections and Other Miscellaneous J-Codes” (43) and 35 “Other” Physician codes. • Health Education: Received one “Other” Physician service code. • Primary Care E&M: Received codes from Laboratory and Pathology Services (2), Women’s Health (85), and “Other” Physician (22) service. • Radiology: Added three Eyeglasses and Vision codes. • Vascular: Two codes moved to Laboratory and Pathology Services.

Regrouping Updates 3: Changes to Physician Services (continued)

Scenario	Service Subcategory
3 - Newly Created Services	<ul style="list-style-type: none"> • Allergy/Immunology: Formed from 32 codes previously in “Other” Physician service. • Dermatology: Combined codes from 17 “Other” Physician service and 9 Eyeglasses and Vision service. • ED/Hospital E&M: Combined codes from Primary Care E&M (40) and “Other” Physician (10) service. • Gynecology: Created from 34 codes previously under Women’s Health. • Neurology: Combined EEG (49) and selected “Other” Physician (188) codes.
4 - Eliminated Services	<ul style="list-style-type: none"> • EEG • Ophthalmology • Women’s Health • Other

- Appendix B - Benchmark Ratio by Code_v.2
- Appendix D - Benchmark State Selection Rationale_v2

Duplicate Code Ranking Hierarchy - Updated

Group 1: Physician vs. Physician			
Code Count	Service Category 1	Service Category 2	Selected Service Category for 2025 MPRRAC Review
44	Physician - ED and Hospital E&M	Physician - Primary Care E&M	Physician - ED and Hospital E&M
18	Physician - Family Planning	Physician - Primary Care E&M	Physician - Family Planning
12	Physician - Family Planning	Physician - Radiology	Physician - Family Planning
15	Physician - Primary Care E&M	Physician - Radiology	Physician - Primary Care E&M
3	Physician - Primary Care E&M	Physician - Health Education	Physician - Primary Care E&M
1	Physician - Vaccines Immunizations	Physician - Medication Injections & Infusions	Physician - Vaccines Immunizations
45	Physician - Vascular	Physician - Radiology	Physician - Vascular

Duplicate Code Ranking Hierarchy - Continued

Group 2: Physician vs. Non-Physician			
Code Count	Service Category 1	Service Category 2	Selected Service Category for 2025 MPRRAC Review
1	Dialysis	Physician - Health Education	Dialysis
1	Laboratory and Pathology	Physician - Health Education	Laboratory and Pathology
2	Physician - Primary Care E&M	Laboratory and Pathology	Physician - Primary Care E&M

Duplicate Code Ranking Hierarchy - Continued

- Appendix E - Duplicate Code List_v2

Group 3: Non-Physician vs. Non-Physician			
Code Count	Service Category 1	Service Category 2	Selected Service Category for 2025 MPRRAC Review
14	POS - Orthotics	Outpatient PT/OT/ST	POS - Orthotics

Additional New Analysis Summary Since March Meeting

Service Category	New Analysis Count
Dialysis & Dialysis-Related Services	2
Dental for People with Intellectual and Developmental Disabilities (DIDD) Services	1
Durable Medical Equipment (DME)	2
Prosthetics, Orthotics, and Disposable Supplies (POS)	4
Laboratory and Pathology Services	1
Outpatient PT/OT/ST	6
Vision Services	2
Physician Services	15
Total	33

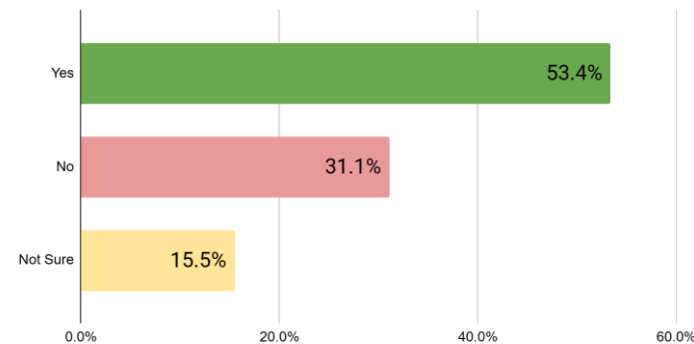
Recommendation Method Reminder

- HCPF excluded codes without benchmark rates from the rate comparison analysis. However, the committee still needs to make recommendations so that these excluded codes can be aligned with other codes from the rate change perspective.
- Committee, please give your recommendations to two groups of codes:
 - **Group 1:** Codes with benchmark ratios
 - **Group 2:** Codes with valid FFS rates but without benchmark rates/excluded codes

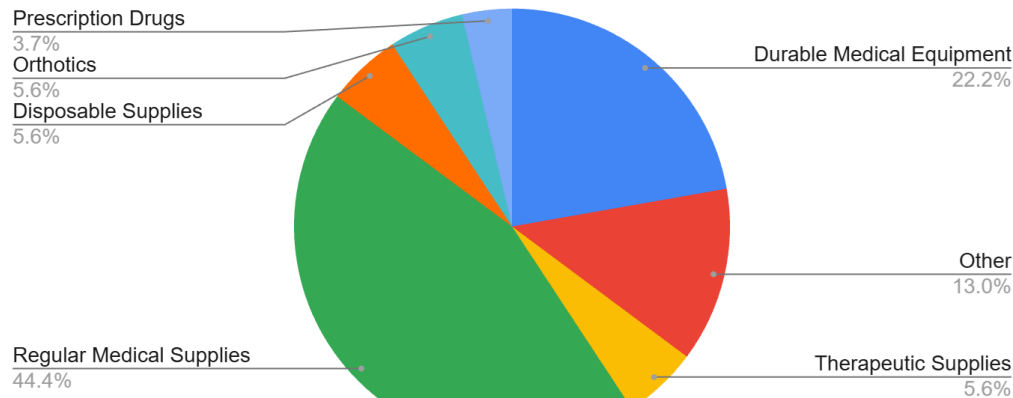
Colorado Medicaid Provider Tariff Impact Survey

- Survey sent to over 10,000 Colorado Medicaid providers via newsletter.
- 103 respondents from May-June 2025
- Purpose: To understand how recent federal tariffs are potentially affecting Colorado Medicaid providers, particularly in relation to equipment costs, service delivery, and patient care.

Have you experienced increased costs in equipment, supplies, or other materials due to federal tariffs initiated on April 2, 2025?

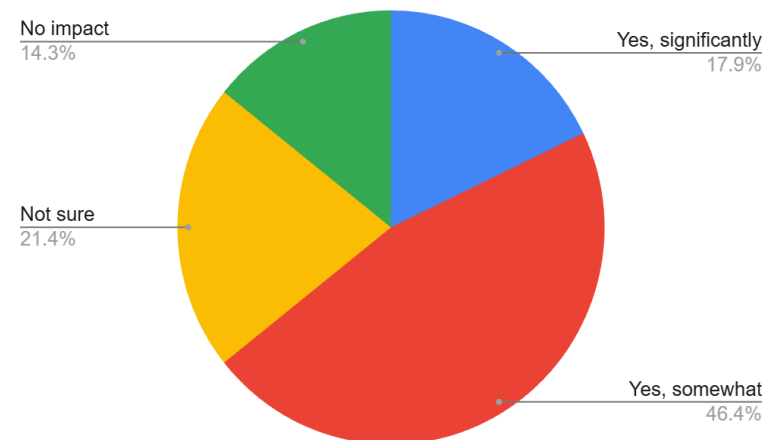


If yes, what types of products or services have been most affected by these tariff-related cost increases?



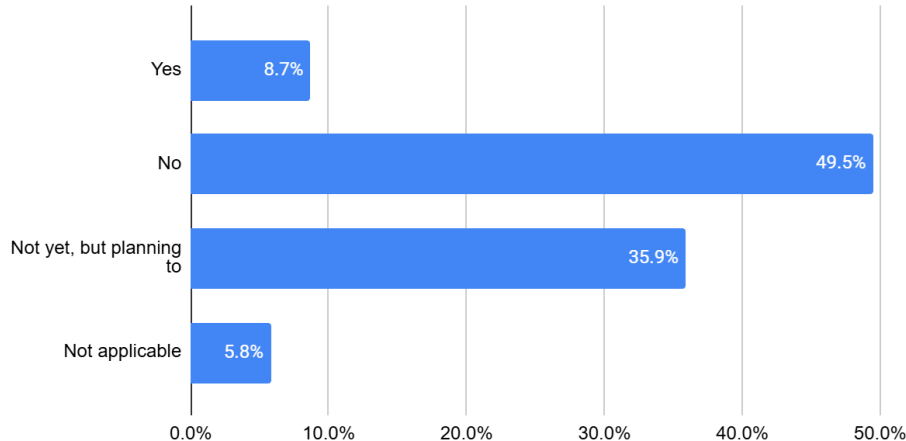
**"Regular Medical Supplies" includes disposable supplies such as gloves, cotton swabs, and needles.

Have these increased costs impacted your ability to provide services to Medicaid members?

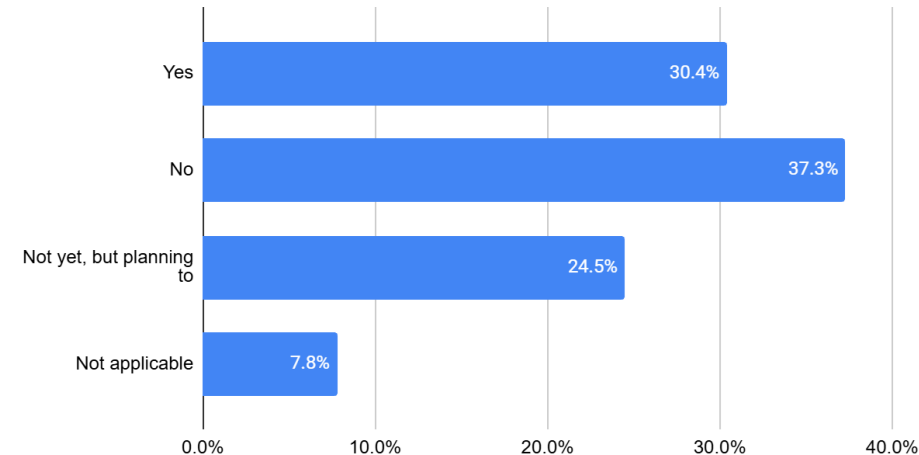


Colorado Medicaid Provider Tariff Impact Survey

Have you had to change your billing practices, reduce services, or delay orders as a result of tariff-related costs?



Have you received any communication from suppliers regarding increased prices, reduced services, or delayed orders as a result of tariff-related costs?



Please share specific examples of what changes have affected your operations:

- “Component pricing for wiring, lithium ion batteries, and hydro gel”
- “Foam padding has been backordered (RESTON FOAM) and prices double when this happens”
- “Increased DME and orthotics pricing”
- “Feeding therapy materials are more expensive and I am unable to provide families with feeding therapy tools (i.e. adaptive straws, adaptive spoons, adaptive cups, etc)”
- “The ability to order walkers, canes, other tools of ambulation”
- “Frame prices have increased 40%. Lens prices have increased 30%.”

2025 Services Analyses



Dialysis and Dialysis-related Services



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Dialysis and Dialysis-related Services - Facility - RECAP

Dialysis and Dialysis-related Services - Facility includes routine dialysis services that are reimbursed at a composite rate depending on the county where the facility is located.

Dialysis Facility Statistics		Dialysis Facility Repriced Benchmark Comparison		
Total Adjusted Expenditures SFY 2023-24	\$10,904,568	Colorado Repriced	Medicare Repriced	Overall Repriced Benchmark Ratio
Total Members Utilizing Services in SFY 2023-24	600			
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-4.91%	\$10,904,568	\$13,459,656	81.02%
Total Active Providers SFY 2023-24	80			
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-3.61%			

Dialysis and Dialysis-related Services - Facility - NEW

Health First Colorado Composite Pricing

Region	Rate Type	Rate	Counties Within Region
Denver, Aurora, Lakewood	D01	\$223.21	Adams; Arapahoe; Clear Creek; Denver; Douglas; Elbert; Gilpin; Jefferson; Park; Broomfield
Boulder, CO	D02	\$249.62	Boulder
Fort Collins, CO	D03	\$244.02	Larimer
Greeley, CO	D04	\$224.19	Weld
Colorado Springs, CO	D05	\$207.07	El Paso; Teller
Grand Junction, CO	D06	\$214.42	Mesa
Pueblo, CO	D08	\$194.50	Pueblo
Rural Colorado	D09	\$215.28	All counties not listed in a CMS region listed above

Included Revenue Codes	
Hemodialysis-Outpatient or Home	820, 821, 822, 823, 824, 825, 829
Peritoneal Dialysis-Outpatient or Home	830, 831, 832, 833, 834, 835, 839
Continuous Ambulatory Peritoneal Dialysis (CAPD)-Outpatient or Home	840, 841, 842, 843, 844, 845, 849
Continuous Cycling Peritoneal Dialysis (CCPD)- Outpatient or Home	850, 851, 852, 853, 854, 855, 859
Miscellaneous Dialysis	880, 881, 882, 889

*When revenue codes 841 and 851 are billed with condition code 74, the In-Home Dialysis CAPD and CCPD policy will be applied.



Dialysis and Dialysis-related Services - Facility - RECAP

Benchmark Ratio by Rate Area

(Exclude In-home CAPD and CCPD services)

Rate Type Code	Assigned Rate Area	Current CO Rate (July 2024)	Benchmark Ratio
D02	Boulder, CO	\$249.62	90.46%
D05	Colorado Springs, CO	\$207.07	77.49%
D01	Denver, Aurora, Lakewood	\$223.21	81.47%
D03	Fort Collins, CO	\$244.02	89.64%
D06	Grand Junction, CO	\$214.42	86.06%
D04	Greeley, CO	\$224.19	84.78%
D08	Pueblo, CO	\$194.50	77.24%
D09	Rural Colorado	\$215.28	76.28%

Dialysis and Dialysis-related Services- Facility - RECAP

Top 10 Rate Types by Utilization

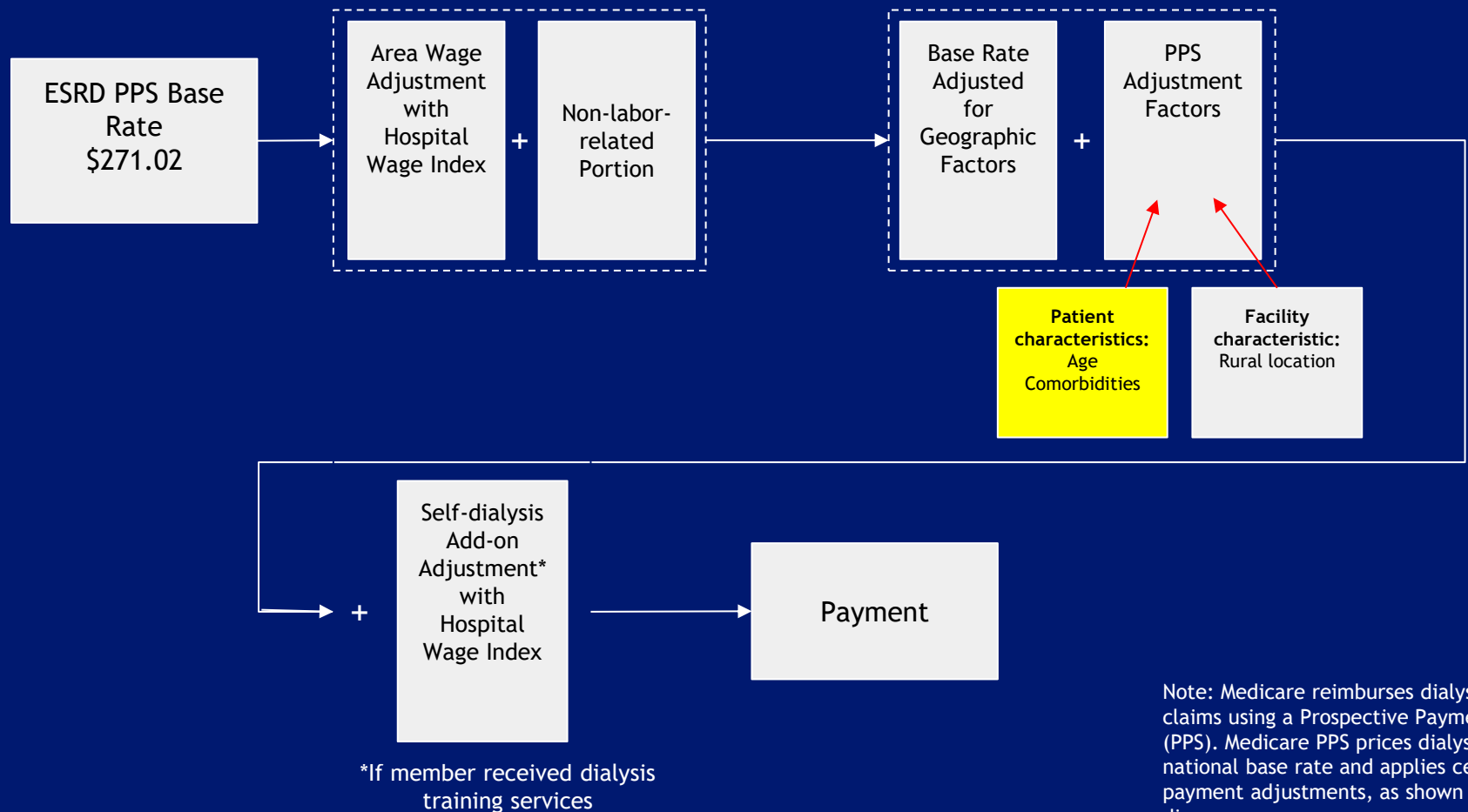
Rank	Assigned Rate Area	In-Home CAPD and CCPD	Benchmark Ratio	Utilization	% of Total Utilization
1	Denver, Aurora, Lakewood		81.47%	26,751	46.02%
2	Denver, Aurora, Lakewood	In-Home	81.74%	8,166	14.05%
3	Colorado Springs, CO		77.49%	5,098	8.77%
4	Rural Colorado		76.28%	3,258	5.61%
5	Colorado Springs, CO	In-Home	77.80%	3,128	5.38%
6	Pueblo, CO		77.24%	2,904	5.00%
7	Boulder, CO		90.46%	1,956	3.37%
8	Greeley, CO		84.78%	1,555	2.68%
9	Fort Collins, CO	In-Home	82.29%	1,225	2.11%
10	Fort Collins, CO		89.64%	1,177	2.02%

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

- Panel size was highest in El Paso County. Urban and rural panel size trends were stable.
- Penetration rate was highest in Cheyenne County, while lower and mostly uniform across the state.
- The I-25 corridor had the shortest drive times, the most providers, and the majority of members. Some parts of Western and Eastern CO also had shorter drive times, although were mostly affected by higher drive times.
- The percentage of in-home service utilizers increased slightly from SFY 2021-22 to SFY 2023-24, while the percentage of total services delivered in-home decreased in SFY 2023-24.

Dialysis and Dialysis-related Services - Facility - RECAP

Medicare Repricing Methodology



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

Dialysis and Dialysis-related Services - Facility - NEW Stakeholder Data Benchmark Comparison

Colorado Springs Medicare Rate Estimation

	Base Rate	Wage-Adjusted Rate	PPS Adjustment Factors	Average Medicare Rate (Benchmark)	PPS Adjustment Factor Assumptions
MPRRAC	\$271.02	\$263.96	+\$3.28	\$267.24	Patient Adjustments based on FY 2024 Colorado Springs Medicaid claims data. (Member age and comorbidities based on diagnosis codes.)*
DaVita	\$271.02	\$263.96	+\$16.51	\$280.47	Patient Adjustments based on DaVita's national average.

*Please see Appendix G for more information on the Colorado MPRRAC Dialysis Facility Pricing Methodology provided by CBIZ Optumas

Dialysis and Dialysis-related Services - Facility



Comments

Dialysis and Dialysis-related Services - Facility



MPRRAC Recommendations

Dialysis and Dialysis-related Services - Non-Facility - RECAP

Dialysis and Dialysis-related Services - Non-Facility includes non-routine dialysis services that are reimbursed at the fee-for-service rate associated with the specific procedure code.

Dialysis Non-Facility Statistics	
Total Adjusted Expenditures SFY 2023-24	\$1,359,519
Total Members Utilizing Services in SFY 2023-24	826
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-8.39%
Total Active Providers SFY 2023-24	171
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	1.18%

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



Dialysis and Dialysis-related Services - Non-Facility Critical Benchmark Ranges

- Of the total 28 procedure codes:
 - 23 (82%) codes use Medicare
 - 5 (18%) use other states for benchmarking
 - Benchmark ratio range is 69%-446%
 - 17 (61%) codes have a benchmark ratio that is within 80%-100%, and these account for 99% of the utilization
 - No outlier codes (i.e., utilized codes with benchmark ratios below 60% or above 140%)

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 60% and 80%	5	18%	0.3%
Between 80% and 100%	17	61%	99%
Above 100%	6	21%	0.7%

Dialysis - Non-Facility - RECAP

Top 10 Codes by Utilization

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	90935	HEMODIALYSIS ONE EVALUATION	99.55%	2,533	24.76%
2	90970	ESRD SVC PR DAY PT 20+	82.08%	2304	22.52%
3	90960	ESRD SRV 4 VISITS P MO 20+	83.60%	2,131	20.83%
4	90945	DIALYSIS ONE EVALUATION	83.43%	1168	11.42%
5	90961	ESRD SRV 2-3 VSTS P MO 20+	83.72%	1,013	9.90%
6	90966	ESRD HOME PT SERV P MO 20+	83.60%	495	4.84%
7	90962	ESRD SERV 1 VISIT P MO 20+	83.38%	189	1.85%
8	90947	DIALYSIS REPEATED EVAL	94.56%	124	1.21%
9	90969	ESRD SVC PR DAY PT 12-19	85.18%	93	0.91%
10	90937	HEMODIALYSIS REPEATED EVAL	112.89%	46	0.45%

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

- Panel size was highest in Pueblo County and moderate in some I-25 corridor counties. Urban and rural panel size trends were stable.
- Penetration rate was highest in Cheyenne County, while lower and mostly uniform across the state.
- The I-25 corridor had the shortest drive times, the most providers, and the majority of members. Some parts of Western CO also had shorter drive times, although much of the state was affected by higher drive times.
- A few providers had a notable drop in the number of members served from SFY 2021-22 to SFY 2023-24.



Dialysis and Dialysis-related Services - Non-Facility



Comments

Dialysis and Dialysis-related Services - Non-Facility



MPRRAC Recommendations



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



DIDD Services - RECAP

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

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

DIDD Other State Repriced Benchmark Comparison		
CO Repriced (Codes compared to states)	Other States Repriced	Overall Repriced Benchmark Ratio
\$2,743,027	\$1,547,511	177.25%

DIDD Services - Preventive Codes Analysis Summary - RECAP

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

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



DIDD Services - ADA Rate Comparison Analysis Summary - RECAP

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

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



DIDD Services - Other States' Benchmark Analysis Summary - RECAP

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

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



DIDD Services - Top 10 Codes by Utilization - RECAP

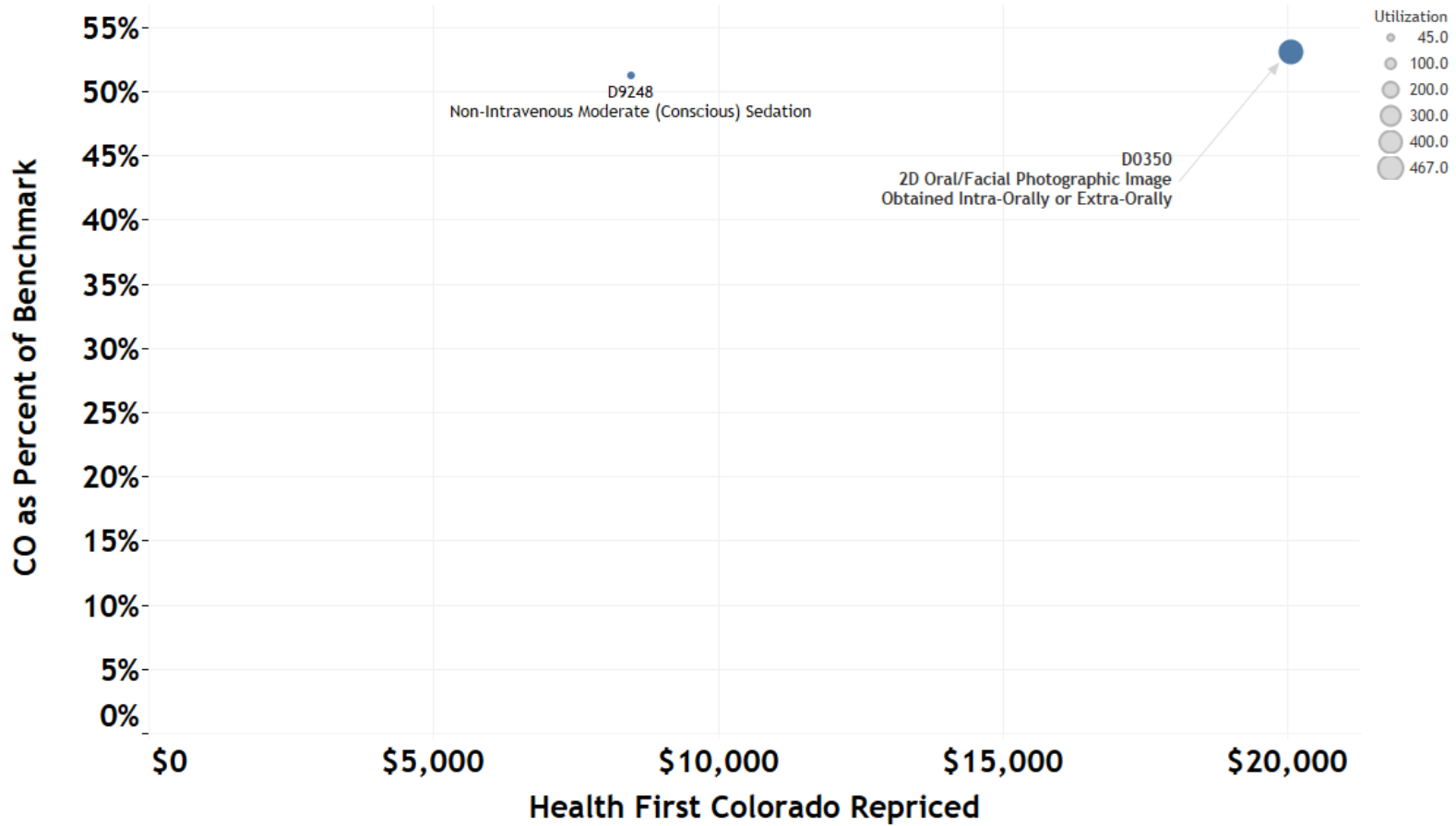
Rank	Code + Modifier	Service Description	Benchmark Ratio (ADA)	Benchmark Ratio (Benchmark States)	Utilization	% of Total Utilization
1	D0120	Periodic Oral Evaluation	75.01%	153.46%	4345	14.91%
2	D1110*	Prophylaxis Adult	81.06%	166.74%	3655	12.55%
3	D1206*	Topical Fluoride Varnish	76.31%	112.01%	2244	7.70%
4	D0230	Intraoral Periapical-Each Additional	72.33%	215.45%	1714	5.88%
5	D0274	Bitewings, Four Images	74.13%	187.62%	1708	5.86%
6	D0220	Intraoral Periapical First	72.29%	143.34%	1576	5.41%
7	D4910	Periodontal Maintenance	74.93%	225.42%	1205	4.14%
8	D4342	Periodontal Scaling 1 to 3 Teeth	76.14%	219.15%	1139	3.91%
9	D7140	Extraction Erupted Tooth/Exposed Root	65.81%	172.16%	846	2.90%
10	D2392	Resin Based Composite Two Surfaces Posterior	70.31%	208.53%	836	2.87%

* Preventive codes



DIDD Services- DIDD ADA Benchmark Outlier Bubble Chart* - RECAP

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



DIDD Services -

DIDD Benchmark States Outlier Bubble Chart* - RECAP

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



DIDD Services - Access to Care Summary - RECAP

- Panel size was highest in Park County while lower and relatively uniform across other counties. Rural panel size was more sensitive to changes due to low utilizer and provider numbers, although both regions were overall stable.
- Penetration rate was highest in Sedgwick County, and moderate in some counties scattered across the state. However, most counties were lower and relatively uniform.



DIDD Services - Compared to Colorado Medicaid Dental - NEW

- 3 DIDD codes were excluded due to having a reimbursement rate of \$0
- 24 DIDD codes were excluded due to being manually priced

Category	Number of Codes	Percent
Rate Higher Than CO Medicaid Dental Rate	322	72.52%
Rate Lower Than CO Medicaid Dental Rate	22	4.96%
Rate Not Found in CO Medicaid Dental	73	16.44%
Excluded Codes *	27	6.08%



Dental for People with Intellectual and Developmental Disabilities



Comments

Dental for People with Intellectual and Developmental Disabilities



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Durable Medical Equipment (DME)



DME - RECAP

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

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

DME - UPDATE

Critical Benchmark Ranges

- 1,141 total procedure code/modifier/region combinations
 - 933 with benchmark ratios
 - 208 excluded
 - Among the procedure code/modifier/region combinations with benchmark ratios:
 - 599 (64%) procedure code/modifier/ region combinations use Medicare
 - 334 (36%) use other states for benchmarking
 - Benchmark ratio range is 3%-487%
 - 468 (50%) procedure code/modifier/region combinations have a benchmark ratio that is within 80%-100%, and these account for 79% of the utilization

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



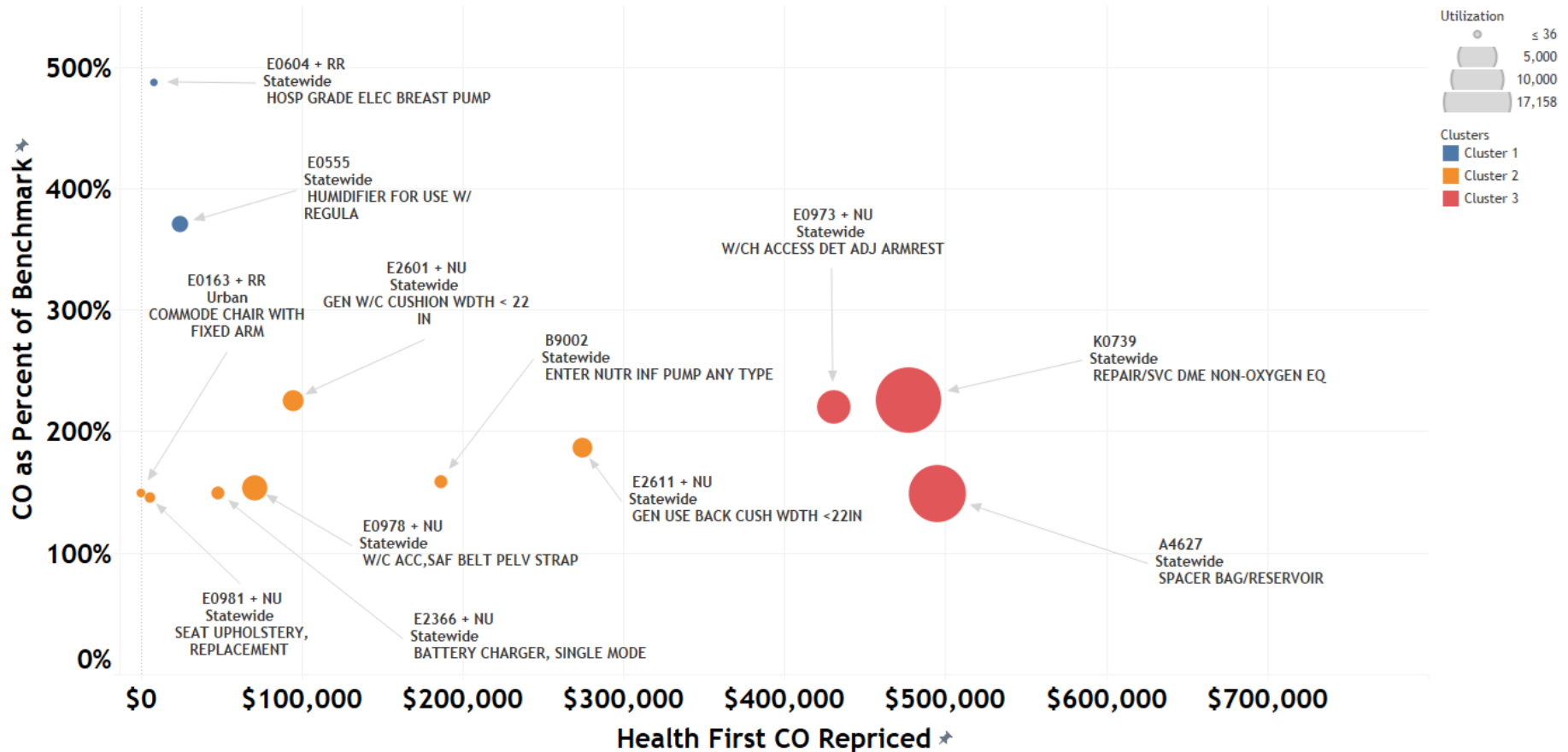
DME- Top 10 Codes by Utilization - RECAP

Rank	Code + Modifier	Region	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	E1390+RR	Urban	OXYGEN CONCENTRATOR	99.04%	146,679	28.55%
2	E0431RR	Urban	PORTABLE GASEOUS O2	85.51%	67,642	13.17%
3	E1390RR	Rural	OXYGEN CONCENTRATOR	82.21%	34,494	6.71%
4	K0738RR	Urban	PORTABLE GAS OXYGEN SYSTEM	80.80%	31,241	6.08%
5	E0431RR	Rural	PORTABLE GASEOUS O2	82.09%	18,704	3.64%
6	K0739	Statewide	REPAIR/SVC DME NON-OXYGEN EQ	225.42%	17,158	3.34%
7	E0601RR	Urban	CONT AIRWAY PRESSURE DEVICE	98.04%	13,107	2.55%
8	A4627	Statewide	SPACER BAG/RESERVOIR	148.25%	12,616	2.46%
9	E1392RR	Urban	PORTABLE OXYGEN CONCENTRATOR	81.05%	10,568	2.06%
10	E0424RR	Urban	STATIONARY COMPRESSED GAS O2	99.05%	10,488	2.04%

DME - RECAP

Above 140% Outlier Bubble Chart*

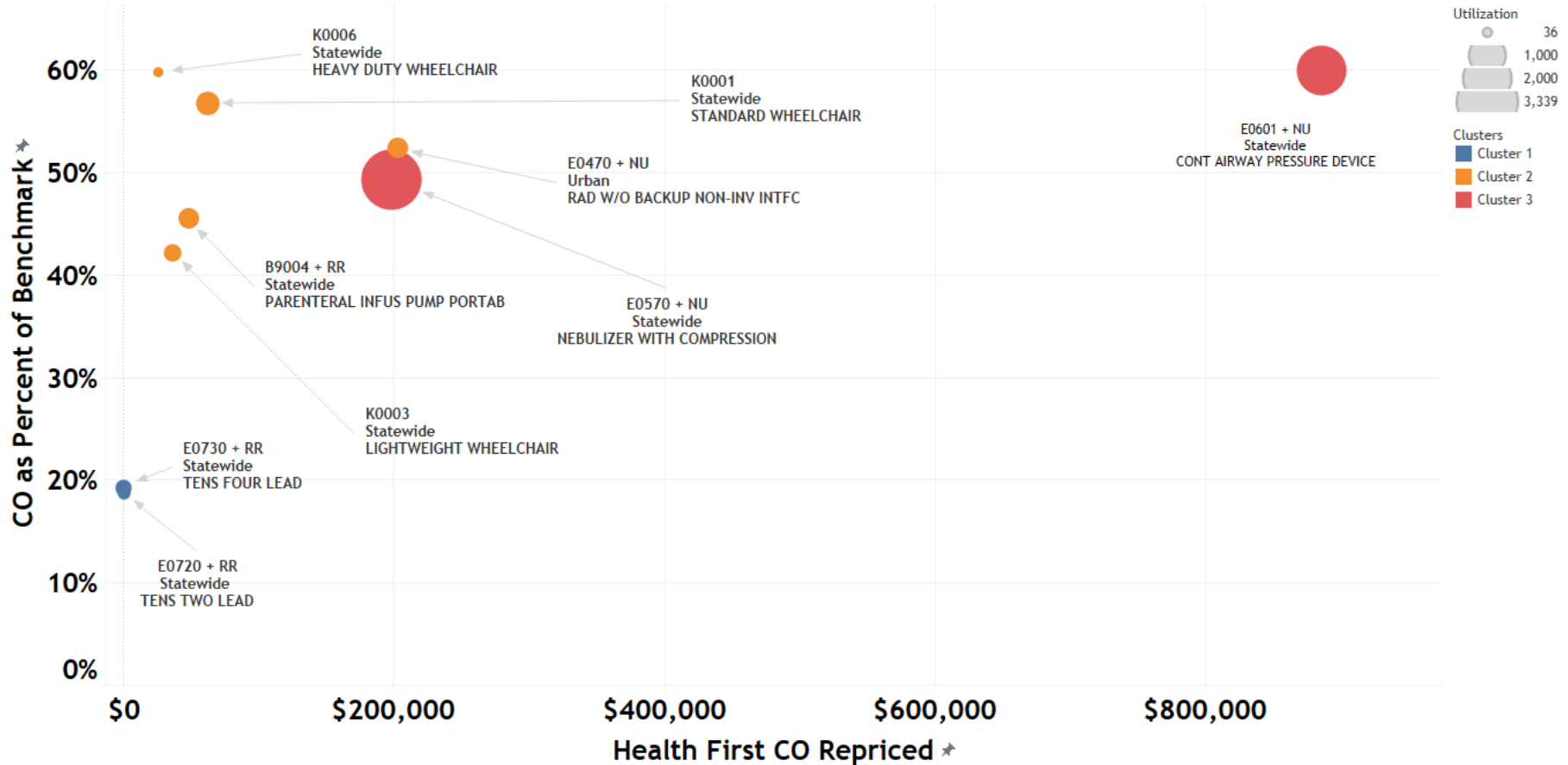
Rate Benchmark Comparison Outliers (Above 140%) SFY24
Durable Medical Equipment



DME - RECAP

Below 60% Outlier Bubble Chart*

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



DME

Access to Care Summary - RECAP

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

DME - Repair Code K0739 - NEW

Critical code above 100% of the Benchmark

- K0739 reimburses the labor required for a repair. This code includes repairs of non-oxygen equipment. Parts needed for a repair are reimbursed at the appropriate rate according to the HCPCS
 - Benchmarked against other state rates
 - 225% of the benchmark
- K0739 is priced to encourage suppliers to repair equipment when appropriate, rather than purchasing new equipment
- K0739 is a critical payment rate in the DMEPOS benefit:
 - Facilitates cost savings
 - More sustainable
 - Convenient for members
 - Access to care: +25% is added to incentivise technicians to travel to rural areas (HB22-1290)

DME - Upper Payment Limit (UPL) - NEW

- 231 of the 511 procedure code/modifier/region combinations with valid SFY 2024 utilization were included in HCPF's CY 2024 UPL demonstration
- Regardless of rate recommendations, HCPF will ensure compliance with the CMS UPL
 - Section 1903(i)(27) of the Social Security Act prohibits federal Medicaid reimbursement to states for certain durable medical equipment (DME) expenditures that are, in the aggregate, in excess of what Medicare would have paid for such items

Durable Medical Equipment (DME)



Comments

Durable Medical Equipment (DME)



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Prosthetics, Orthotics and Disposable Supplies (POS)



COLORADO

Department of Health Care
Policy & Financing

POS - Upper Payment Limit (UPL) - NEW

- POS code counts with valid SFY 2024 utilization were included in HCPF's CY 2024 UPL demonstration:
 - Prosthetics - 1 utilized code/modifier/region combinations
 - Orthotics - 12 utilized code/modifier/region combinations
 - Enteral Formula - 0 code/modifier/region combinations
 - Other and Disposable Supplies - 2 utilized code/modifier/region combinations
- Regardless of rate recommendations, HCPF will ensure compliance with the CMS UPL
 - Section 1903(i)(27) of the Social Security Act prohibits federal Medicaid reimbursement to states for certain durable medical equipment (DME) expenditures that are, in the aggregate, in excess of what Medicare would have paid for such items

POS - Prosthetics - RECAP

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

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

POS - Prosthetics - UPDATE

Critical Benchmark Ranges

419 total procedure code/modifier/region combinations

- 403 with benchmark ratios
- 16 excluded
- Among the procedure code/modifier/region combinations with benchmark ratios:
 - 397 (99%) code/modifier/region combinations use Medicare
 - 6 (1%) use other states for benchmarking
 - Benchmark ratio range is 7%-246%.
 - 194 (48%) procedure code/modifier/region combinations have a benchmark ratio that is within 70%-80% (excluding 80%), and these account for 97% of the utilization

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Above 70% and Below 80%	164	48%	97%
Between 80% and 100%	60	15%	2%
Below 60% or Above 140%	79	20%	0.1%
Below 10% or Above 500%	2	0.5%	0%

POS - Prosthetics - RECAP

Top 10 Codes by Utilization

Rank	Code + Modifier	Service Description	Region	Benchmark Ratio	Utilization	% of Total Utilization
1	L8420	PROSTHETIC SOCK MULTI PLY BK	Statewide	71.01%	2,628	19.44%
2	L8470	PROS SOCK SINGLE PLY BK	Statewide	71.25%	1,919	14.19%
3	L5673	SOCKET INSERT W LOCK MECH	Statewide	79.08%	712	5.27%
4	L5620	TEST SOCKET BELOW KNEE	Statewide	71.11%	520	3.85%
5	L8400	SHEATH BELOW KNEE	Statewide	71.41%	511	3.78%
6	L5679	SOCKET INSERT W/O LOCK MECH	Statewide	78.90%	432	3.20%
7	L5685	BELOW KNEE SUS/SEAL SLEEVE	Statewide	71.18%	373	2.76%
8	L8430	PROSTHETIC SOCK MULTI PLY AK	Statewide	71.40%	373	2.76%
9	L5637	BELOW KNEE TOTAL CONTACT	Statewide	71.10%	360	2.66%
10	L5940	ENDO BK ULTRA-LIGHT MATERIAL	Statewide	71.13%	329	2.43%

POS - Prosthetics

Access to Care Summary - RECAP

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



POS - Prosthetics



Comments

POS - Prosthetics



MPRRAC Recommendations

POS - Orthotics - RECAP

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

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

POS - Orthotics - UPDATE

Critical Benchmark Ranges

- 500 total procedure code/modifier/region combinations
 - 483 with benchmark ratios
 - 17 exclusions
 - Among the procedure code/modifier/region combinations with benchmark ratios:
 - 432 (89%) code/modifier/region combinations use Medicare
 - 51 (11%) use other states for benchmarking
 - The benchmark ratio range is 27%-307%
 - 241 (50%) procedure code/modifier/region combinations have a benchmark ratio that is within 70%-80% (excluding 80%), and these account for 69% of the utilization

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Above 70% and Below 80%	241	50%	69%
Between 80% and 100%	81	17%	6%
Below 60% or Above 140%	62	13%	7%



POS - Orthotics - RECAP

Top 10 Codes by Utilization

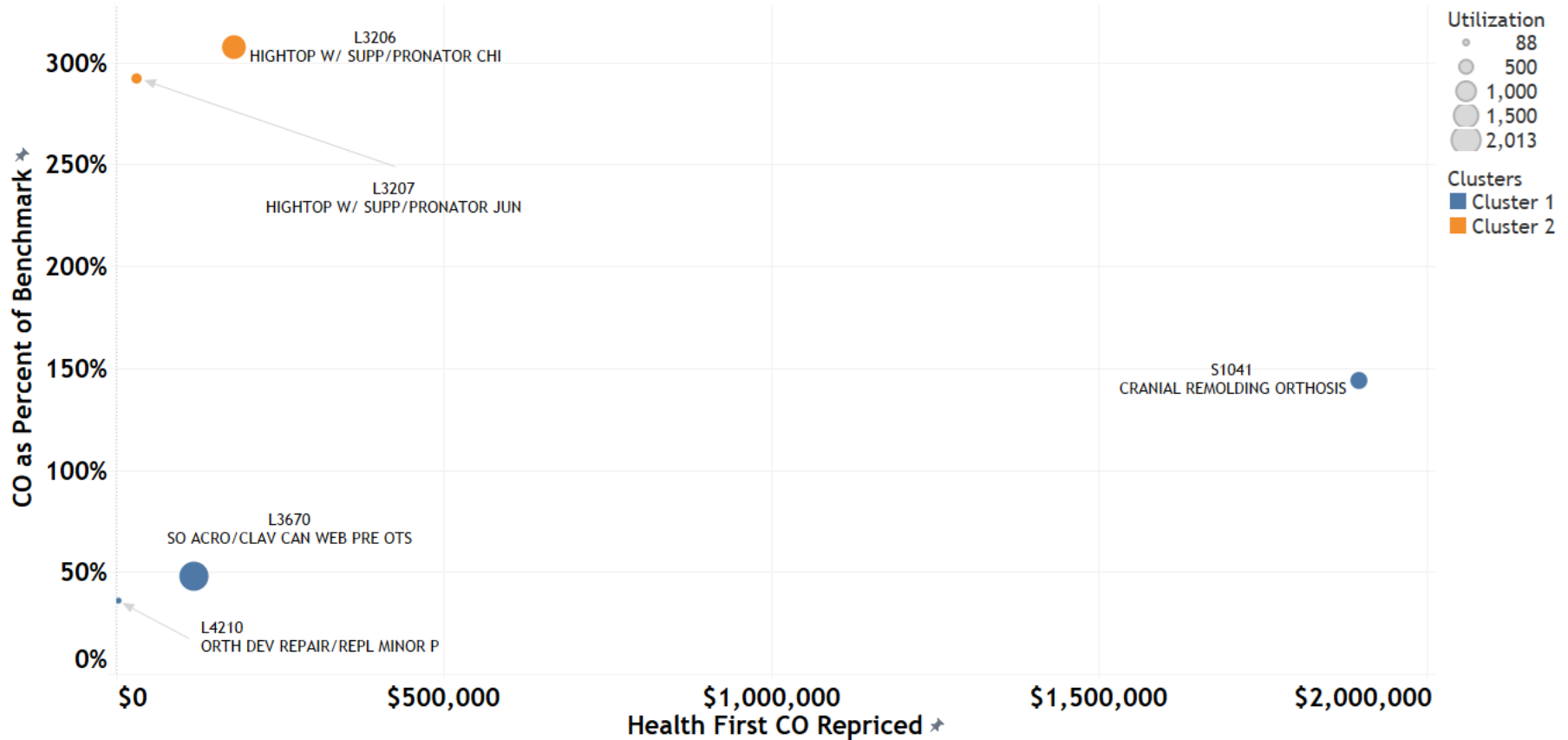
Rank	Code + Modifier	Service Description	Region	Benchmark Ratio	Utilization	% of Total Utilization
1	L2275	PLASTIC MOD LOW EXT PAD/LINE	Statewide	70.12%	4,290	6.75%
2	L4361	PNEUMA/VAC WALK BOOT PRE OTS	Statewide	71.18%	3,714	5.84%
3	L2840	TIBIAL LENGTH SOCK FX OR EQU	Statewide	70.02%	3,617	5.69%
4	L3908	WHO COCK-UP NONMOLDE PRE OTS	Statewide	71.31%	3,239	5.10%
5	L2820	SOFT INTERFACE BELOW KNEE SE	Statewide	70.43%	2,785	4.38%
6	L2280	MOLDED INNER BOOT	Statewide	69.98%	2,725	4.29%
7	L0621	SIO FLEX PELVIC/SACR PRE OTS	Statewide	123.47%	2,157	3.39%
8	L3202	OXFORD W/ SUPINAT/PRONATOR C	Statewide	107.63%	2,035	3.20%
9	L3670	SO ACRO/CLAV CAN WEB PRE OTS	Statewide	47.96%	2,013	3.17%
10	L3809	WHFO W/O JOINTS PRE OTS	Statewide	71.15%	1,991	3.13%



POS - Orthotics - UPDATE

Outlier Bubble Chart*

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



POS - Orthotics

Access to Care Summary - RECAP

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



POS - Orthotics - NEW

Stakeholder Engagement Update

- **L5973** and **L6880** - Manually priced on the Health First Colorado fee schedule
 - Stakeholders from the American Orthotic and Prosthetic Association (AOPA) have requested normal reimbursement rates for these codes
- Miscellaneous 99 codes (i.e., L2999)
 - Stakeholders requested these codes be priced at cost + 70% rather than the current cost + 24.06%. This request would require a budget increase
- **L2006 MP-KAFO** - Not currently a Health First Colorado benefit
 - Stakeholders from AOPA have requested that Health First Colorado cover this code
- HCPF is working with these stakeholders so they can properly submit their requests
- Regular communication between the DMEPOS policy team and stakeholders to better understand the justification for the requests
- Next steps: requests must go through the Benefit Determination Process



POS - Orthotics - NEW

Critical codes above 100% of the benchmark

S1040 - CRANIAL REMOLDING ORTHOSIS

- Custom-made, rigid helmet-like device with soft padding designed to gently mold an infant's head to correct cranial deformities like plagiocephaly
- Rate for S1040 encompasses the entire process, including the creation of the orthosis, fitting it to the infant, and making necessary adjustments; it is set in a way to properly reimburse providers in Colorado
- 144% of the benchmark (Benchmarked against other state rates)

POS - Orthotics



Comments

POS - Orthotics



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

POS - Enteral Formula - NEW

Enteral Formula is a liquid, nutrient-rich food or supplement designed to be delivered directly into the gastrointestinal (GI) tract, either orally or through a feeding tube, to meet nutritional needs when someone cannot consume enough food or nutrients orally due to medical conditions that impair normal digestion or absorption. These formulas may be nutritionally complete or specialized for specific medical conditions. Enteral formula is ordered by a physician, physician assistant, or nurse practitioner and provided according to standards of practice. Under appropriate circumstances, enteral formula may be covered under Medicare Part B when medical necessity criteria are met.

POS - Enteral Formula - NEW

POS- Enteral Formula	
Total Adjusted Expenditures SFY 2023-24	\$28,938,450
Total Members Utilizing Services in SFY 2023-24	10,243
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	4.03%
Total Active Providers SFY 2023-24	119
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	12.26%

POS Enteral Formula Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$28,938,451	\$20,448,060	141.52%

POS - Enteral Formula - NEW

Critical Benchmark Ranges

- 32 total procedure code/modifier/region combinations
 - 27 with benchmark ratios
 - 5 exclusions
 - Among the procedure code/modifier/region combinations with benchmark ratios:
 - 19 (70%) code/modifier/region combinations use Medicare
 - 8 (30%) use other states for benchmarking
 - Benchmark ratio range is 15%-329%.
 - 12 (45%) procedure code/modifier/region combinations have a benchmark ratio that is above 100%, and these account for 99% of the utilization

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	3	11%	0.2%
Above 100% and Below 140%	7	26%	51%
Below 60%	11	41%	0.04%
Above 140%	5	19%	48%



POS - Enteral Formula - NEW

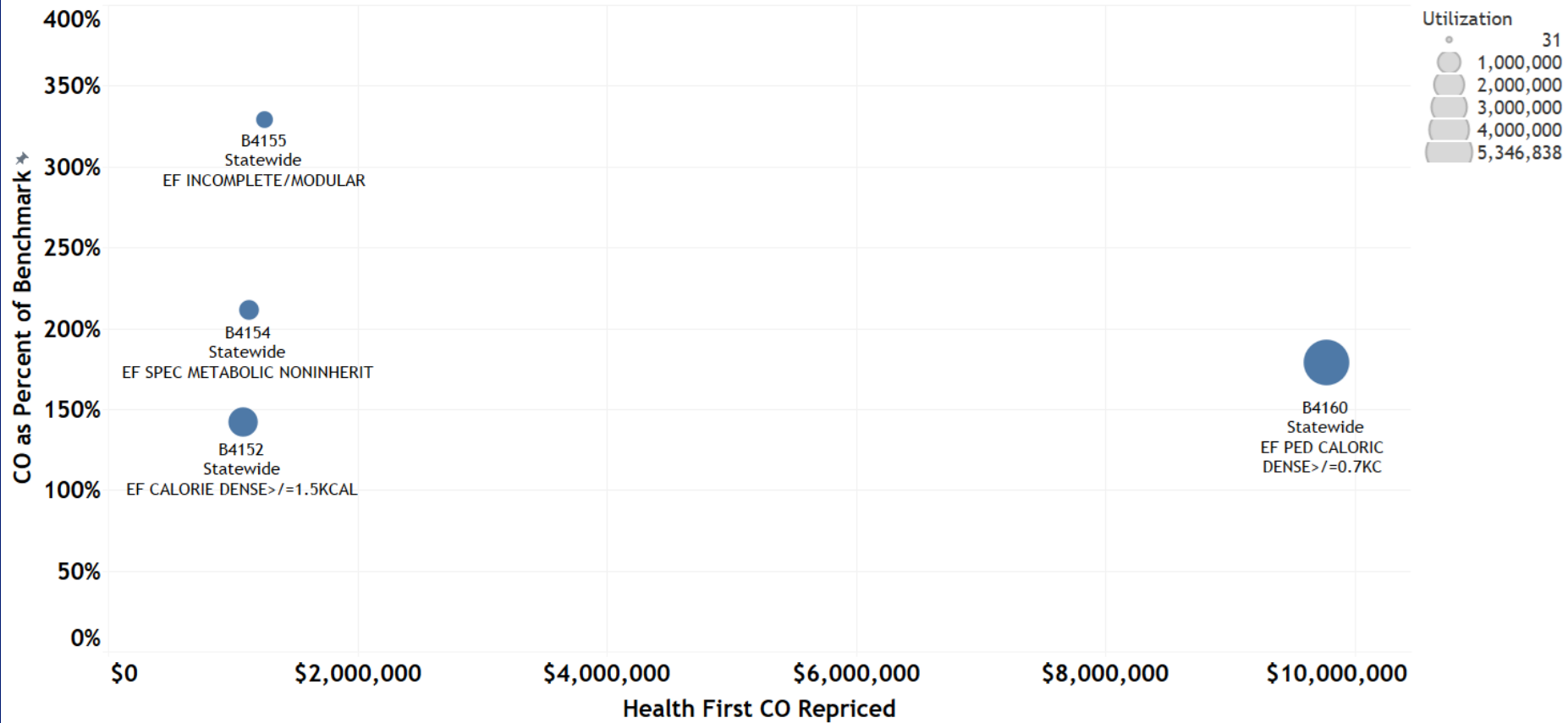
Top 10 Codes by Utilization

Rank	Code + Modifier	Service Description	Region	Benchmark Ratio	Utilization	% of Total Utilization
1	B4160	EF PED CALORIC DENSE> /=0.7KC	Statewide	178.69%	5,346,838	31.45%
2	B4161	EF PED HYDROLYZED/AMINO ACID	Statewide	120.72%	2,890,897	17.00%
3	B4149	EF BLENDERIZED FOODS	Statewide	109.38%	2,672,575	15.72%
4	B4152	EF CALORIE DENSE> /=1.5KCAL	Statewide	142.43%	1,852,887	10.90%
5	B4150	EF COMPLET W/INTACT NUTRIENT	Statewide	134.61%	1,738,593	10.23%
6	B4153	EF HYDROLYZED/AMINO ACIDS	Statewide	117.78%	954,791	5.62%
7	B4154	EF SPEC METABOLIC NONINHERIT	Statewide	210.97%	644,858	3.79%
8	B4158	EF PED COMPLETE INTACT NUT	Statewide	123.32%	448,721	2.64%
9	B4155	EF INCOMPLETE/MODULAR	Statewide	329.31%	398,895	2.35%
10	B4102	EF ADULT FLUIDS AND ELECTRO	Statewide	82.71%	36,047	0.21%

POS - Enteral Formula - NEW

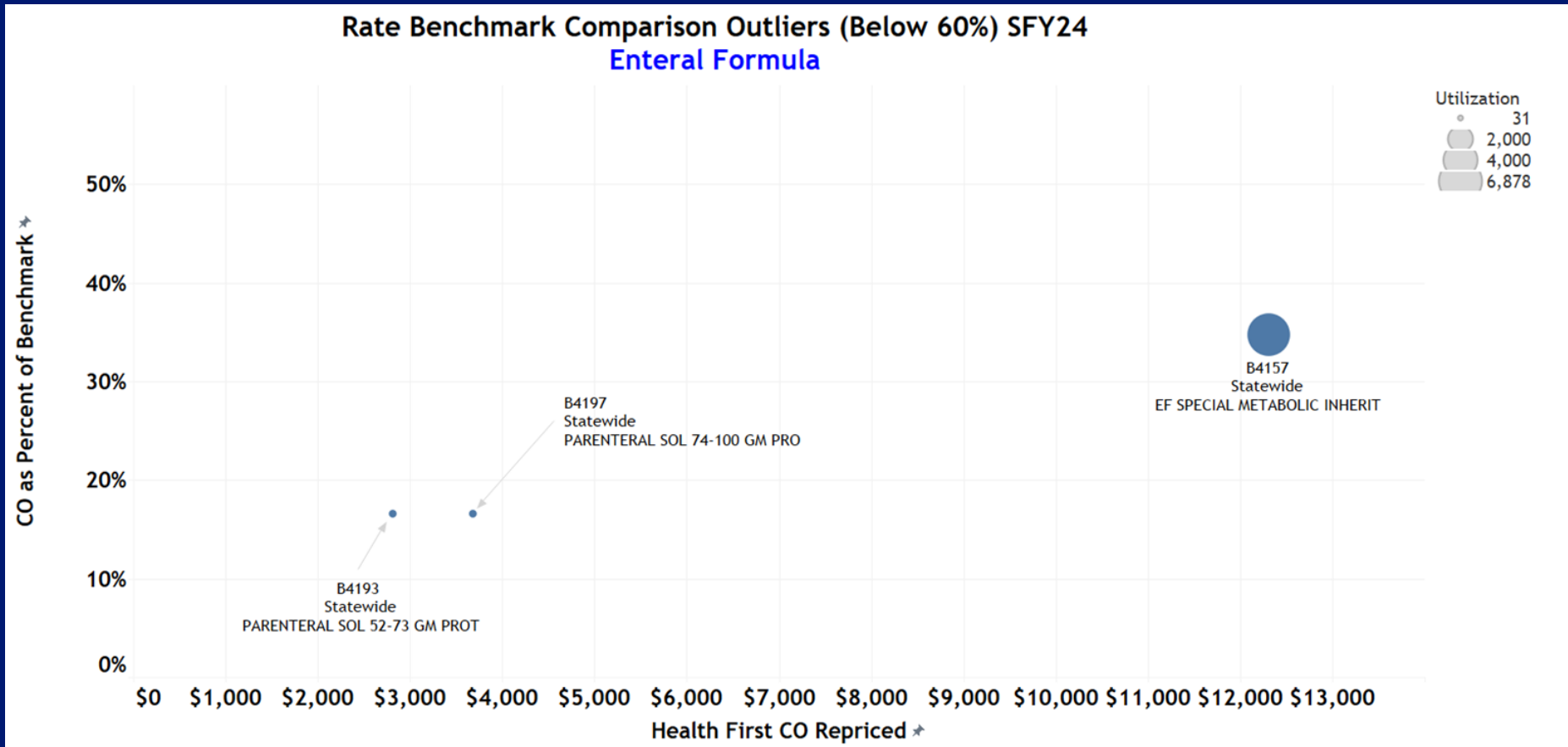
Outliers Above 140% Bubble Chart

Rate Benchmark Comparison Outliers (Above 140%) SFY24
Enteral Formula



POS - Enteral Formula - NEW

Outliers Below 60% Bubble Chart



POS - Enteral Formula - NEW

Codes above 100% of the Benchmark

- 12 codes with benchmark ratios above 100% account for 99% of utilization
- Rates for these codes were intentionally set higher than Medicare rates for the following reasons:
 - There are many formula products assigned to each code.
 - Medicare covers standard (low-cost) adult formulas, but more than $\frac{2}{3}$ of the Health First Colorado expenditure in this category is for pediatric patients, who typically require higher cost formulas



POS - Enteral Formula

Access to Care Summary - NEW

- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban panel size decreased in SFY 2022-23 then increased in SFY 2023-24 due to changes in the number of providers. Rural panel size was stable.
- Penetration rate was highest in Crowley County and moderate in some I-25 corridor counties, while lower in Western and Eastern CO.
- The percent of providers who only served one member during the fiscal year increased from SFY 2021-22 to SFY 2023-24.

POS - Enteral Formula



Comments

POS - Enteral Formula



MPRRAC Recommendations

POS - Other and Disposable Supplies - UPDATE

POS- Other and Disposable Supplies	
Total Adjusted Expenditures SFY 2023-24	\$67,302,598
Total Members Utilizing Services in SFY 2023-24	63,399
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	2.44%
Total Active Providers SFY 2023-24	4,322
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-0.53%

POS Other and Disposable Supplies Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$67,302,598	\$70,294,558	95.74%

POS - Other and Disposable Supplies - UPDATE

Critical Benchmark Ranges

- 700 total procedure code/modifier/region combinations
 - 620 with benchmark ratios
 - 80 exclusions
 - Among the procedure code/modifier/region combinations with benchmark ratios:
 - 493 (80%) code/modifier/region combinations use Medicare
 - 127 (20%) use other states for benchmarking
 - The benchmark ratio range is 1%-320%
 - 217 (35%) procedure code/modifier/region combinations have a benchmark ratio that is within 80%-140% (excluding 140%), and these account for 88% of the utilization

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	152	25%	38%
Above 100% and Below 140%	65	10%	50%
Below 60% or Above 140%	80	13%	6%
Below 10% or Above 500%	10	2%	0.1%



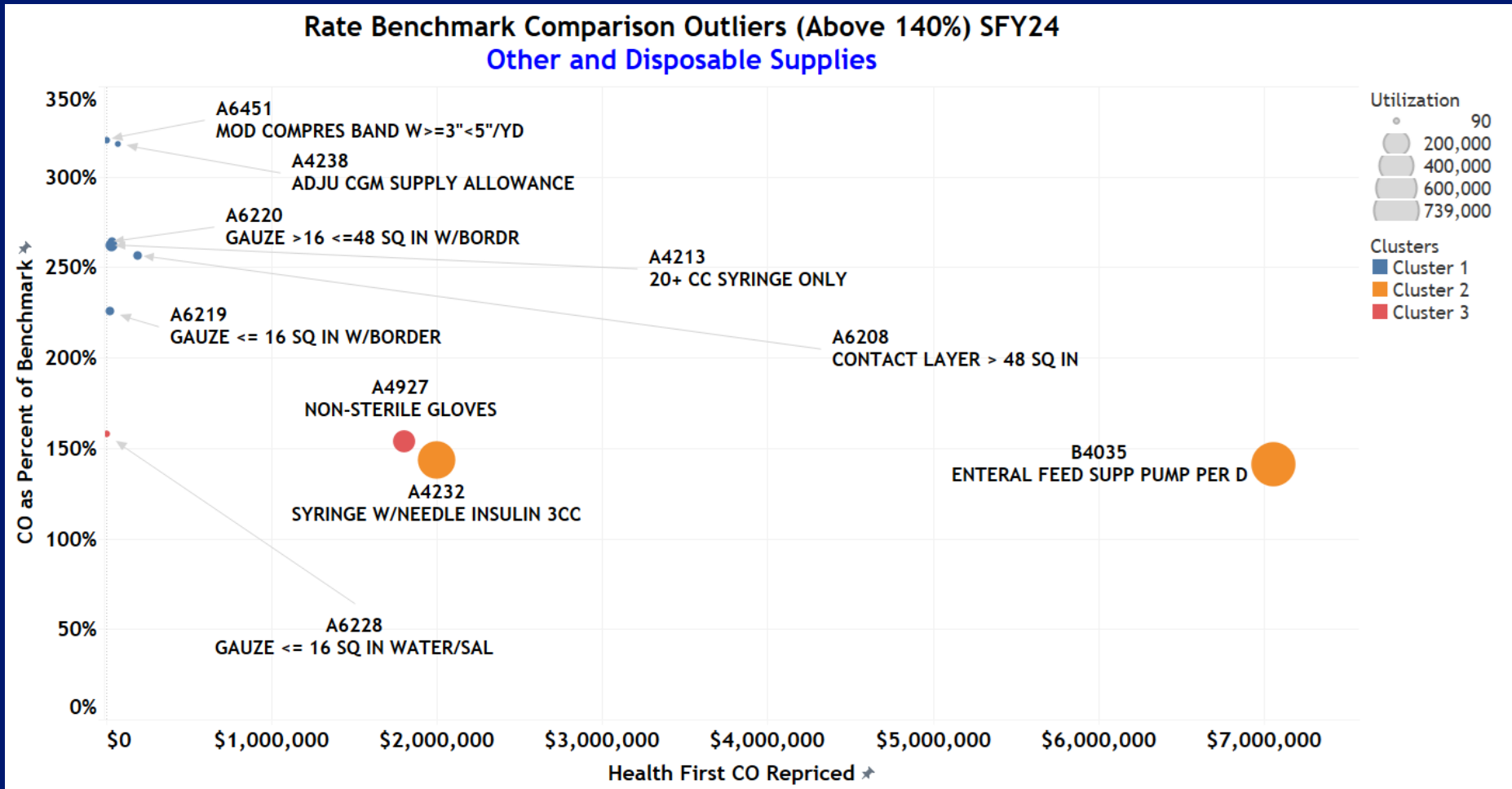
POS - Other and Disposable Supplies - UPDATE

Top 10 Codes by Utilization

Rank	Code + Modifier	Service Description	Region	Benchmark Ratio	Utilization	% of Total Utilization
1	A4215	STERILE NEEDLE	Statewide	119.70%	4,058,236	13.39%
2	T4534	YOUTH SIZE PULL-ON	Statewide	134.03%	3,535,036	11.66%
3	T4535	DISPOSABLE LINER/SHIELD/PAD	Statewide	92.13%	3,529,298	11.64%
4	A5120	SKIN BARRIER, WIPE OR SWAB	Statewide	85.31%	1,818,749	6.00%
5	T4526	ADULT SIZE PULL-ON MED	Statewide	104.42%	1,697,834	5.60%
6	T4527	ADULT SIZE PULL-ON LG	Statewide	110.77%	1,676,169	5.53%
7	T4522	ADULT SIZE BRIEF/DIAPER MED	Statewide	109.51%	1,170,971	3.86%
8	T4530	PED SIZE BRIEF/DIAPER LG	Statewide	82.44%	1,035,257	3.42%
9	T4532	PED SIZE PULL-ON LG	Statewide	87.51%	1,010,579	3.33%
10	A6402	STERILE GAUZE <= 16 SQ IN	Statewide	86.14%	756,433	2.50%

POS - Other and Disposable Supplies - UPDATE

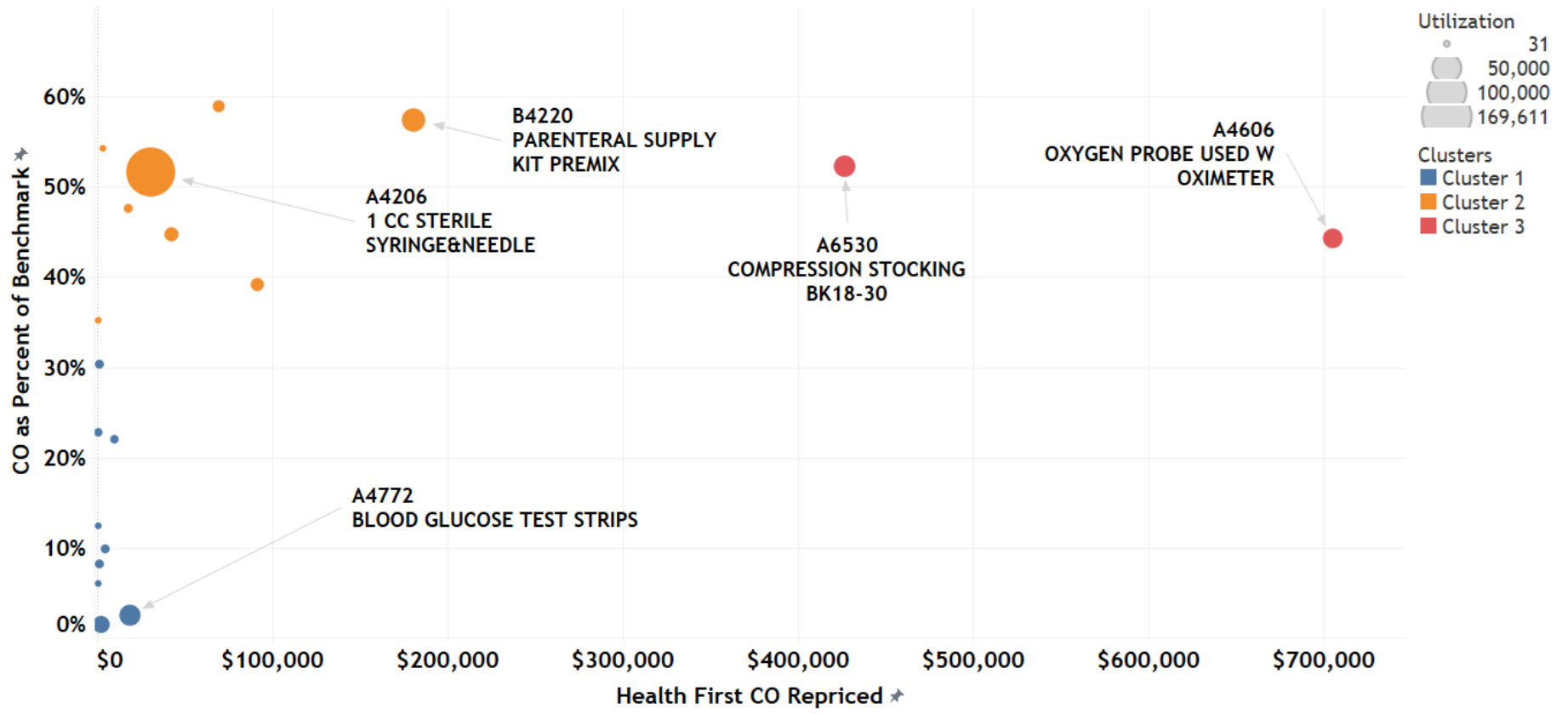
Outliers Above 140% Bubble Chart*



POS - Other and Disposable Supplies - UPDATE

Outliers Below 60% Bubble Chart*

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



POS - Other and Disposable Supplies Access to Care Summary - UPDATE

- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Rural and urban panel size was stable, although urban regions had a slight upward trend in SFY 2023-24 due to an increase in utilizers.
- Penetration rate was highest in Crowley County and moderate throughout much of the state, while lower on the Western Slope.
- About 25% of providers that served one member in a fiscal year can be explained by alternative online retailers.



POS - Other and Disposable Supplies



Comments

POS - Other and Disposable Supplies



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Laboratory and Pathology Services



Laboratory and Pathology Services - UPDATE

Laboratory and Pathology Statistics	
Total Adjusted Expenditures SFY 2023-24	\$159,181,669
Total Members Utilizing Services in SFY 2023-24	431,313
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-9.89%
Total Active Providers SFY 2023-24	7,263
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	2.82%

Laboratory and Pathology Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$159,181,669	\$170,536,743	93.34%

Laboratory and Pathology - UPDATE

Critical Benchmark Ranges

- 1,566 total procedure code/modifier combinations
 - 1,556 with benchmark ratios
 - 10 exclusions
 - Among the procedure code/modifier combinations with benchmark ratios:
 - 1,521 (98%) procedure code/modifier combinations use Medicare
 - 35 (2%) use other states for benchmarking
 - Benchmark ratio range is 9%-275%
 - 1,410 (91%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these account for 95% of the utilization

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	1410	91%	95%
Below 60% or Above 140%	39	3%	1%
Below 10% or Above 500%	1	0.06%	*0%

*Less than 1/1000 of a percent

Laboratory and Pathology Services - UPDATE

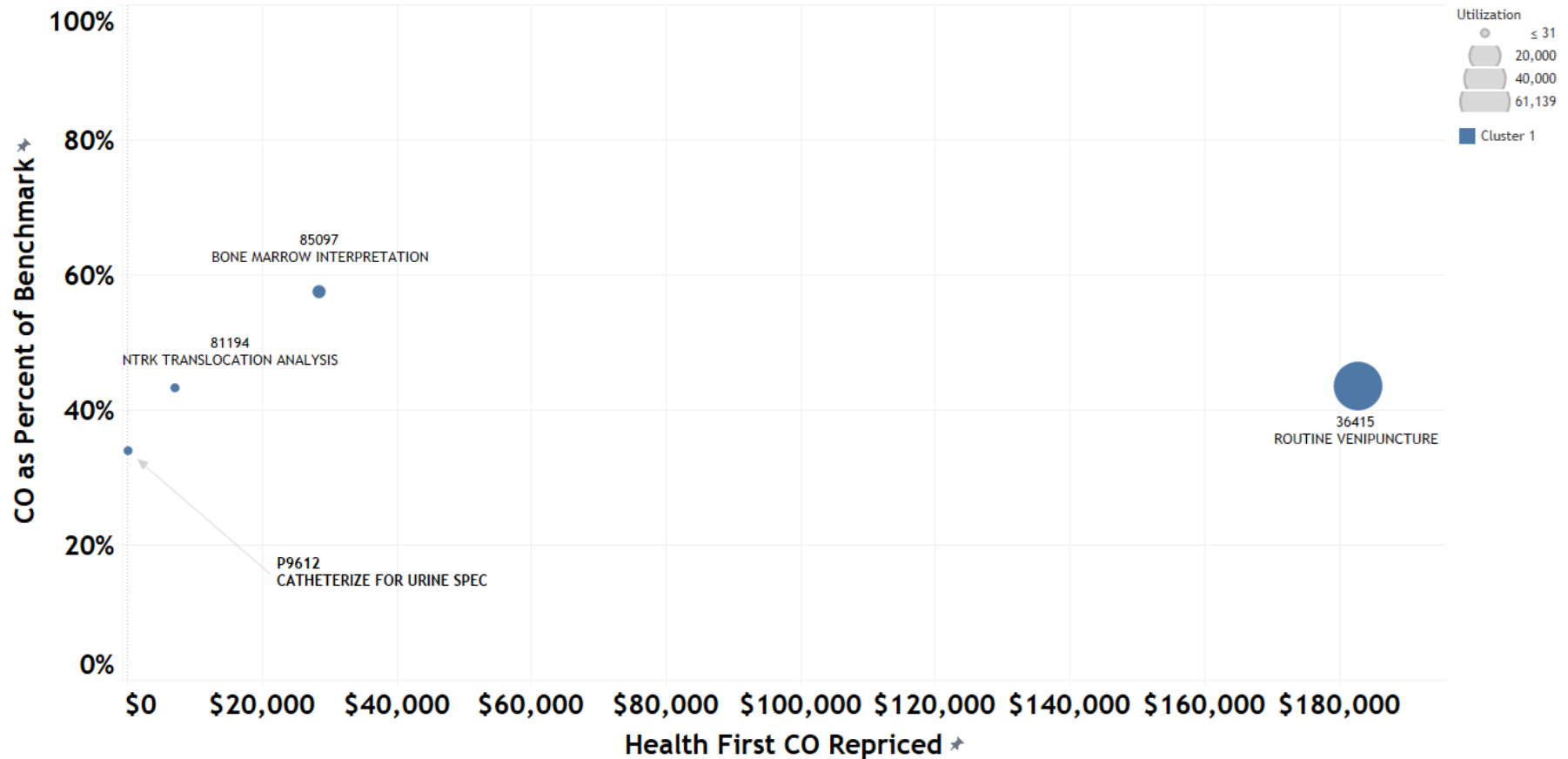
Top 10 Codes by Utilization

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	87798	DETECT AGENT NOS DNA AMP	100.00%	239,251	5.78%
2	80307	DRUG TEST PRSMV CHEM ANALYZR	81.59%	177,346	4.28%
3	G0483	DRUG TEST DEF 22+ CLASSES	85.90%	151,248	3.65%
4	83036	HEMOGLOBIN GLYCOSYLATED A1C	100.00%	137,330	3.32%
5	80061	LIPID PANEL	100.00%	127,472	3.08%
6	85025	COMPLETE CBC W/AUTO DIFF WBC	100.00%	114,570	2.77%
7	80053	COMPREHEN METABOLIC PANEL	100.00%	107,242	2.59%
8	87591	N.GONORRHOEAE DNA AMP PROB	100.00%	89,975	2.17%
9	87491	CHLMYD TRACH DNA AMP PROBE	100.00%	89,724	2.17%
10	80305	DRUG TEST PRSMV DIR OPT OBS	100.00%	81,402	1.97%

Laboratory and Pathology Services - UPDATE

Outlier Bubble Chart

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



Laboratory and Pathology Access to Care Summary - UPDATE

- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban panel size had a decreasing trend due to decreasing utilizers, while rural panel size was more stable.
- Penetration rate was highest in Fremont County and moderate in several South-Western, North-Western, and I-25 corridor counties. It was lowest on the Western Slope.
- Much of the state had relatively short drive times under 30 minutes, with a small percentage of members residing over an hour from a provider.



Laboratory and Pathology - NEW

UPL Methodology for Codes Above 100% of the Benchmark

To remain in compliance with the CMS Clinical Diagnostic Laboratory (CDL) UPL, codes subject to UPL will undergo HCPF's CDL-UPL Medicare benchmark methodology in July 2025

- Rates for codes subject to the CDL-UPL must be set at or below 100% of the Medicare benchmark rate
- 30 out of the 71 procedure code/modifier combinations that are above 100% of the benchmark will be subject to the CDL-UPL

Laboratory and Pathology Services



Comments

Laboratory and Pathology Services



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Outpatient Physical Therapy, Occupational Therapy, Speech Therapy (PT/OT/ST)



Outpatient PT - RECAP

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

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

Outpatient PT - UPDATE

Benchmark Analysis Summary

- 51 total procedure code/modifier combinations:
 - 49 with benchmark ratios
 - 2 exclusions
 - Among the procedure code/modifier combinations with benchmark ratios:
 - 41 (84%) codes use Medicare
 - 8 (16%) codes use other states for benchmarking
 - The benchmark ratio range is 75%-122%
 - 36 (73%) procedure code/modifier combinations have a benchmark ratio that is within 80%-110%, and these codes account for 99% of the utilization
 - 8 codes codes with utilization have benchmark ratio over 100%. 3 of them (97110-108.8%, 97112-102%, 97140-107.5%) have high percentages of total utilization (97110-22.7%, 97112-22.2%, 97140-13.6%). The reason why their benchmark ratios over 100% was due to the drop of Medicare rates and the increase of Medicaid rates

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

Outpatient PT - RECAP

Top 10 Codes by Utilization

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	97530	THERAPEUTIC ACTIVITIES	97.83%	369,777	30.26%
2	97110	THERAPEUTIC EXERCISES	108.78%	277,910	22.75%
3	97112	NEUROMUSCULAR REEDUCATION	101.95%	271,412	22.21%
4	97140	MANUAL THERAPY 1 /> REGIONS	107.47%	166,254	13.61%
5	97150	GROUP THERAPEUTIC PROCEDURES	85.86%	30,786	2.52%
6	97113	AQUATIC THERAPY/EXERCISES	107.27%	18,751	1.53%
7	97533	SENSORY INTEGRATION	91.13%	14,757	1.21%
8	97164	PT RE-EVAL EST PLAN CARE	86.78%	13,552	1.11%
9	97014	ELECTRIC STIMULATION THERAPY	119.82%	11,618	0.95%
10	97162	PT EVAL MOD COMPLEX 30 MIN	86.83%	10,050	0.82%

Outpatient PT

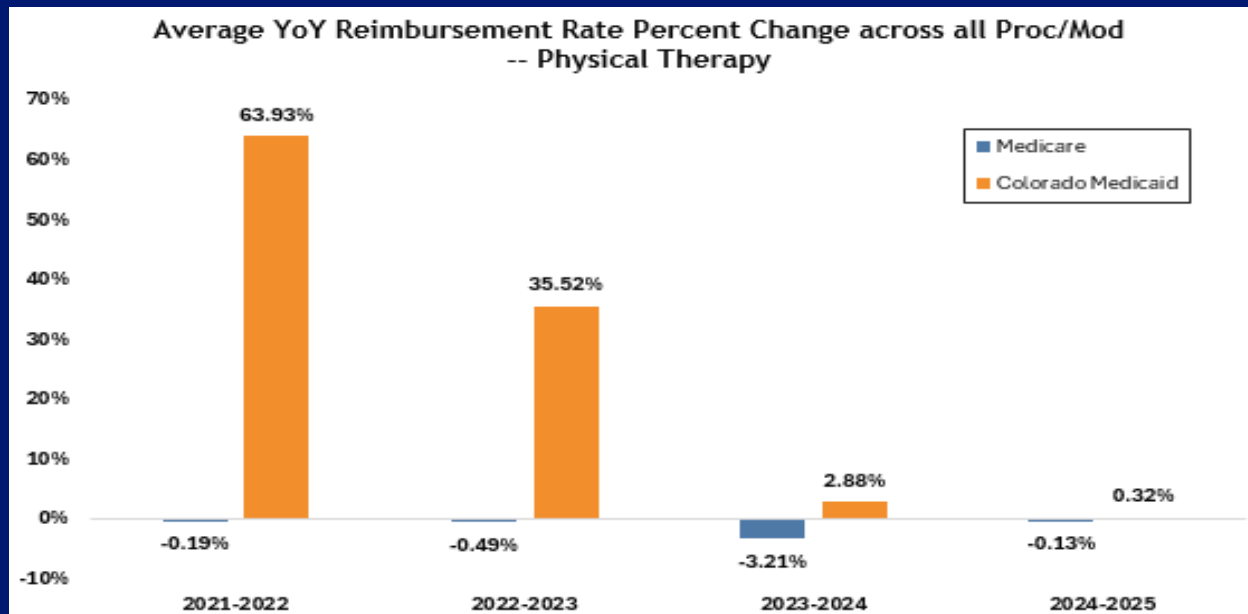
Access to Care Summary - RECAP

- Medicaid provider participation: 37%
- Panel size was highest in Kit Carson County and moderate in some I-25 corridor counties. Urban panel size increased in SFY 2022-23 and decreased in SFY 2023-24 due to an increase then decrease in utilizers.
- Penetration rate was highest in Kit Carson County, moderate in several counties near the I-25 corridor and was lowest in Western and South-Eastern Colorado.
- Telemedicine utilization decreased over the period.
- Per utilizer per month Medicaid expenditures were lower than commercial payers, but higher than other payers.
- Per utilizer per year Medicaid utilization was higher than other payers.

Outpatient PT

Year-over-year Reimbursement Rate Trend Analysis - NEW

- Benchmark ratio: 100.85%
- 10 out of 41 codes using Medicare for benchmarking have a benchmark ratio over 100%, of these 10 codes, 8 of them have utilization
- Analysis shows the biggest impact in recent 4 years came from 2021-2022, when CO Medicaid rates on average raised 63.93%, then the following year raised 35.52%. Meanwhile the average Medicare rate has been steadily decreasing by <0.5%, only exception is from 2023-2024 when the rate dropped 3.21%
- CO Medicaid rates went through drastic adjustments (both ups and downs, strong upwards trend in general) in 2021 and 2022



Outpatient PT

Preventive Care in Outpatient PT - NEW

- Recent communication with PT provider community recommended that all physical therapy is preventative since it reduces higher medical utilization and the associated downstream costs. Furthermore, the provider sent a list of 12 codes that were believed to be preventive care.
- HCPF policy specialists state that CMS views physical and occupational outpatient therapy as rehabilitation, not preventative. Additionally, HCPF did not find any code related to PT/OT/ST in the U.S. Preventive Services Task Force (USPSTF) A or B ratings list



Outpatient PT

Potential Preventive Care in Outpatient PT - NEW

- We received potential preventive code recommendations from Colorado Chapter APTA (American Physical Therapy Association).
- 12 preventive codes (24.5% of total 49 PT codes) in this service grouping
 - Benchmark ratio range is 85.9% - 108.8%
 - All use Medicare for benchmarking

Service Subcategory	Potential Preventive Code Count	Utilization Percentage	CO Repriced Amount Percentage	Overall benchmark Ratio
Physical Therapy (PT)	12	81.16%	82.59%	100.27%



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Outpatient PT



Comments

Outpatient PT



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Outpatient OT - RECAP

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

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

Outpatient OT - UPDATE

Benchmark Analysis Summary

- 49 total procedure code/modifier combinations
 - 48 with benchmark ratios
 - 1 exclusion
 - Among the procedure code/modifier combinations with benchmark ratios:
 - 40 (83%) codes use Medicare
 - 8 (17%) codes use other states for benchmarking
 - Benchmark ratio range is 75%-122%
 - 33 (69%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for 91% of the utilization.
 - 8 codes codes with utilization have benchmark ratio over 100%. 2 of them (97110-108.8%, 97112-101.9%) have percentages of total utilization above or equal to 3% (97110-4.4%, 97112-3%). The reason why their benchmark ratio are over 100% was due to the drop of Medicare rates and the increase of Medicaid rates

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	33	69%	91%



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Outpatient OT - RECAP

Top 10 Codes by Utilization

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	97530	THERAPEUTIC ACTIVITIES	97.80%	712,744	76.05%
2	97533	SENSORY INTEGRATION	91.10%	109,526	11.69%
3	97110	THERAPEUTIC EXERCISES	108.79%	41,565	4.43%
4	97112	NEUROMUSCULAR REEDUCATION	101.94%	28,183	3.01%
5	97535	SELF CARE MNGMENT TRAINING	86.94%	13,311	1.42%
6	97113	AQUATIC THERAPY/EXERCISES	107.38%	8,017	0.86%
7	97166	OT EVAL MOD COMPLEX 45 MIN	85.13%	6,390	0.68%
8	97140	MANUAL THERAPY 1/> REGIONS	107.61%	5,599	0.60%
9	97168	OT RE-EVAL EST PLAN CARE	84.62%	2,834	0.30%
10	97165	OT EVAL LOW COMPLEX 30 MIN	84.95%	1,289	0.14%

Outpatient OT Access to Care Summary - RECAP

- Medicaid provider participation was 51%
- Panel size was highest in El Paso County and moderate in some Western and Northern CO counties. Rural and urban panel size remained stable.
- Penetration rate was highest in Delores County, moderate in some I-25 corridor counties, and was lowest in much of Eastern and Western Colorado.
- Telemedicine utilization had a decreasing trend from SFY 2021-22 to SFY 2023-24.
- The shortest drive times were along the I-25 corridor due to more providers, and some in Central, Eastern, and Western CO. Much of Eastern and Western CO still had high drive times.
- Per utilizer per month Medicaid expenditures and per utilizer per year utilization were higher than other payers due to having similar rates but significantly higher utilization.



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Outpatient OT

Potential Preventive Care in Outpatient OT - NEW

- We received preventive codes recommendation from OTAC (Occupational Therapy Association of Colorado).
- Four different areas:
 - Occupational Therapy Evaluations
 - Therapeutic Interventions
 - Caregiver Training
 - Modalities
- 14 preventive codes (29.2% of total 48 OT codes) in this service grouping
 - Benchmark ratio range is 84.6% - 121.9%
 - 12 of these 14 codes (66.67%) use Medicare for benchmarking, 2 don't have utilization
- HCPF policy specialists think majority of these codes should fall under treatment.

Service Subcategory	Potential Preventive Code Count	Utilization Percentage	CO Repriced Amount Percentage	Overall benchmark Ratio
Occupational Therapy (OT)	14	90.56%	91.61%	95.87%



Outpatient OT



Comments

Outpatient OT



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Outpatient ST - RECAP

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

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

Outpatient ST - UPDATE

Benchmark Analysis Summary

- 26 total procedure code/modifier combinations with benchmark ratios, no excluded codes
 - Among the procedure code/modifier combinations with benchmark ratios:
 - 21 (81%) codes use Medicare
 - 5 (19%) codes use other states for benchmarking
 - Benchmark ratio range is 34%-236%
 - 18 (69%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for 92% of the utilization
 - 6 codes with utilization have benchmark ratio equal to 100%. Only one of them (92507+GT-150.2%) has percent of total utilization over 5% (5.2%). Since GT is telehealth modifier, the rate increase during 2021-2025 is likely due to the impact of COVID

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



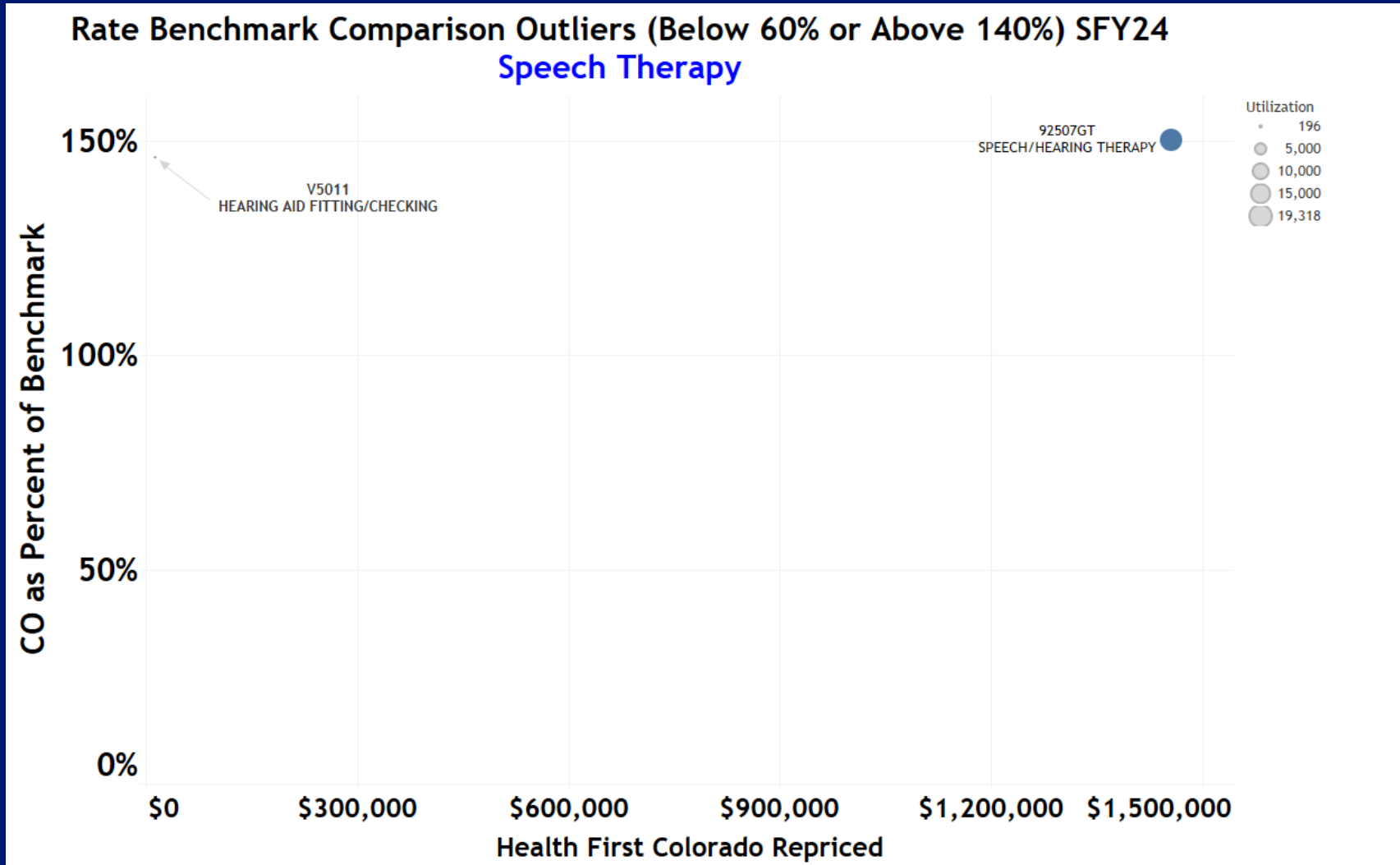
Outpatient ST - RECAP

Top 10 Codes by Utilization

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	92507	SPEECH/HEARING THERAPY	93.40%	262,621	70.02%
2	92609	USE OF SPEECH DEVICE SERVICE	86.91%	37,689	10.05%
3	92507+GT	SPEECH/HEARING THERAPY	150.25%	19,318	5.15%
4	92508	SPEECH/HEARING THERAPY	85.46%	12,981	3.46%
5	92526	ORAL FUNCTION THERAPY	86.76%	12,422	3.31%
6	92523	SPEECH SOUND LANG COMPREHEN	86.12%	11,249	3.00%
7	97130	THER IVNTJ EA ADDL 15 MIN	121.83%	7,432	1.98%
8	97129	THER IVNTJ 1ST 15 MIN	121.93%	4,405	1.17%
9	96112	DEVEL TST PHYS/QHP 1ST HR	86.55%	2,088	0.56%
10	92524	BEHAVRAL QUALIT ANALYS VOICE	87.28%	957	0.26%

Outpatient ST - RECAP

Outlier Bubble Chart



Outpatient ST Access to Care Summary - RECAP

- Medicaid provider participation: 61%
- Panel size was highest in Kit Carson County and moderate in some I-25 corridor and Western CO counties. Urban panel size increased in SFY 2022-23 and decreased in SFY 2023-24 due to an increase then decrease in utilizers.
- Penetration rate was highest in Weld County and moderate in several counties near the I-25 corridor, and was lowest in Western and Eastern Colorado.
- The shortest drive times were along the I-25 corridor due to more providers, and some in Central, Eastern, and Western CO. Much of Eastern and Western CO still had high drive times.
- Telemedicine utilization had a decreasing trend from SFY 2021-22 to SFY 2023-24.
- Per utilizer per month Medicaid expenditures and per utilizer per year utilization were higher than other payers due to lower rates but significantly higher utilization.



Outpatient ST Rate Alignment Issues - NEW

- At the March 21, 2025 public meeting, the below issues were mentioned:
 - Rate alignment for 92507 (SPEECH/HEARING THERAPY):
 - Most commonly used rate was \$72 for outpatient but \$155 for home health ST
 - HCPF found that due to outpatient and home health serving different populations, and with different regulations and requirements, we cannot only compare the rates without considering these conditions
 - Telehealth rate alignment:
 - Rate for codes with GT modifier is \$5 more than same codes without GT modifier. HCPF is open to discuss this with the provider community



Outpatient ST

Potential Preventive Care in Outpatient ST - NEW

- We received preventive codes recommendation from CSHA (Colorado Speech-Language-Hearing Association).
- Two different areas: evaluation codes (92523, 92610, 92607) and treatment codes (92507, 92508, 92609, 92526)
- 7 preventive codes (29.2% of total 26 ST codes) in this service grouping
 - Benchmark ratio range is 85.5% - 93.4%
 - All use Medicare for benchmarking
- HCPF policy specialists think majority of these codes should fall under early intervention, rehabilitation, and treatment.

Service Subcategory	Potential Preventive Code Count	Utilization Percentage	CO Repriced Amount Percentage	Overall benchmark Ratio
Speech-Language Therapy (ST)	7	90.30%	91.82%	91.45%



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Outpatient ST



Comments

Outpatient ST



MPRRAC Recommendations

Specialty Care Services



Specialty Care Services - UPDATE

Specialty Care Services includes skin substitutes and E-consult codes

- Skin substitute products are categorized and reimbursed based on their composition: Allogenic Acellular, Allogenic Cellular, Xenogenic and Injections.
- E-consult is a new benefit as of February 2024; hence, a rate-only comparison was performed due to the lack of a full year of data. (SFY 2024: July 1, 2023-June 30, 2024)

Specialty Care Services Statistics

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

Specialty Care Services Repriced Benchmark Comparison

Colorado Repriced	9 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$45,409	\$55,997	81.09%

* Blinded to protect PHI



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Specialty Care Services - RECAP

Skin Substitute Groups by Utilization

Code Count	Skin Sub Group	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
7	Allogenic Cellular	Product is derived from human cells and contains whole and/or living cells	81.17%	1,034	86.02%
27	Allogenic Acellular	Product is derived from human cells and does not contain living cells	82.96%	130	10.82%
20	Xenogenic	Product is derived from a non-human species	52.50%	38	3.16%
3	Injection	Injectable products	*30.24%	0	0

*Rate-only comparison due to no utilization data.

Specialty Care Services

Access to Care Summary - RECAP

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

Specialty Care Services



Comments

Specialty Care Services



MPRRAC Recommendations

Early Intervention Targeted Case Management (TCM) Services



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Early Intervention TCM Services - UPDATE

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

Early Intervention TCM Services Repriced Benchmark Comparison				
Procedure Code	Description	Colorado Repriced	Benchmark Repriced	Overall Repriced Benchmark Ratio
T1017 TL	Targeted Case Management	\$4,106,946	\$5,959,810	68.91%
T1026 TL	Early Intervention Assessments	\$1,004,627	\$988,795	101%
Total		\$5,111,573	\$6,948,604	73.56%



Early Intervention TCM Services Access to Care Summary - RECAP

- Medicaid provider participation: 97%
- Panel size was highest in Adams County and moderate in some I-25 corridor and North-Western CO counties. Urban providers increased in SFY 2022-23, causing a decreasing trend that stabilized into SFY 2023-24.
- Penetration rate was highest in Summit County, while lower and relatively uniform across Colorado.
- Members utilizing telemedicine increased by a notable amount, while the percent of visits that were telemedicine only increased modestly.
- The shortest drive times were along the I-25 corridor due to more providers, and some parts of Western and Eastern CO. Much of Western and Eastern CO still had high drive times.



Early Intervention TCM Services



Comments

Early Intervention TCM Services



MPRRAC Recommendations

Targeted Case Management (TCM)



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TCM - Case Management Services - RECAP

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

TCM - Case Management Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$51,621,578	\$59,167,102	87.25%

TCM - Case Management Services - Code List - NEW

Case Management Utilization by Code					
Procedure Code + Modifier	Service Description	CO July 2024 Rate	Benchmark Ratio	Utilization	Repriced Amount \$
T2023HI	TCM Monthly	\$156.72	87.25%	329,387	\$51,621,578
T2024HI	TCM Monitoring In-Person	\$104.70	NA*	42,993	\$4,501,367
T2024HIGT	TCM Monitoring Telehealth	\$87.45	NA*	32,332	\$2,827,433
A0170HI	TCM Rural Add-On	\$37.45	NA*	4,077	\$11,534.60

*No benchmark rate.

TCM - Case Management Services Access to Care Summary - RECAP

- Medicaid provider participation: 90%
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban and rural utilizers increased in SFY 2023-24, causing an increasing trend.
- Penetration rate was highest in Douglas County and relatively uniform across CO, though was lower in North-Western CO.
- The shortest drive times were along the I-25 corridor due to more providers, and some parts of Western and Eastern CO. Much of Western and Eastern CO still had high drive times.



TCM - Case Management Services



Comments

TCM - Case Management Services



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

TCM- Transition Coordination Services - RECAP

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

TCM- Transition Coordination Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$4,765,822	\$3,889,268	122.54%

TCM - Transition Coordination Services

Access to Care Summary - RECAP

- Medicaid provider participation: 90%
- Panel size was highest in Pueblo County and moderate in several I-25 corridor counties. Urban panel size decreased in SFY 2021-22 because utilizers decreased and providers increased, then maintaining relative stability through SFY 2023-24.
- Penetration rate was highest in Lincoln County, but relatively low or not present in many counties across Western and Eastern CO.
- The majority of the state had high drive times. The shortest drive times were a portion of the I-25 corridor due to more providers and some in Western CO.



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TCM - Transition Coordination Services



Comments

TCM - Transition Coordination Services



MPRRAC Recommendations

Vision Services



Vision Services - NEW

Vision Services encompass a range of healthcare solutions aimed at improving and maintaining visual acuity and eye health including:

- Comprehensive eye examinations
- Prescription and fitting of corrective lenses, including eyeglasses and contact lenses
- Dispensing of eyeglasses, including frames and lenses
- Diagnosis and treatment of eye diseases and conditions, including vision correction, eye surgery, and management of conditions like cataracts, glaucoma, and retinal diseases

Vision Services - NEW

Vision Statistics	
Total Adjusted Expenditures SFY 2023-24	\$115,875,903
Total Members Utilizing Services in SFY 2023-24	266,336
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-8.48%
Total Active Providers SFY 2023-24	2286
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	5.69%

Vision Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$115,875,903	\$142,837,407	81.12%

Vision Services - NEW

Benchmark Analysis Summary

- 205 total procedure code/modifier combinations
 - 201 with benchmark ratios
 - 4 exclusions
 - Among the procedure code/modifier combinations with benchmark ratios:
 - 178 (89%) codes use Medicare
 - 23 (11%) codes use other states for benchmarking
 - The benchmark ratio range is 8%-452%
 - 124 (62%) procedure code/modifier combinations have a benchmark ratio that is within 70%-100%, and these codes account for 86% of the utilization

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 70% and 80%	74	37%	70%
Above 80% and under 100%	50	25%	16%
Below 60% or Above 140%	8	0.00%	0.29%



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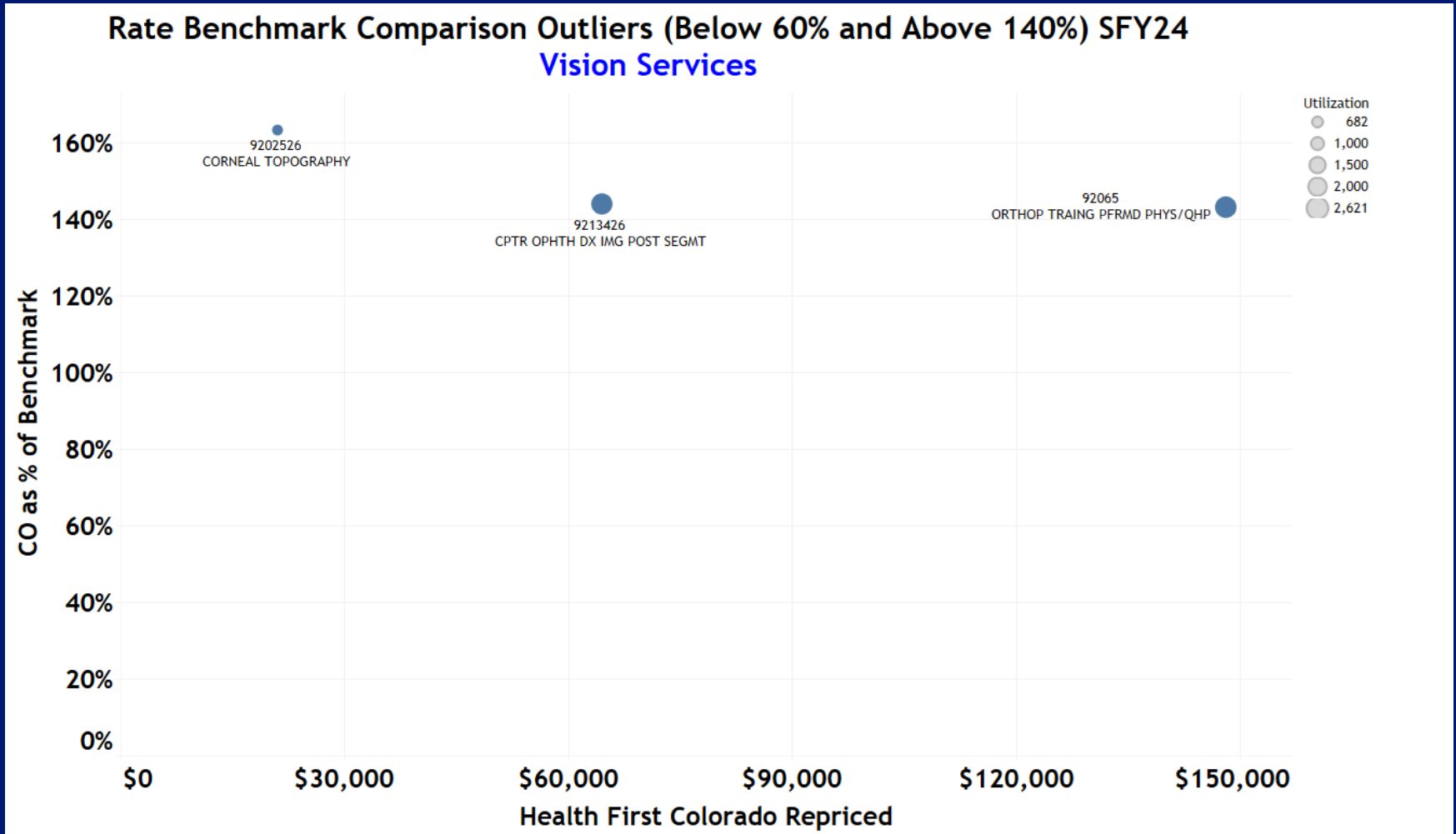
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Vision Services - NEW

Top 10 Codes by Utilization

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	V2784	LENS POLYCARB OR EQUAL	77.67%	334,216	16.52%
2	V2750	ANTI-REFLECTIVE COATING	77.65%	239,096	11.82%
3	V2410	LENS VARIAB ASPHERICITY SING	77.67%	228,212	11.28%
4	92340	FIT SPECTACLES MONOFOCAL	91.72%	165,725	8.19%
5	V2103	SPHEROCYLINDR 4.00D/12-2.00D	77.67%	161,229	7.97%
6	V2020	VISION SVCS FRAMES PURCHASES	77.65%	139,500	6.90%
7	92014	COMPRES OPH EXAM EST PT 1/>	90.89%	121,290	6.00%
8	V2203	LENS SPHCYL BIFOCAL 4.00D/.1	77.67%	102,074	5.05%
9	92004	EYE EXAM NEW PATIENT	92.34%	83,644	4.14%
10	V2104	SPHEROCYLINDR 4.00D/2.12-4D	77.66%	61,207	3.03%

Vision Services - NEW Outlier Bubble Chart



Vision Services

Access to Care Summary - NEW

- Panel size was highest in El Paso County and moderate in some I-25 corridor and Western CO counties. In both regions, panel size spikes at the beginning of each fiscal year can be explained by increased utilization from back-to-school vision exams and eyeglasses fittings.
- Penetration rate was highest in Otero County and moderate in much of South-Eastern CO, while lower in Western CO.
- Much of the state had relatively short drive times under 30 minutes, with a small percentage of members residing over an hour from a provider. However, Several counties in Western CO were affected by the higher drive times.



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Vision Services

Preventive Care in Vision Services - NEW

- 9 preventive codes (4.4% of total Vision Services codes) in this service grouping
 - Benchmark ratio range is 86.3% - 114.0%
 - 6 of these 9 codes (66.67%) use Medicare for benchmarking
- Vision Services' preventive codes have low utilization percentage, small portion of total expenditure, together with close to 100% overall benchmark ratio

Service Category	Preventive Code Count	Utilization Percentage	CO Repriced Amount Percentage	Overall Benchmark Ratio
Vision Services	9	13.52%	22.68%	91.48%



Vision Services - NEW

Added NM to Benchmark State List Per Provider's Request

- Provider's Request: Switch California to New Mexico in benchmark state list
- Provider's Reasoning:
 - California's low vision rate and low utilization rate for children
 - New Mexico's demographics and the cost-of-living index close to Colorado
- HCPF's Research and Analysis Findings:
 - Both California (lowest) and New Mexico (highest) have extreme vision rates
 - There is no huge gap in terms of vision utilization rates between California and New Mexico (CDC Vision and Eye Health Surveillance System (VEHSS))
 - Neither California nor New Mexico is close to Colorado's demographics
- Final Decisions:
 - Keep California in the original vision benchmark state list
 - Add New Mexico

Vision Services



Comments

Vision Services



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Physician Services



Physician Services

Physician Services Subcategories (18)
Allergy and Immunology
Cardiology
Dermatology
ED and Hospital E&M
ENT
Family Planning
Gastroenterology
Gynecology
Health Education
Medication Injections & Infusions
Neuro/Psychological Testing Services
Neurology
Primary Care E&M
Radiology
Respiratory
Sleep Study
Vaccines Immunizations
Vascular

Physician Services - Allergy and Immunology Services - NEW

Allergy and Immunology is a medical specialty focused on the diagnosis, treatment, and management of allergic conditions and disorders of the immune system. This includes evaluation and care for conditions such as allergic rhinitis, asthma, eczema, food allergies, drug allergies, insect sting allergies, and anaphylaxis, as well as immune system disorders like primary immunodeficiencies and autoimmune diseases. Services in this category include allergy testing, immunotherapy, pulmonary function testing, and management of chronic or complex allergic and immunologic conditions.



Physician Services - Allergy and Immunology Services - NEW

Allergy and Immunology Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$4,573,865
Total Members Utilizing Services in SFY 2023-24	11,560
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-3.27%
Total Active Providers SFY 2023-24	383
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	1.86%

Allergy and Immunology Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$4,573,865	\$5,080,181	90.03%

Physician Services - Allergy and Immunology Services

Critical Benchmark Ranges - NEW

- 32 total procedure code/modifier combinations, all with benchmark ratios
 - 26 (81%) procedure code/modifier combinations use Medicare
 - 6 (19%) use other states for benchmarking
 - The benchmark ratio range is 3% - 116%
 - 17 (53%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for 93% of the utilization
 - There are 3 codes with utilization data that have a benchmark ratio over 100%, and only code 95117 (IMMUNOTHERAPY INJECTIONS) has a utilization above 30. The Medicare rate for this code increased by 4.77% from \$11.96 in CY21, while the CO Medicaid rate rose by 2.31% from \$12.34 in FY21, leading to a current benchmark ratio of 100.7%

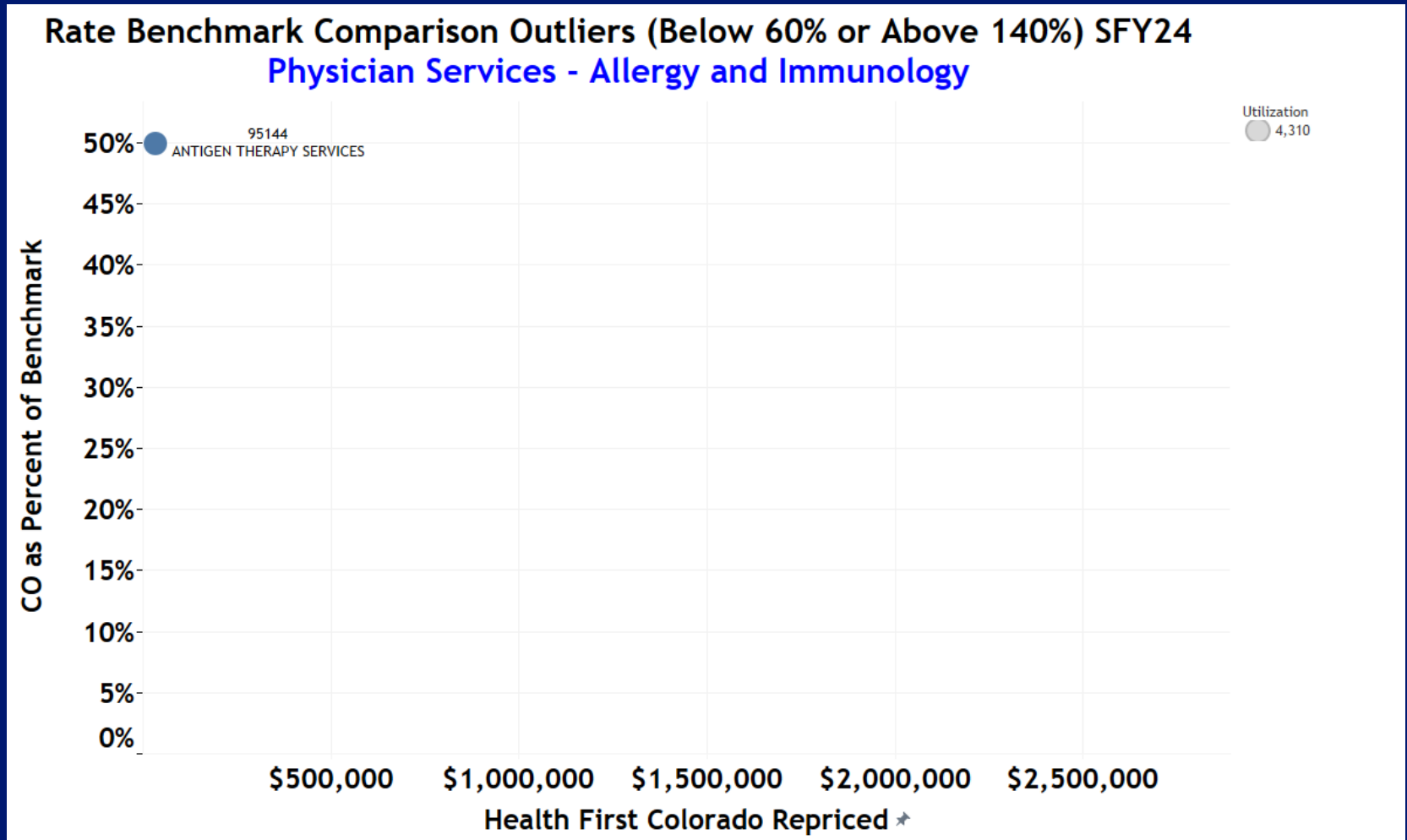
Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	17	53%	93%
Below 80%	11	34%	1%
Above 100% and Below 140%	4	13%	6%

Physician Services - Allergy and Immunology Services

Top 10 Codes by Utilization - NEW

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	95004	PERCUT ALLERGY SKIN TESTS	93.14%	309,464	51.56%
2	95165	ANTIGEN THERAPY SERVICES	88.99%	186,604	31.09%
3	95117	IMMUNOTHERAPY INJECTIONS	100.73%	38,746	6.46%
4	95044	ALLERGY PATCH TESTS	84.84%	26,966	4.49%
5	95024	ICUT ALLERGY TEST DRUG/BUG	88.85%	17,599	2.93%
6	95115	IMMUNOTHERAPY ONE INJECTION	90.54%	12,227	2.04%
7	95144	ANTIGEN THERAPY SERVICES	49.91%	4,310	0.72%
8	95180	RAPID DESENSITIZATION	82.59%	1,024	0.17%
9	95018	PERQ&IC ALLG TEST DRUGS/BIOL	96.56%	910	0.15%
10	95076	INGEST CHALLENGE INI 120 MIN	81.77%	669	0.11%

Physician Services - Allergy and Immunology Services Outlier Bubble Chart* - NEW



Physician Services - Allergy and Immunology Services Access to Care Summary - NEW

- Panel size was highest in El Paso County and moderate in some I-25 corridor and Western Slope counties. Urban panel size increased from SFY 2021-22 to SFY 2022-23 due to increases in utilizers, then decreased in SFY 2023-24 due to decreases in utilizers. Panel size in rural areas was relatively stable.
- Penetration rate was highest in Chaffee County and moderate in some counties throughout the state, though without a notable pattern, while lower in most other counties throughout the state.
- Much of the state had relatively low drive times, though several counties in Western and Eastern CO were affected by high drive times.

Physician Services - Allergy and Immunology Services



Comments

Physician Services - Allergy and Immunology Services



MPRRAC Recommendations



Physician Services- Cardiology Services - RECAP

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

Cardiology Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$7,586,984	\$7,983,635	95.03%

Physician Services - Cardiology

Critical Benchmark Ranges - UPDATE

- 333 total procedure code/modifier combinations
 - 326 with benchmark ratios
 - and 7 excluded
 - Among the procedure code/modifier combinations with benchmark ratios:
 - 274 (84%) procedure code/modifier combinations use Medicare
 - 52 (16%) use other states for benchmarking
 - The benchmark ratio range is 14%-572%
 - 94 (29%) procedure code/modifier combinations have a benchmark ratio that is within 100%-140%, and these codes account for 84% of the utilization.
 - There are 108 codes that have a benchmark ratio over 100% with 72 codes showing utilization data. Focusing on the top 8 most utilized codes from 2021 - 2025:
 - Most of CO Medicaid rates were higher than Medicare rates in 2021
 - The average rate change:
 - Medicare: - 6.68%
 - CO Medicaid: - 5.28%

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

Physician Services - Cardiology Services

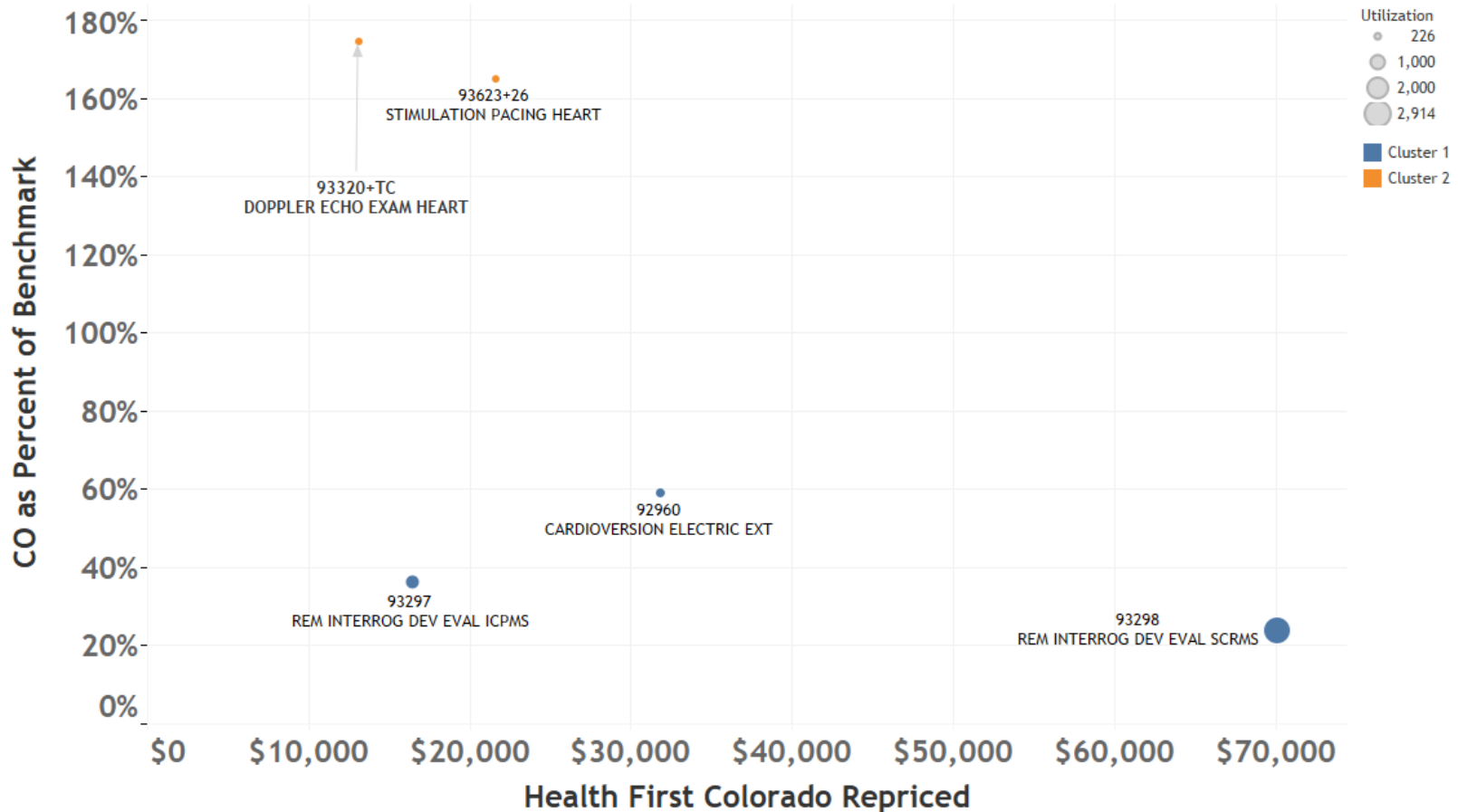
Top 10 Codes by Utilization - RECAP

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	93010	ELECTROCARDIOGRAM REPORT	106.37%	136,745	51.46%
2	93306+26	TTE W/DOPPLER COMPLETE	86.93%	26,558	9.99%
3	93000	ELECTROCARDIOGRAM COMPLETE	105.63%	26,350	9.92%
4	93325+26	DOPPLER COLOR FLOW ADD-ON	106.76%	9,322	3.51%
5	93320+26	DOPPLER ECHO EXAM HEART	106.50%	6,670	2.51%
6	93303+26	ECHO TRANSTHORACIC	113.09%	5,465	2.06%
7	93308+26	TTE F-UP OR LMTD	106.44%	4,430	1.67%
8	93018	CARDIOVASCULAR STRESS TEST	103.85%	3,699	1.39%
9	93306	TTE W/DOPPLER COMPLETE	110.21%	3,558	1.34%
10	93298	REM INTERROG DEV EVAL SCRMS	23.64%	2,914	1.10%

Physician Services- Cardiology Services Outlier Bubble Chart* - RECAP

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

Physician Services - Cardiology



Physician Services - Cardiology Services

Access to Care Summary - RECAP

- Medicaid provider participation: 43%
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. In SFY 2023-24, utilizers decreased more rapidly causing a slight downward trend in both regions.
- Penetration rate was highest in Pueblo County and moderately high throughout the state, except for on the Western slope, where it was low.
- Per utilizer per year Medicaid expenditures were lower than other payers.
- Per utilizer per year Medicaid utilization was higher than other payers, except for Medicare Advantage.

Physician Services - Cardiology Services



Comments

Physician Services - Cardiology Services



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Physician Services - Dermatology Services - NEW

Dermatology is a medical specialty concerned with the diagnosis, treatment, and prevention of conditions affecting the skin, hair, nails, and mucous membranes. This includes a wide range of acute and chronic conditions such as acne, eczema, psoriasis, dermatitis, fungal infections, skin cancers, and pigmentary disorders. Dermatology also encompasses the treatment of cosmetic concerns and the monitoring of skin changes that may indicate systemic disease.



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Physician Services - Dermatology Services - NEW

Dermatology Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$1,117,698
Total Members Utilizing Services in SFY 2023-24	10,468
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-13.54%
Total Active Providers SFY 2023-24	2,989
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-4.87%

Dermatology Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$1,117,698	\$1,456,605	76.73%

Physician Services - Dermatology Services

Critical Benchmark Ranges - NEW

- 26 total procedure code/modifier combinations, all with benchmark ratios
 - 26 (100%) procedure code/modifier combinations use Medicare for benchmarking
 - Benchmark ratio range is 17% - 120%
 - 13 (50%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for 62% of the utilization.
 - Three codes have benchmark ratios over 100%; however, none of these codes have any utilization data

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	13	50%	62%
Between 60% and 80%	7	27%	38%
Between 10% and 60%	3	11.5%	0%
Above 100%	3	11.5%	0%

Physician Services - Dermatology Services

Top 10 Codes by Utilization - NEW

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	11102	TANGNTL BX SKIN SINGLE LES	82.22%	4,946	35.19%
2	10060	DRAINAGE OF SKIN ABSCESS	72.09%	4,385	31.20%
3	11103	TANGNTL BX SKIN EA SEP/ADDL	81.80%	1,685	11.99%
4	11200	REMOVAL OF SKIN TAGS <W/15	80.12%	982	6.99%
5	10120	REMOVE FOREIGN BODY	64.72%	885	6.30%
6	96900	ULTRAVIOLET LIGHT THERAPY	82.91%	509	3.62%
7	96910	PHOTOCHEMOTHERAPY WITH UV-B	85.71%	274	1.95%
8	11440	EXC FACE-MM B9+MARG 0.5 CM/<	76.61%	126	0.90%
9	96920	EXCIMER LSR PSRIASIS<250SQCM	93.91%	76	0.54%
10	11310	SHAVE SKIN LESION 0.5 CM/<	84.07%	72	0.51%

Physician Services - Dermatology Services

Access to Care Summary - NEW

- Panel size was highest in Chaffee County and moderate in a few other counties, while lower in most other counties throughout the state. Overall low and changing numbers of utilizers and providers caused fluctuations in both regions.
- Penetration rate was highest in Chaffee County and moderately high in some North and South-Central CO counties, while lowest in the on the Western Slope.
- Several providers had a dramatic drop in the number of members served from SFY 2021-22 to SFY 2023-24.
- Much of the state had relatively low drive times, although several counties in Western CO were affected by high drive times.



Physician Services - Dermatology Services



Comments

Physician Services - Dermatology Services



MPRRAC Recommendations

Physician Services - ED and Hospital E&M - NEW

Emergency Department (ED) and Hospital E&M encompass the assessment, diagnosis, and management of patients in acute care settings, including emergency departments, inpatient hospital units, observation status, and critical care environments. These services are provided by physicians and qualified healthcare professionals to address a wide range of medical conditions, from minor injuries and illness to complex, life-threatening emergencies.

- NOTE:
 - Hospital facility payments are not part of this service subcategory



Physician Services - ED and Hospital E&M - NEW

ED and Hospital E&M Statistics	
Total Adjusted Expenditures SFY 2023-24	\$172,992,583
Total Members Utilizing Services in SFY 2023-24	358,222
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-10.15%
Total Active Providers SFY 2023-24	11,756
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	0.93%

ED and Hospital E&M Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$172,992,583	\$190,465,436	90.83%

Physician Services - ED and Hospital E&M

Critical Benchmark Ranges - NEW

- 50 total procedure code/modifier combinations
 - 48 with benchmark ratios
 - 2 excluded
 - Among the procedure code/modifier combinations with benchmark ratios:
 - 46 (96%) procedure code/modifier combinations use Medicare
 - 2 (4%) use other states for benchmarking
 - The benchmark ratio range is 10% - 124%
 - 18 (38%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for 86% of the utilization
 - 23 codes with utilization data that have a benchmark ratio over 100%. Of these, only 6 codes individually account for approximately 1% of total utilization within this subcategory. From 2021 to 2025, the Medicare rates for these 6 codes all decreased by an average 8.24%, while the CO Medicaid rates increased by an average 8.14% over the same period, resulting in a current benchmark ratio over 100%

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	18	38%	86%
Above 100% and Below 140%	25	52%	8%
Above 60% and Below 80%	4	8%	6%

Physician Services - ED and Hospital E&M

Top 10 Codes by Utilization - NEW

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	99284	EMERGENCY DEPT VISIT MOD MDM	89.38%	297,008	19.12%
2	99232	SBSQ HOSP IP/OBS MODERATE 35	84.43%	215,580	13.88%
3	99233	SBSQ HOSP IP/OBS HIGH 50	85.03%	198,301	12.76%
4	99285	EMERGENCY DEPT VISIT HI MDM	91.96%	181,234	11.66%
5	99283	EMERGENCY DEPT VISIT LOW MDM	85.70%	120,064	7.73%
6	99223	1ST HOSP IP/OBS HIGH 75	97.79%	77,978	5.02%
7	99291	CRITICAL CARE FIRST HOUR	89.40%	73,530	4.73%
8	99239	HOSP IP/OBS DSCHRG MGMT >30	84.27%	55,602	3.58%
9	99231	SBSQ HOSP IP/OBS SF/LOW 25	71.31%	55,258	3.56%
10	99222	1ST HOSP IP/OBS MODERATE 55	88.61%	46,974	3.02%

Physician Services - ED and Hospital E&M Preventive Care Codes Summary - NEW

- 4 (8%) of the 50 procedure codes are Preventive Care codes*
- Benchmark ratio range is 107% - 111%

CODE	Service Description	Utilization	Benchmark Source
99460	INIT NB EM PER DAY HOSP	15,323	Medicare
99461	INIT NB EM PER DAY NON-FAC	169	Medicare
99462	SBSQ NB EM PER DAY HOSP	6,596	Medicare
99463	SAME DAY NB DISCHARGE	1,692	Medicare

* HCPF policy specialist used the United State Preventive Services Task Force A and B level recommendations as guidance to identify prevention services (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>).



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Physician Services - ED and Hospital E&M

Access to Care Summary - NEW

- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban panel size fluctuated over the period and had a decreasing trend in SFY 2023-24 due to utilizers decreasing more quickly than providers.
- Penetration rate was highest in Bent County and moderate to high in Northern and Southern CO, but was lowest on the Western Slope and some Eastern CO counties.
- Much of the state had relatively low drive times, although some parts of Western and Eastern CO were affected by higher drive times.



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Physician Services - ED and Hospital E&M



Comments

Physician Services - ED and Hospital E&M



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Physician Services - ENT Services - RECAP

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

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

Physician Services - ENT

Critical Benchmark Ranges - UPDATE

- 112 total procedure code/modifier combinations
 - 111 with benchmark ratios
 - 1 excluded
 - Among the procedure code/modifier combinations with benchmark ratios:
 - 101 (91%) procedure code/modifier combinations use Medicare
 - 10 (9%) use other states for benchmarking
 - Benchmark ratio range is 2%-867%
 - 51 (46%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for 41% of the utilization.
 - There are 25 codes that have a benchmark ratio over 100% with 15 codes showing utilization data
 - Among these 15 codes, only one code (92587, limited evoked auditory test) has significant utilization and compared to Medicare rate for benchmarking. In 2021, the CO Medicaid rate for this code was over 170% of the corresponding Medicare rate, and it is currently at 106.48%

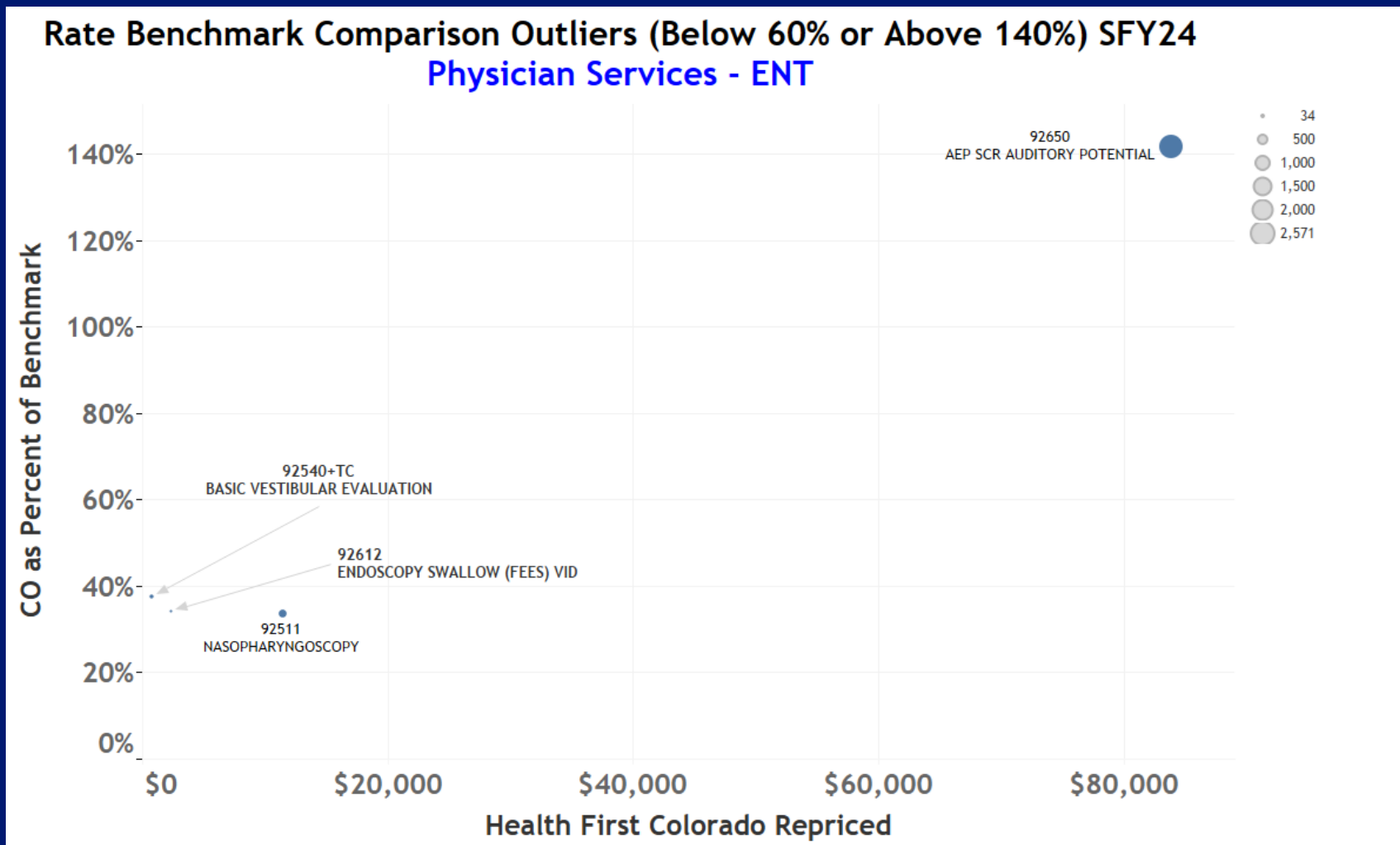
Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Above 60% and Below 80%	18	16%	23%
Between 80% and 100%	51	46%	41%
Above 100% and Below 140%	18	16%	32%
Below 60% or Above 140%	24	22%	4%
Below 10% or Above 500%	4	4%	0.00%

Physician Services - ENT Services

Top 10 Codes by Utilization - RECAP

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	92551	PURE TONE HEARING TEST AIR	108.88%	15,513	19.37%
2	92567	TYMPANOMETRY	87.02%	14,492	18.10%
3	92587	EVOKED AUDITORY TEST LIMITED	106.48%	6,684	8.35%
4	92557	COMPREHENSIVE HEARING TEST	85.96%	6,481	8.09%
5	92552	PURE TONE AUDIOMETRY AIR	75.21%	5,964	7.45%
6	92633	AUD REHAB POSTLING HEAR LOSS	68.08%	4,028	5.03%
7	92555	SPEECH THRESHOLD AUDIOMETRY	76.76%	2,780	3.47%
8	92579	VISUAL AUDIOMETRY (VRA)	86.48%	2,601	3.25%
9	92650	AEP SCR AUDITORY POTENTIAL	141.66%	2,571	3.21%
10	92582	CONDITIONING PLAY AUDIOMETRY	77.56%	1,868	2.33%

Physician Services - ENT Services Outlier Bubble Chart* - RECAP



Physician Services - ENT Services

Access to Care Summary - RECAP

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



Physician Services - ENT Services



Comments

Physician Services - ENT Services



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Physician Services - Family Planning Services - RECAP

Family Planning Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$8,132,832
Total Members Utilizing Services in SFY 2023-24	36,609
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-18.18%
Total Active Providers SFY 2023-24	3,716
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-1.85%

Family Planning Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$8,132,832	\$7,142,821	113.86%

Physician Services - Family Planning Critical Benchmark Ranges - UPDATE

- 59 total procedure code/modifier combinations, all with benchmark ratios
 - 41 (69%) procedure code/modifier combinations use Medicare
 - 18 (31%) use other states for benchmarking
 - Benchmark ratio range is 22%-385%
 - 36 (61%) procedure code/modifier combinations have a benchmark ratio that is within 80%-140%, and these codes account for 82% of the utilization
 - Overall benchmark ratio: 113.86%. During multiple legislative sessions, including in 2014 and 2018, the Colorado General Assembly approved targeted rate increases for selected providers, HCPCS codes, and specialties. These adjustments aimed to address significant rate disparities and to align reimbursement with HCPF's emphasis on high-value services for clients. Rates for certain Family Planning related codes were among those increased as part of this effort

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

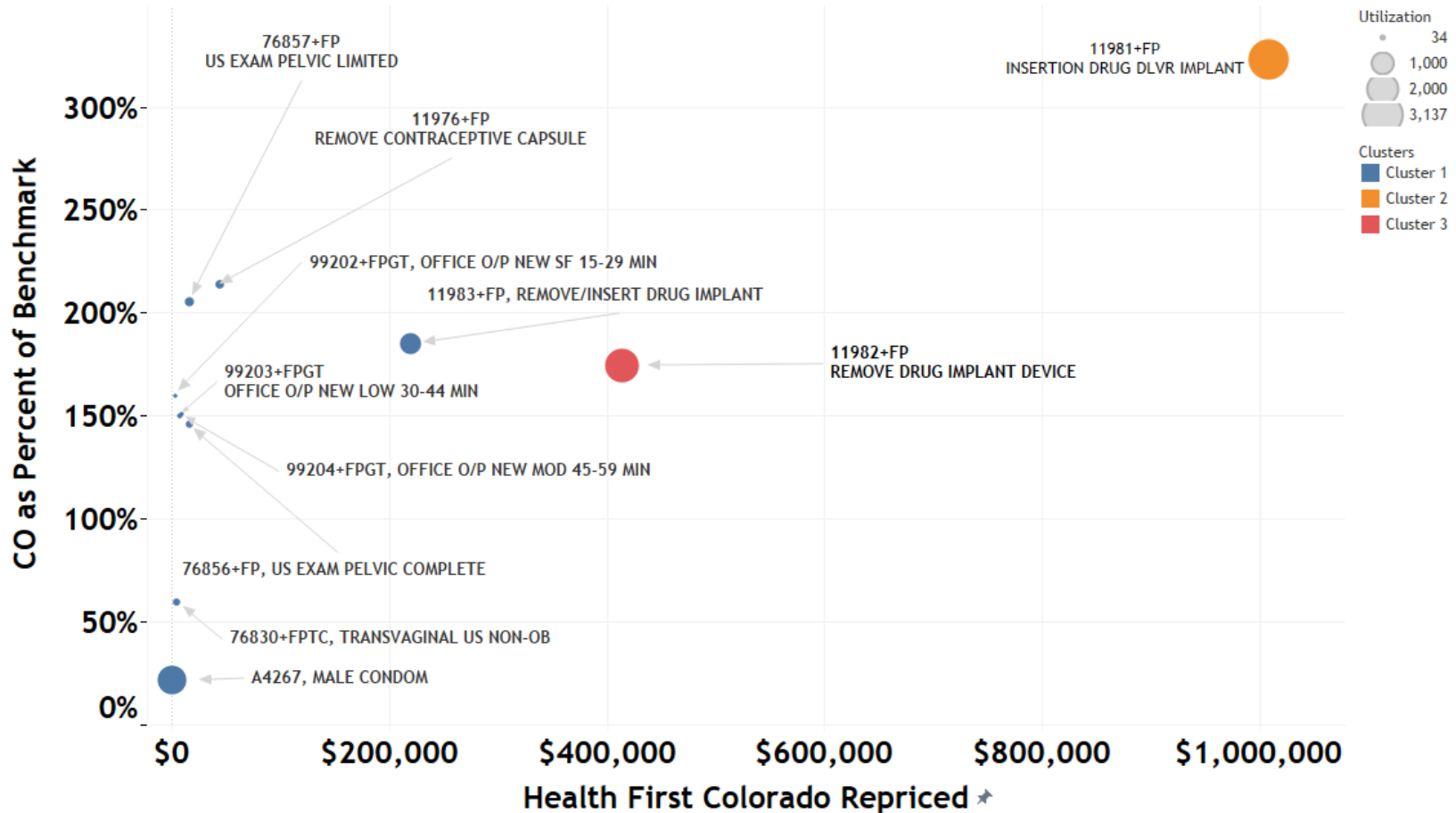
Physician Services- Family Planning Services

Top 10 Codes by Utilization - RECAP

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	S4993+FP	CONTRACEPTIVE PILLS FOR BC	113.43%	25,109	29.93%
2	99213+FP	OFFICE O/P EST LOW 20-29 MIN	97.38%	13,115	15.63%
3	99214+FP	OFFICE O/P EST MOD 30-39 MIN	101.73%	9,604	11.45%
4	58300+FP	INSERT INTRAUTERINE DEVICE	72.81%	5,745	6.85%
5	58301+FP	REMOVE INTRAUTERINE DEVICE	80.83%	4,754	5.67%
6	99203+FP	OFFICE O/P NEW LOW 30-44 MIN	118.42%	3,841	4.58%
7	99212+FP	OFFICE O/P EST SF 10-19 MIN	94.59%	3,623	4.32%
8	11981+FP	INSERTION DRUG DLVR IMPLANT	323.17%	3,137	3.74%
9	99204+FP	OFFICE O/P NEW MOD 45-59 MIN	120.44%	2,592	3.09%
10	11982+FP	REMOVE DRUG IMPLANT DEVICE	174.42%	2,190	2.61%

Physician Services- Family Planning Services Outlier Bubble Chart* - RECAP

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



Physician Services - Family Planning Services Access to Care Summary - RECAP

- Medicaid provider participation: 98%
- Panel size was highest in Pueblo County and moderate in some I-25 corridor and Western CO counties. In SFY 2023-24, utilizers decreased more rapidly causing a downward trend in both regions.
- Penetration rate was highest in San Juan County and relatively moderate in some counties along the I-25 corridor and South-Western and North-Eastern CO. Meanwhile, it was lower on parts of the Western Slope and South-Eastern CO.
- Per utilizer per year Medicaid utilization was slightly higher than other payers.

Physician Services - Family Planning Services



Comments

Physician Services - Family Planning Services



MPRRAC Recommendations

Physician Services - Gastroenterology Services - RECAP

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

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

Physician Services - Gastroenterology

Critical Benchmark Ranges - UPDATE

- 59 total procedure code/modifier combinations
 - 58 with benchmark ratios
 - 1 excluded
 - Among the procedure code/modifier combinations with benchmark ratios:
 - 58 (100%) procedure code/modifier combinations use Medicare for benchmarking
 - Benchmark ratio range is 2%-117%
 - 33 (57%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for 90% of the utilization
 - Three codes have benchmark ratios over 100%; however, all these codes have very limited utilization data, so no additional analysis was conducted on these three codes

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

Physician Services - Gastroenterology Services

Top 10 Codes by Utilization - RECAP

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	91200	LIVER ELASTOGRAPHY	91.52%	613	28.02%
2	91200+26	LIVER ELASTOGRAPHY	96.37%	410	18.74%
3	91065+26	BREATH HYDROGEN/METHANE TEST	117.01%	172	7.86%
4	91010+26	ESOPHAGUS MOTILITY STUDY	85.05%	118	5.39%
5	91110	GI TRC IMG INTRAL ESOPH-ILE	96.20%	85	3.88%
6	91035+26	G-ESOPH REFLX TST W/ELECTROD	84.84%	84	3.84%
7	91110+26	GI TRC IMG INTRAL ESOPH-ILE	84.87%	81	3.70%
8	91122+26	ANAL PRESSURE RECORD	85.00%	74	3.38%
9	91037+26	ESOPH IMPED FUNCTION TEST	84.48%	70	3.20%
10	91010	ESOPHAGUS MOTILITY STUDY	87.17%	68	3.11%

Physician Services - Gastroenterology Services

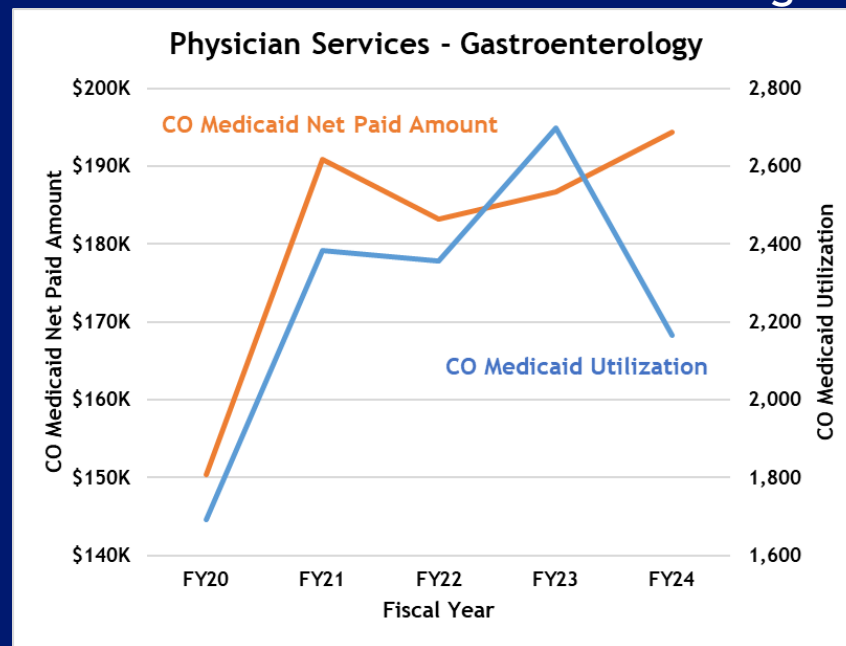
Access to Care Summary - RECAP

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

Physician Services - Gastroenterology Utilization Analysis Summary - NEW

Over the past five fiscal years (FY 20 - FY24):

- Utilization remained very low, with the lowest level observed in FY20 and and highest in FY23
- Expenditures were lowest in FY 20 and reached highest level in FY24



Physician Services - Gastroenterology Services



Comments

Physician Services - Gastroenterology Services



MPRRAC Recommendations

Physician Services - Gynecology Services - NEW

Gynecology is a medical specialty focused on the health of the female reproductive system. Services in this category encompass Preventive care, diagnosis, treatment, surgeries and management of a broad range of related reproductive tissue conditions such as menstrual disorders, pelvic pain, endometriosis, fibroids, ovarian cysts and menopausal symptoms. Gynecologic care also includes routine screenings, such as breast cancer screening, Pap tests, and STI/HPV testing. These services are essential for maintaining reproductive and overall health throughout different stages of life, from adolescence through the post-menopausal period.

- NOTE:

- All Preventive codes under this subcategory will be reviewed under the Primary Care E&M subcategory
- Surgery codes under this subcategory will be reviewed under Surgery category in 2026



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Physician Services - Gynecology Services - NEW

Gynecology Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$1,049,434
Total Members Utilizing Services in SFY 2023-24	1,014
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-19.71%
Total Active Providers SFY 2023-24	297
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-7.76%

Gynecology Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$1,049,434	\$1,259,488	83.32%

Physician Services - Gynecology

Critical Benchmark Ranges - NEW

- 34 total procedure code/modifier combinations
 - 33 with benchmark ratios
 - 1 excluded
 - Among the procedure code/modifier combinations with benchmark ratios:
 - 33 (100%) procedure code/modifier combinations use Medicare for benchmarking
 - Benchmark ratio range is 65% - 90%
 - 29 (88%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for almost 100% of the utilization

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	29	88%	99.926%
Between 60% and 80%	4	12%	0.074%

Physician Services- Gynecology Services

Top 10 Codes by Utilization - NEW

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	58571	TLH W/T/O 250 G OR LESS	82.75%	805	59.63%
2	58573	TLH W/T/O UTERUS OVER 250 G	84.40%	115	8.52%
3	58552	LAPARO-VAG HYST INCL T/O	84.57%	92	6.81%
4	58150	TOTAL HYSTERECTOMY	84.06%	75	5.56%
5	58570	TLH UTERUS 250 G OR LESS	84.51%	65	4.81%
6	58262	VAG HYST INCLUDING T/O	83.04%	47	3.48%
7	58260	VAGINAL HYSTERECTOMY	84.83%	37	2.74%
8	58545	LAPAROSCOPIC MYOMECTOMY	84.59%	28	2.07%
9	58542	LSH W/T/O UT 250 G OR LESS	83.19%	17	1.26%
10	58554	LAPARO-VAG HYST W/T/O COMPL	82.98%	14	1.04%

Physician Services - Gynecology Services

Access to Care Summary - NEW

- Panel size was highest in El Paso County while lower and relatively uniform across the state. Urban and rural panel size remained relatively stable.
- Penetration rate was highest in Hinsdale County, while lower and relatively uniform in much of the state.
- The shortest drive times were along the I-25 corridor due to more providers, and some parts of Western and Eastern CO. Much of Western and Eastern CO still had high drive times.

Physician Services - Gynecology Services



Comments

Physician Services - Gynecology Services



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Physician Services - Health Education Services - RECAP

Health Education Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$172,629
Total Members Utilizing Services in SFY 2023-24	3,667
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	47.33%
Total Active Providers SFY 2023-24	307
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-16.12%

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

Physician Services - Health Education Services

Codes by Utilization - RECAP

- There are a total of 6 procedure code/modifier combinations, 2 with benchmark ratios, and 4 excluded
- Benchmark ratio range is between 74% - 87%, no outliers were identified

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	97535	SELF CARE MNGMENT TRAINING	87.12%	5,314	88.61%
2	96040 *	GENETIC COUNSELING 30 MIN	74.10%	683	11.39%

* Preventive code

Physician Services - Health Education Services

Access to Care Summary - RECAP

- Panel size was highest in El Paso County while lower and relatively uniform across CO. Increasing urban trends in SFY 2023-24 were driven by certain codes for self care management training and patient substance use education.
- Penetration rate was highest in Hinsdale County and relatively uniform across the state.
- The shortest drive times were along the I-25 corridor due to more providers, and some parts of Western CO. Much of Western and Eastern CO had high drive times.

Physician Services - Health Education Services

Preventive Care Codes Summary - NEW

- 2 (33%) of the 6 procedure codes are Preventive Care codes*
- One of the code has benchmark ratio of 74%, while the other code does not have valid benchmark rate available

CODE	Service Description	Utilization	Benchmark Source
96040 **	GENETIC COUNSELING 30 MIN	683	Other States
S0265	GENETIC COUNSEL 15 MINS	0	N/A

* HCPF policy specialist used the United State Preventive Services Task Force A and B level recommendations as guidance to identify prevention services (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>).

** Code 96040 was termed on 1/1/2025, and 96041 (GENETIC COUNSELING SVC EA 30) is the similar code we cover on the Fee Schedule and effective 1/1/2025

Physician Services - Health Education Services Code Termination and Replacement - NEW

Code	Service Description	Important Date	Rate	Benchmark Rate	Benchmark Ratio
96040	GENETIC COUNSELING 30 MIN	Terminated: 1/1/2025	\$30.60 (Jul 2024)	\$41.29	74.10%
96041	GENETIC COUNSELING SVC EA 30	Effective: 1/1/2025	\$42.00 (Jan 2025)	N/A *	101.72% **

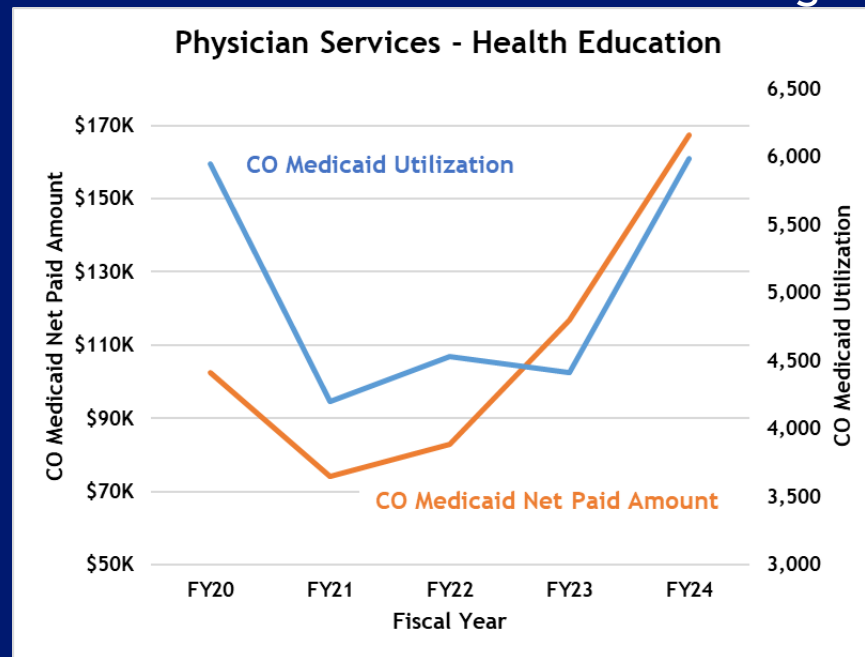
* This code is not covered in Medicare nor currently benchmark states as of Jan 2025.

** The 101.72% proxy benchmark ratio for 96401 uses the benchmark rate for 96040 due to lack of benchmark data for the new code.

Physician Services - Health Education Services Utilization Analysis Summary - NEW

Over the past five fiscal years (FY20 - FY24):

- Utilization remained very low, with the lowest level observed in FY21 and highest in FY24
- Expenditures were lowest in FY 21 and reached highest level in FY24



Physician Services - Health Education Services



Comments

Physician Services - Health Education Services



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Physician Services - Medication Injections and Infusions - NEW

Medication Injections & Infusions are services which involve administering medications directly via intravenous (IV) infusions or injections. This category also includes the usage of equipment, such as pumps and on-body injectors, meant to facilitate the administering of these medications. These services are available to all health first Colorado members. This service category does not include services which involve medications administered via IV infusions, or injections if they are already in a different service category.



Physician Services- Medication Injections and Infusions - NEW

Medication Injections and Infusions Statistics	
Total Adjusted Expenditures SFY 2023-24	\$2,898,719
Total Members Utilizing Services in SFY 2023-24	5,023
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-3.92%
Total Active Providers SFY 2023-24	1,255
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-5.00%

Medication Injections and Infusions Repriced Benchmark Comparison		
Colorado Repriced	Medicare Repriced	Overall Repriced Benchmark Ratio
\$2,898,719	\$2,568,867	112.84%

Physician Services - Medication Injections and Infusions

Benchmark Analysis Summary - NEW

- 80 total procedure code/modifier/region combinations:
 - 42 have benchmark ratios
 - 38 are excluded
 - 34 (81%) code/modifier combinations with benchmark ratios use Medicare
 - 8 (19%) codes use other states for benchmarking
- Benchmark ratio range is 12%-267%
- Code J7325, with a 116% benchmark ratio, accounts for 33% of the utilization in this category. These injections are used to treat pain caused by osteoarthritis of the knee
- Chemotherapy related services are 34% of this categories utilization

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Under 80%	10	23.8%	2.7%
Between 80% and 100%	12	28.6%	9.82%
Between 100% and 120%	15	35.7%	78.45%
Above 120%	5	11.9%	9%
Outlier check:			
Below 60% or Above 140%	11	26.2%	1.96%
Below 10% or Above 500%	0	0%	0%

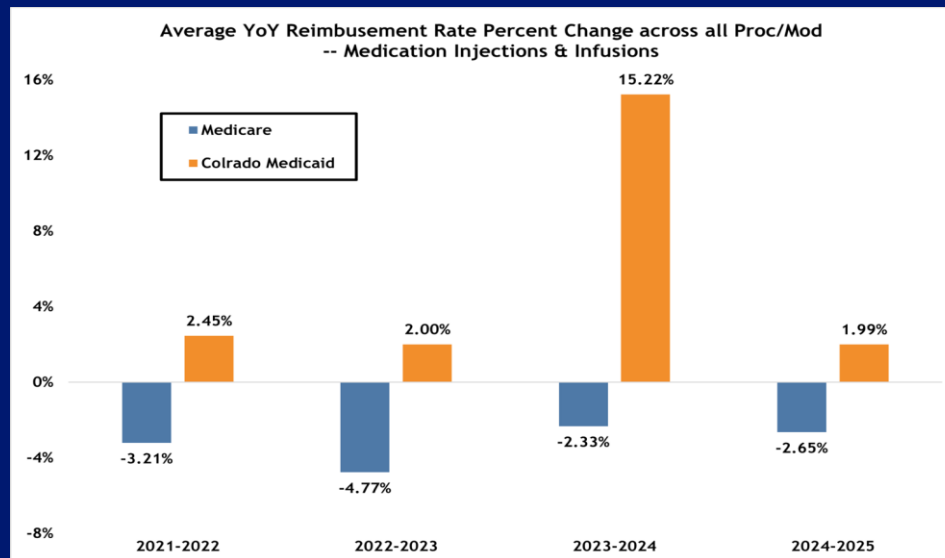
Physician Services - Medication Injections and Infusions Top 10 Codes by Utilization - NEW

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	J7325	SYNVISC OR SYNVISC-ONE	116.20%	15,434	33.47%
2	96375	TX/PRO/DX INJ NEW DRUG ADDON	111.40%	6,732	14.60%
3	96413	CHEMO IV INFUSION 1 HR	104.00%	6,204	13.46%
4	96415	CHEMO IV INFUSION ADDL HR	109.00%	3,042	6.60%
5	96374	THER/PROPH/DIAG INJ IV PUSH	124.90%	2,579	5.59%
6	96401	CHEMO ANTI-NEOPL SQ/IM	90.20%	1,708	3.70%
7	96417	CHEMO IV INFUS EACH ADDL SEQ	103.00%	1,578	3.42%
8	J7321	HYALGAN SUPARTZ VISCO-3 DOSE	106.10%	1,471	3.19%
9	96521	REFILL/MAINT PORTABLE PUMP	96.40%	1,238	2.69%
10	96411	CHEMO IV PUSH ADDL DRUG	100.20%	999	2.17%

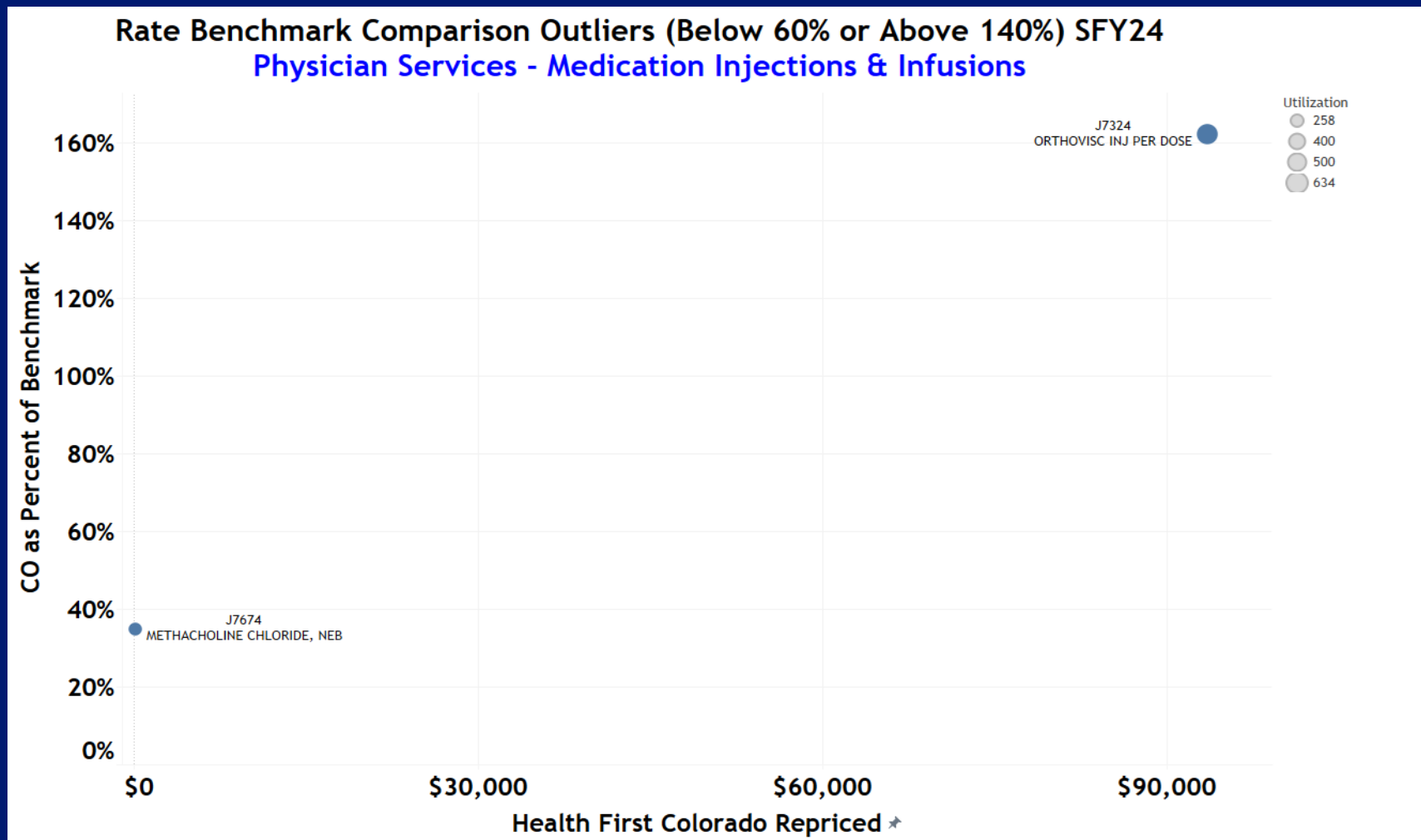
Physician Services - Medication Injections and Infusions

Year-over-year Reimbursement Rate Trend Analysis - NEW

- Overall benchmark ratio: 112.84%
- 16 of the 35 codes using Medicare for benchmarking have a benchmark ratio over 100% with 15 codes having utilization data
- From 2021-2025, the average rate of change all 35 codes:
 - Medicare: -11.72%
 - CO Medicaid: 22.80%
 - Colorado Medicaid rates not receiving a targeted rate adjustment received an across-the-board increase of 9.85% during this time
- The 15% increase in Medicaid rates from 2023-2024 was due to some of these codes receiving a targeted rate adjustments due to the 2022 MPRRAC review



Physician Services- Medications Injections & Infusions - NEW Outlier Bubble Chart



Physician Services - Medication Injections and Infusions

Access to Care Summary - NEW

- Panel size was highest in Pueblo County and moderate in some I-25 corridor counties, while remaining stable in urban and rural regions.
- Penetration rate was highest in Hinsdale County but relatively uniform across the state.
- The shortest drive times were along the I-25 corridor due to more providers, and some in Western and Eastern CO. Some parts of Eastern and Western CO had high drive times.

Physician Services - Medication Injections and Infusions



Comments

Physician Services - Medication Injections and Infusions



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Physician Services- Neuro/Psychological Testing Services - RECAP

Neuro/Psychological Testing Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$15,248,262
Total Members Utilizing Services in SFY 2023-24	162,350
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-3.43%
Total Active Providers SFY 2023-24	3,581
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	26.49%

Neuro/Psychological Testing Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$15,248,262	\$12,476,717	122.21%

Physician Services - Neuro/Psychological Testing

Critical Benchmark Ranges - RECAP

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

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

Physician Services - Neuro/Psychological Testing

Codes using Benchmark States for Benchmarking - RECAP

- Code 96110
 - For developmental screening and testing, specifically focusing on identifying potential developmental delays in children using standardized instruments
 - No Medicare rate
 - Benchmark states: AZ, NE, NV, OK, OR, and UT
 - Benchmark ratio: 172%
- Code 96127
 - Switched from using Medicare to benchmark states for benchmarking
 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument
 - Medicare: For all developmental screenings and for all ages
 - Benchmark ratio: 392%
 - CO Medicaid: For Autism Spectrum Disorder screening only and for children and youth
 - Benchmark states: AZ, NE, NV, OK, OR, and UT
 - Benchmark ratio: 153%

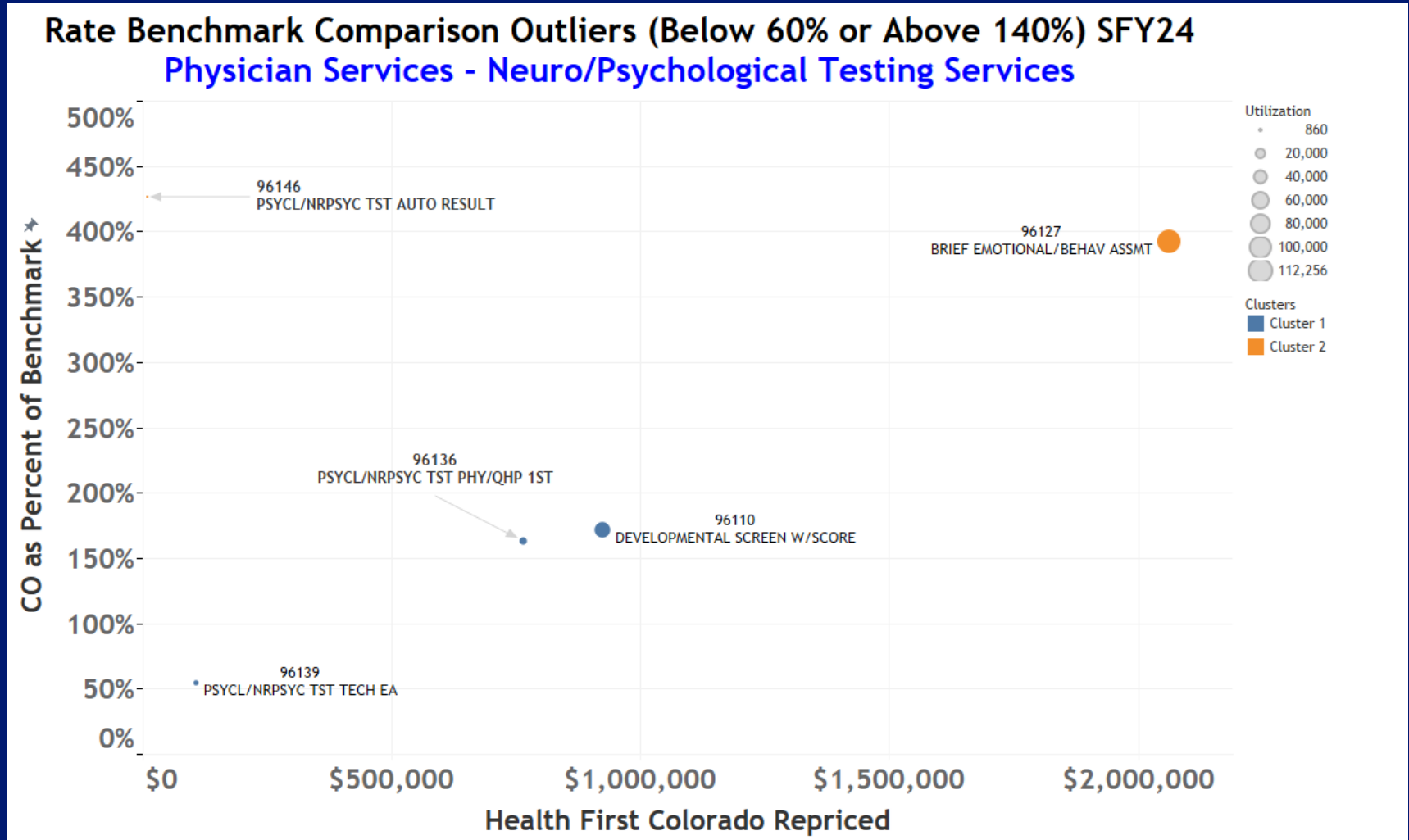
Physician Services - Neuro/Psychological Testing Services Top 10 Codes by Utilization - RECAP

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	96127 *	BRIEF EMOTIONAL/BEHAV ASSMT	152.86%	112,256	34.89%
2	96137	PSYCL/NRPSYC TST PHY/QHP EA	134.99%	61,941	19.25%
3	96110	DEVELOPMENTAL SCREEN W/SCORE	171.87%	50,391	15.66%
4	96133	NRPSYC TST EVAL PHYS/QHP EA	107.74%	41,449	12.88%
5	96131	PSYCL TST EVAL PHYS/QHP EA	124.89%	12,809	3.98%
6	96136	PSYCL/NRPSYC TST PHY/QHP 1ST	163.31%	11,324	3.52%
7	96132	NRPSYC TST EVAL PHYS/QHP 1ST	105.67%	10,586	3.29%
8	96139	PSYCL/NRPSYC TST TECH EA	54.42%	5,639	1.75%
9	96130	PSYCL TST EVAL PHYS/QHP 1ST	111.36%	5,024	1.56%
10	96113	DEVEL TST PHYS/QHP EA ADDL	91.29%	3,172	0.99%

* Preventive code



Physician Services- Neuro/Psychological Testing Services Outlier Bubble Chart



Physician Services - Neuro/Psychological Testing Services

Access to Care Summary - RECAP

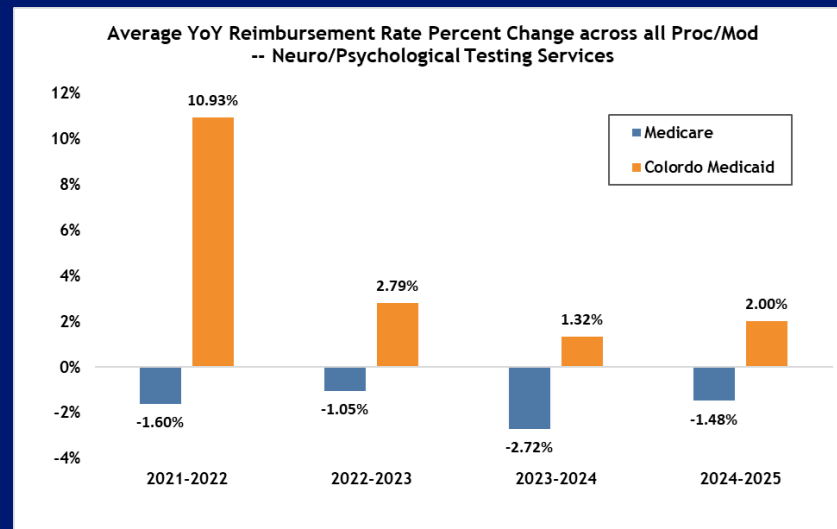
- Medicaid provider participation: 63%
- Panel size was highest in El Paso County and moderate in some I-25 corridor and Western CO counties. Spikes in August were caused by increasing utilization among the school-aged population.
- Penetration rate was highest in Montrose County, some other Western CO counties, and several near the I-25 corridor.
- Per utilizer per year Medicaid utilization was slightly higher than other payers, although slightly exceeded by Medicare Advantage in SFY 2023-24.



Physician Services - Neuro/Psychological Testing

Year-over-year Reimbursement Rate Trend Analysis - NEW

- Overall benchmark ratio: 122.21%
- 11 of these 15 codes using Medicare for benchmarking have a benchmark ratio over 100%, with 9 codes showing utilization data
- From 2021 to 2025, the average rate change for all 15 codes:
 - Medicare: - 6.68%
 - CO Medicaid: + 17.79%
- The notably larger increase for CO Medicaid rate from 2021 to 2022 was contributed by two codes:
 - 96105: ASSESSMENT OF APHASIA (85% increase, current benchmark ratio: 92.20%)
 - 96125: COGNITIVE TEST BY HEALTH CARE PROFESSIONAL (48% increase, current benchmark ratio: 93.40%)



Physician Services - Neuro/Psychological Testing Services Preventive Care Codes Summary - NEW

- 4 (18%) of the 22 procedure codes are Preventive Care codes*
- One of the codes has benchmark ratio of 153%, while the rest of the codes do not have valid benchmark rates available

CODE	Service Description	Utilization	Benchmark Source
96127	BRIEF EMOTIONAL/BEHAV ASSMT	112,256	Other States
G8431	POS CLIN DEPRES SCR N F/U DOC	36,465	N/A
G8510	SCR DEP NEG, NO PLAN REQD	74,367	N/A
G8511	SCR DEP POS, NO PLAN DOC RNG	1,200	N/A

* HCPF policy specialist used the United State Preventive Services Task Force A and B level recommendations as guidance to identify prevention services (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>).



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Physician Services - Neuro/Psychological Testing Services



Comments

Physician Services - Neuro/Psychological Testing Services



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Physician Services - Neurology Services - New

Neurology involves the diagnosis, treatment, and management of disorders affecting the nervous system, including the brain, spinal cord, and peripheral nerves. Neurological services encompass a wide range of conditions such as epilepsy, stroke, multiple sclerosis, Parkinson's disease, migraines, and neuropathies. Providers in this category include neurologists and other specialists who utilize clinical evaluations, diagnostic testing (e.g., EEGs, EMGs, imaging), and therapeutic interventions to support patients with acute and chronic neurological conditions.



Physician Services - Neurology Services - New

Neurology Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$5,093,482
Total Members Utilizing Services in SFY 2023-24	13,366
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-3.68%
Total Active Providers SFY 2023-24	627
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	1.29%

Neurology Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$5,093,482	\$5,423,652	93.91%

Physician Services - Neurology Services

Critical Benchmark Ranges - NEW

- 237 total procedure code/modifier combinations
 - 211 with benchmark ratios
 - 26 excluded
 - Among the procedure code/modifier combinations with benchmark ratios:
 - 203 (96%) procedure code/modifier combinations use Medicare for benchmarking
 - 8 (4%) use other states for benchmarking
 - Benchmark ratio range is 0.29%-367%
 - 77 (36%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, and these codes account for 56% of the utilization

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	77	36%	56%
Between 100% and 140%	45	21%	38%
Between 60% and 80%	24	11%	1%
Between 10% and 60%	53	25%	4%

Physician Services - Neurology Services

Codes with Benchmark Ratio over 100% - NEW

- 51 codes have a benchmark ratio over 100%, 40 of them (78%) with utilization
- For the top 5 most utilized codes in SFY24, average rate change from 2021 to 2025:
 - Medicare: - 4.1%
 - CO Medicaid (for 4 of the 5 codes): + 9.85%
 - The remaining code: 95813 with modifier 26
 - Description: EEG EXTND MNTR 61-119 MIN, professional component
 - CO Medicaid rate change: - 67%
 - 2021 rate-only benchmark ratio: 298.86% of the Medicare rate
 - Current benchmark ratio: 105.96%



Physician Services - Neurology Services

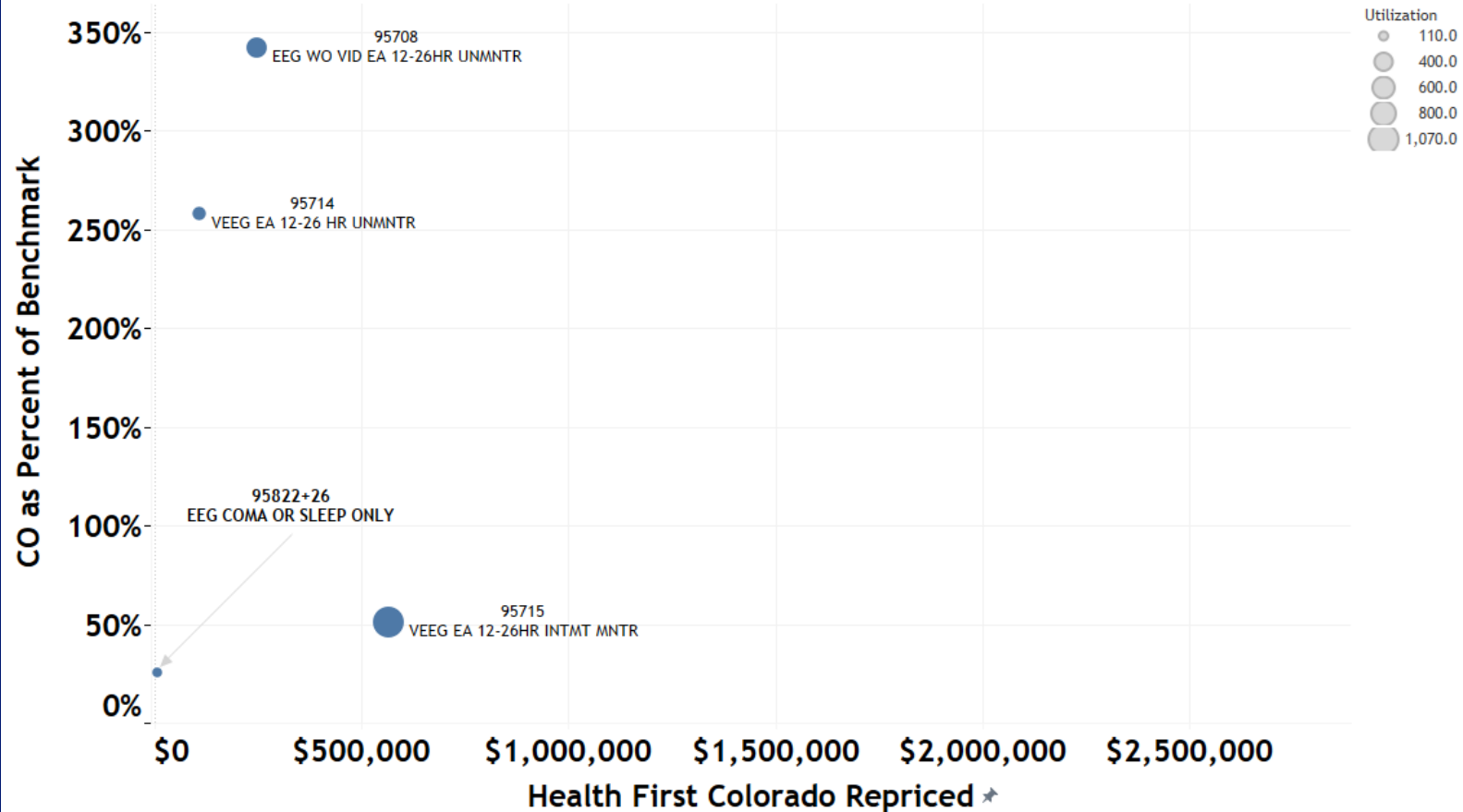
Top 10 Codes by Utilization - NEW

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	95886	MUSC TEST DONE W/N TEST COMP	88.53%	4,902	14.32%
2	95720	EEG PHY/QHP EA INCR W/VEEG	116.37%	4,100	11.98%
3	95700	EEG CONT REC W/VID EEG TECH	107.72%	1,453	4.24%
4	95718	EEG PHYS/QHP 2-12 HR W/VEEG	115.48%	1,323	3.86%
5	95938+26	SOMATOSENSORY TESTING	87.23%	1,164	3.40%
6	95819+26	EEG AWAKE AND ASLEEP	84.61%	1,143	3.34%
7	95886+26	MUSC TEST DONE W/N TEST COMP	94.62%	1,102	3.22%
8	95715	VEEG EA 12-26HR INTMT MNTR	50.96%	1,070	3.13%
9	95910	NRV CNDJ TEST 7-8 STUDIES	93.22%	886	2.59%
10	95813+26	EEG EXTND MNTR 61-119 MIN	105.96%	829	2.42%

Physician Services - Neurology Services Outlier Bubble Chart* - NEW

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

Physician Services - Neurology



Physician Services - Neurology Services

Access to Care Summary - NEW

- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Panel size in both regions remained stable, with a slight downward trend at the end of SFY 2023-24 due to decreasing utilizers.
- Penetration rate was highest in Sedgwick County, while lower and relatively uniform throughout the state, except for the Western Slope where it was lowest.
- The shortest drive times were along the I-25 corridor due to more providers, and some in Western and Eastern CO. Much of Eastern and Western CO still had high drive times.



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Physician Services - Neurology Services



Comments

Physician Services - Neurology Services



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Physician Services - Primary Care E&M Services Primary Care E&M Overview - UPDATE

Primary Care E&M Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$286,827,928
Total Members Utilizing Services in SFY 2023-24	666,434
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-8.36%
Total Active Providers SFY 2023-24	18,494
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-1.36%

Primary Care E&M Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$286,827,928	\$328,723,440	87.26%

Physician Services - Primary Care and Evaluation & Management Services Critical Benchmark Ranges - UPDATE

- 142 total procedure code/modifier combinations
 - 138 with benchmark ratios
 - 4 excluded
 - Among the procedure code/modifier combinations with benchmark ratios:
 - 103 (75%) procedure code/modifier combinations use Medicare
 - 35 (25%) use other states for benchmarking
 - Benchmark ratio range is 32%-241%
 - 78 (56%) procedure code/modifier combinations have a benchmark ratio that is within 80%-100%, these codes account for 87% of the total FY24 utilization.
 - 42 codes that have a benchmark ratio over 100% with 34 codes showing utilization data. However, there are only 15 of them use Medicare for benchmarking, and all of them have very limited utilization

Benchmark Ratio Critical Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	78	56%	87%
Between 100% and 140%	38	28%	8%
Between 60% and 80%	14	10%	2%

Physician Services - Primary Care E&M Services

Top 10 Codes by Utilization - UPDATE

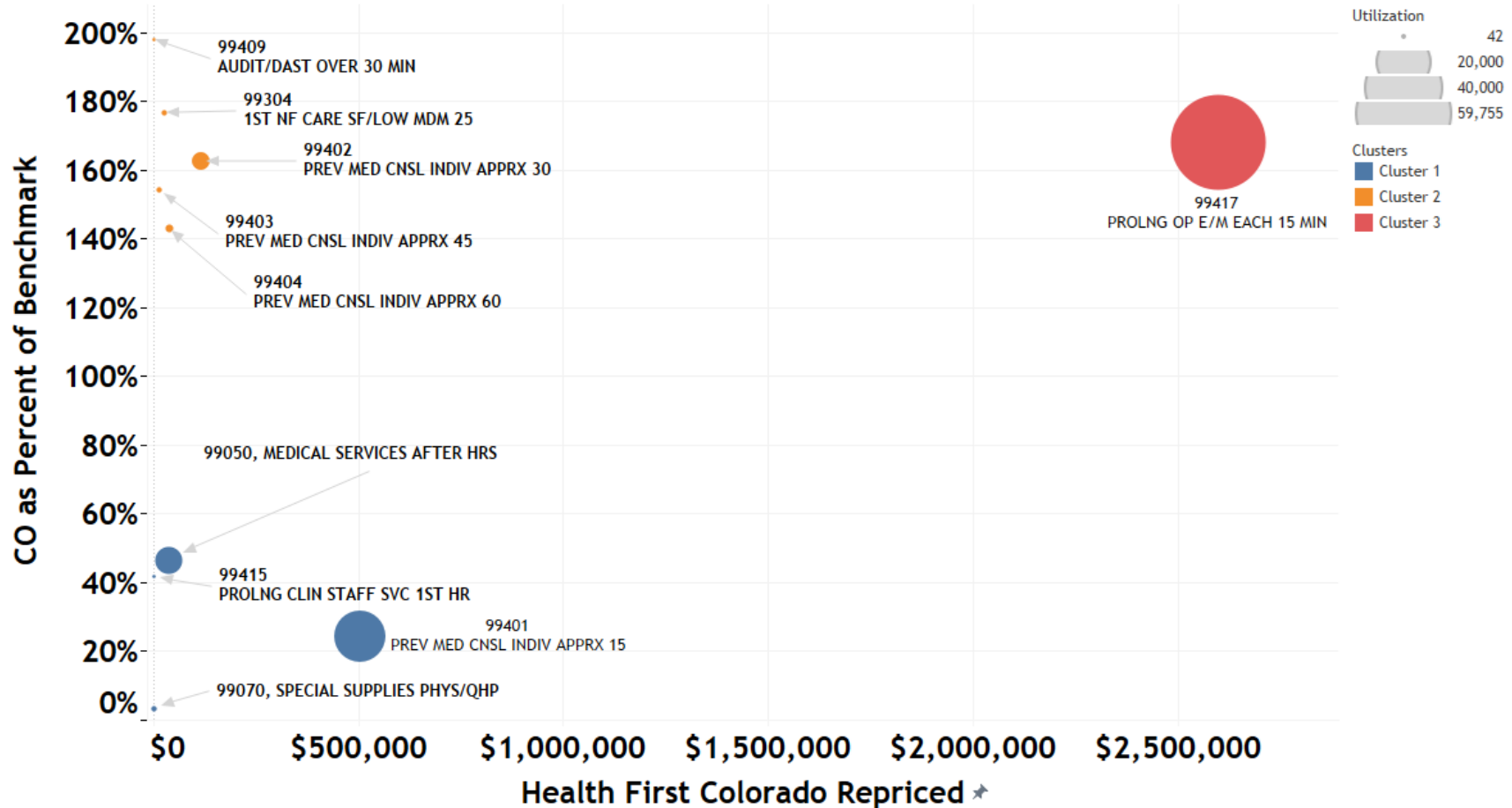
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	99214	OFFICE O/P EST MOD 30-39 MIN	83.22%	833,080	28.17%
2	99213	OFFICE O/P EST LOW 20-29 MIN	82.71%	673,448	22.77%
3	99215	OFFICE O/P EST HI 40-54 MIN	83.11%	190,483	6.44%
4	99204	OFFICE O/P NEW MOD 45-59 MIN	82.19%	188,336	6.37%
5	99203	OFFICE O/P NEW LOW 30-44 MIN	92.37%	169,134	5.72%
6	99214GT	OFFICE O/P EST MOD 30-39 MIN	112.63%	116,214	3.93%
7	99391*	PER PM REEVAL EST PAT INFANT	98.59%	68,800	2.33%
8	99212	OFFICE O/P EST SF 10-19 MIN	83.84%	62,334	2.11%
9	99417	PROLNG OP E/M EACH 15 MIN	167.85%	59,755	2.02%
10	99392	PREV VISIT EST AGE 1-4	98.84%	59,095	2.00%

* Preventive codes



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

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



Physician Services - Primary Care E&M Services Access to Care Summary - UPDATE

- Medicaid provider participation: 73%
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban and rural panel size trended downward in SFY 2023-24 due to decreasing utilizers.
- Penetration rate was highest in Pueblo County and moderate to high across CO except for the Western Slope, where it was lower.
- Individual members utilizing telemedicine decreased slightly, although overall utilization of telemedicine increased slightly over the period.
- Drive times were relatively short statewide, with providers serving many locations. Higher drive times were mostly in rural locations in Western and Eastern CO.

Physician Services - Primary Care Evaluation and Management (E&M) Services - NEW Additional Analyses Overview

- Preventive Care in Primary Care E&M
 - Identification and analysis of preventive care codes
- Well-Child Visits
 - Age 0 - 17 Years: Utilization by age group and geographic region
 - Age 16 - 30 Months: Regional utilization and comparison with CIVHC data
 - Rate-Only Comparison: Benchmarking reimbursement rates across benchmark states, AAP, and commercial plans



Primary Care: A Cost-Saving Investment - NEW

- Preventive care boosts positive patient outcomes
 - Primary care physician participation in Medicare Shared Savings Program (MSSP) led to increased flu & pneumococcal vaccinations, depression screenings, and wellness visits (Huang et al., 2022)
 - In 2023, Medicare ACOs generated \$2.1B in net savings with higher savings tied to greater primary care physician participation (Morken et al., 2025)
- Personalized prevention reduces acute care use
 - The MDVIP model for Medicare Advantage members cut ER visits and hospitalizations, saving \$47-\$87 per patient per month (Musich et al., 2014)
- Chronic disease prevention yields savings for public spending
 - A 5% drop in diabetes/hypertension rates could save \$9B annually short-term, up to \$24.7B long-term, with the greatest impact on Medicare/Medicaid (Ormond et al., 2011)



References - NEW

- Huang, H., Zhu, X., & Wehby, G. L. (2022). Primary care physicians' participation in the Medicare shared savings program and preventive services delivery: Evidence from the first 7 years. *Health services research*, 57(5), 1182-1190. Retrieved from <https://doi.org/10.1111/1475-6773.14030>
- Morken, I., Brown, K., Bonesteel, R., Muhlestein, D., McStay, F., & Saunders, R. (2025). Medicare accountable care organizations in 2023: Large savings with increasing value-based programmatic competition | *Health Affairs Forefront*. Retrieved from <https://www.healthaffairs.org/content/forefront/medicare-accountable-care-organizations-2023-large-savings-increasing-value-based>
- Musich, S., Klemes, A., Kubica, M. A., Wang, S., & Hawkins, K. (2014). Personalized preventive care reduces healthcare expenditures among Medicare Advantage beneficiaries. *The American journal of managed care*, 20(8), 613-620. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/25295675/>
- Ormond, B. A., Spillman, B. C., Waidmann, T. A., Caswell, K. J., & Tereshchenko, B. (2011). Potential National and state medical care savings from Primary Disease Prevention. *American Journal of Public Health*, 101(1), 157-164. Retrieved from <https://doi.org/10.2105/ajph.2009.182287>

Physician Services - Primary Care Evaluation & Management (E&M) Services Preventive Care in Primary Care - UPDATE

- 35 (25%) of the 142 procedure code/modifier combinations are Preventive Care codes
- Benchmark ratio range is 71% - 112%
- 15 of these 35 Preventive codes use Medicare for benchmarking

	Utilization	CO Repriced	Utilizer Count
Preventive Codes	414,821	\$33,621,878	273,680
All Primary Care E&M Codes	2,958,007	\$286,827,928	666,434
Percentage of Preventive Codes Over All Primary Care E&M Codes	14%	12%	41%



Physician Services - Primary Care E&M Services

Preventive Care Codes - UPDATE

Code	Service Description	Code	Service Description	Code	Service Description
77067 *	SCR MAMMO BI INCL CAD	99383	PREV VISIT NEW AGE 5-11	99402	PREV MED CNSL INDIV APPRX 30
77078	CT BONE DENSITY AXIAL	99384	PREV VISIT NEW AGE 12-17	99403	PREV MED CNSL INDIV APPRX 45
77080 *	DXA BONE DENSITY AXIAL	99385	PREV VISIT NEW AGE 18-39	99404	PREV MED CNSL INDIV APPRX 60
77081	DXA BONE DENSITY/PERIPHERAL	99386	PREV VISIT NEW AGE 40-64	99406	BEHAV CHNG SMOKING 3-10 MIN
77086	FRACTURE ASSESSMENT VIA DXA	99391	PER PM REEVAL EST PAT INFANT	99407	BEHAV CHNG SMOKING > 10 MIN
88141	CYTOPATH C/V INTERPRET	99392	PREV VISIT EST AGE 1-4	G0101	CA SCREEN;PELVIC/BREAST EXAM
88142	CYTOPATH C/V THIN LAYER	99393	PREV VISIT EST AGE 5-11	G0143	SCR C/V CYTO,THINLAYER,RESCR
88164	CYTOPATH TBS C/V MANUAL	99394	PREV VISIT EST AGE 12-17	G0145	SCR C/V CYTO,THINLAYER,RESCR
88175	CYTOPATH C/V AUTO FLUID REDO	99395	PREV VISIT EST AGE 18-39	Q0091	OBTAINING SCREEN PAP SMEAR
99381	INIT PM E/M NEW PAT INFANT	99396	PREV VISIT EST AGE 40-64		
99382	INIT PM E/M NEW PAT 1-4 YRS	99401	PREV MED CNSL INDIV APPRX 15		

* Code includes 3 code/modifier combinations.



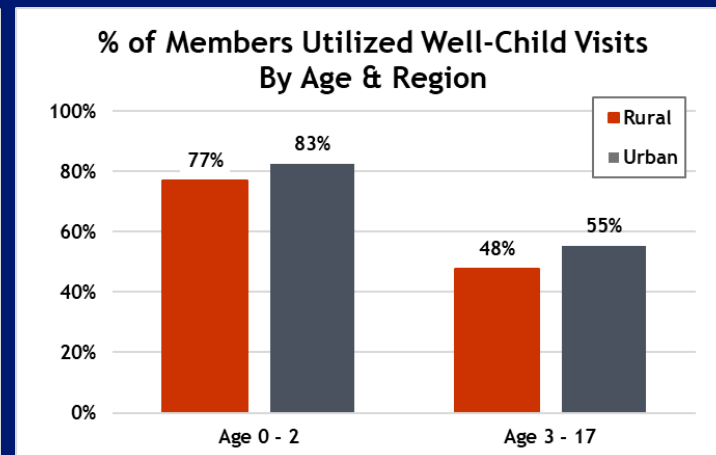
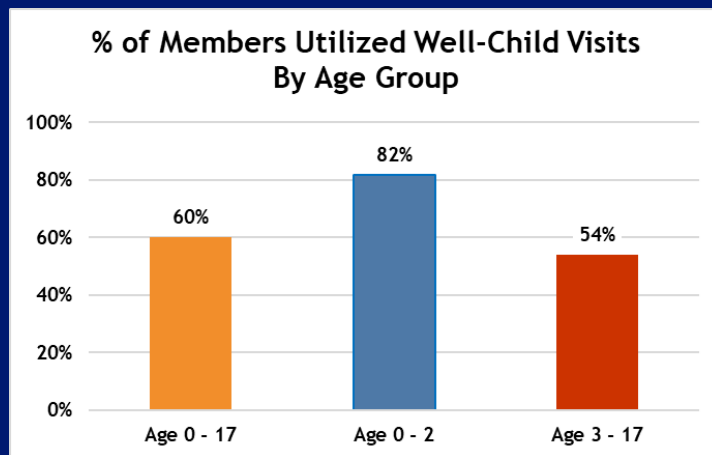
Physician Services - Primary Care E&M Services

Well-Child Visit Codes - NEW

Code	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
99381	INIT PM E/M NEW PAT INFANT	96.45%	10,568	0.36%
99382	INIT PM E/M NEW PAT 1-4 YRS	97.14%	4,384	0.15%
99393	PREV VISIT NEW AGE 5-11	96.07%	6,823	0.23%
99384	PREV VISIT NEW AGE 12-17	96.75%	4,778	0.16%
99391	PER PM REEVAL EST PAT INFANT	98.59%	68,800	2.33%
99392	PREV VISIT EST AGE 1-4	98.84%	59,095	2.00%
99393	PREV VISIT EST AGE 5-11	97.69%	47,991	1.62%
99394	PREV VISIT EST AGE 12-17	98.54%	32,192	1.09%

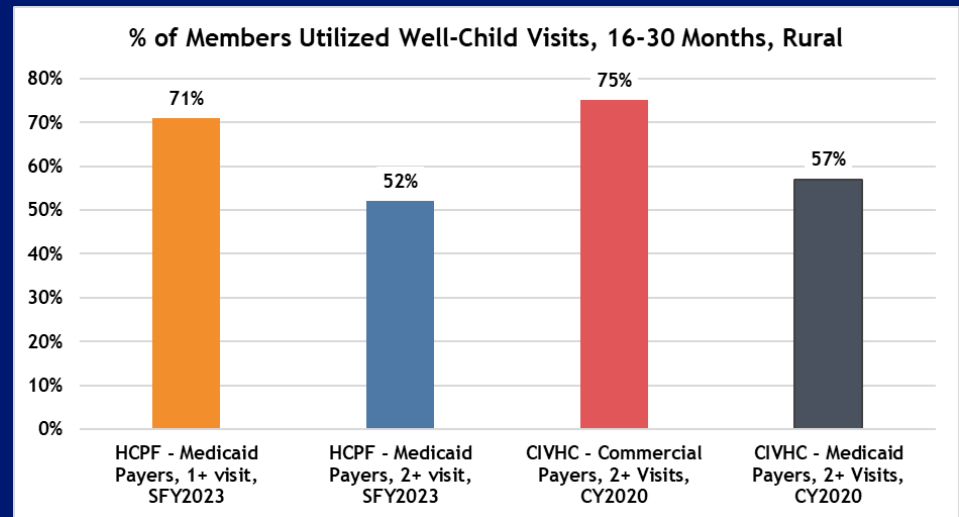
Physician Services - Primary Care E&M Services Well-Child Visit, Age 0 - 17 yrs - NEW

- Base Population:
 - SFY24 CO Medicaid-Only FFS Members Age 0 - 17 yrs
 - Distribution: Rural: 14%; Urban: 86%
- Percentage of Members Utilized Well-Child Visits in FY23 and FY24 By Age Group:
 - Overall: 60%
 - Age 0 - 2: 82%;
 - Age 3 - 17: 54%
- Percentage of Members Utilized Well-Child Visits in FY23 and FY24 By Age & Region:
 - Age 0 - 2: Rural: 77%; Urban: 83%
 - Age 3 - 17: Rural: 48%; Urban: 55%



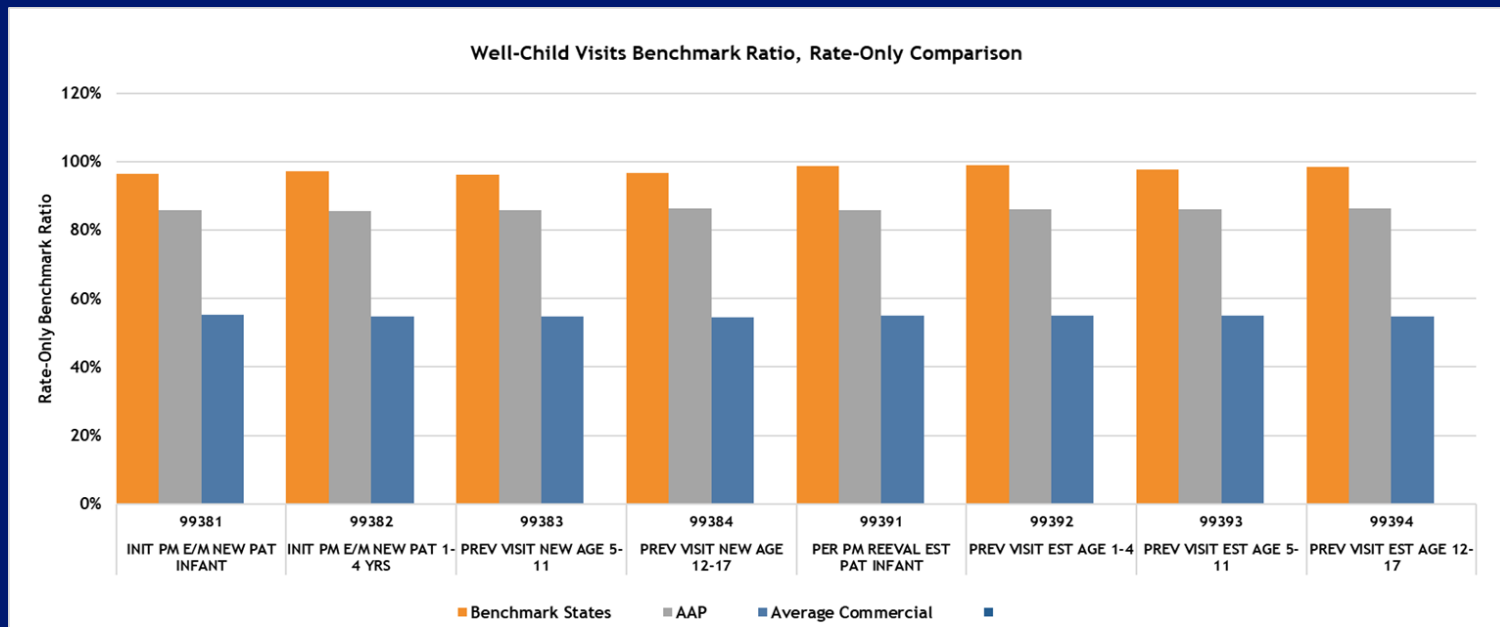
Physician Services - Primary Care E&M Services Well-Child Visit, Age 16 - 30 months - NEW

- Base Population: SFY23 CO Medicaid Members Age 16 - 30 months
 - Eligibility: Medicaid Only, and CHP+
 - Payment Models: FFS, and Managed Care
 - Distribution: Rural: 14%; Urban: 86%
- Percentage of Members Utilized Well-Child Visits in SFY22, SFY23 and SFY24 By Region:
 - 1+ visit: Rural: 71%, Urban: 78%
 - 2+ visit: Rural: 52%, Urban: 58%
- CIVHC* Data (CY 2020, Rural) **:
 - Commercial Payer: 75%
 - Medicaid Payer: 57%



Physician Services - Primary Care E&M Services Well-Child Visits, Rate-Only Comparison - NEW

- 8 Well-Child visits codes were compared to benchmark states*, AAP**, and commercial averages
- Average benchmark ratios for all 8 codes:
Benchmark states = 98%; AAP = 86%; Commercial average = 55%



* These 8 codes do not have Medicare rates available, so only compared to benchmark states, AAP, and commercial plans.

** AAP stands for American Academy of Pediatrics. AAP rates were calculated based on the document downloaded from <https://downloads.aap.org/AAP/PDF/2022%20RBRVS.pdf>.



Physician Services - Primary Care E&M Services Well-Child Visit Codes, Rates-Only Comparison - NEW

Code	Service Description	Colorado Medicaid (202407)	Benchmark States	AAP	United HC POS	United HC Choice POS	United HC PPO	Kaiser KFHP	Anthem BCBS PPO
99381	INIT PM E/M NEW PAT INFANT	\$95.70	\$99.22	\$111.70	\$163.49	\$207.29	\$169.87	\$174.99	\$152.05
99382	INIT PM E/M NEW PAT 1-4 YRS	\$99.91	\$102.85	\$116.73	\$171.51	\$217.27	\$178.21	\$184.87	\$159.25
99393	PREV VISIT NEW AGE 5-11	\$103.94	\$108.19	\$121.13	\$178.26	\$225.71	\$185.23	\$193.68	\$165.97
99384	PREV VISIT NEW AGE 12-17	\$117.02	\$120.95	\$135.61	\$201.10	\$255.79	\$208.98	\$222.12	\$187.55
99391	PER PM REEVAL EST PAT INFANT	\$86.06	\$87.29	\$100.40	\$146.85	\$186.72	\$152.57	\$158.26	\$137.18
99392	PREV VISIT EST AGE 1-4	\$91.96	\$93.04	\$106.79	\$156.73	\$198.74	\$162.84	\$170.49	\$146.30
99393	PREV VISIT EST AGE 5-11	\$91.66	\$93.83	\$106.44	\$156.18	\$198.09	\$162.27	\$170.32	\$145.82
99394	PREV VISIT EST AGE 12-17	\$100.42	\$101.91	\$116.23	\$171.59	\$217.58	\$178.30	\$189.20	\$160.21



Physician Services - Primary Care E&M Services



Comments

Physician Services - Primary Care E&M Services



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Physician Services - Radiology Services - UPDATE

Radiology Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$66,926,268
Total Members Utilizing Services in SFY 2023-24	355,125
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-9.44%
Total Active Providers SFY 2023-24	7,896
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-3.26%

Radiology Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$66,926,268	\$68,091,796	98.29%

Physician Services - Radiology

Critical Benchmark Ranges - UPDATE

- 1,791 total procedure code/modifier combinations
 - 1,761 with benchmark ratios
 - 30 excluded
 - Among the procedure code/modifier combinations with benchmark ratios:
 - 1,626 (92%) procedure code/modifier combinations use Medicare
 - 135 (8%) use other states for benchmarking
 - The benchmark ratio range is 4%-667%
 - 1,277 (73%) procedure code/modifier combinations have a benchmark ratio that is within 80%-140%, and these codes account for 93% of the utilization

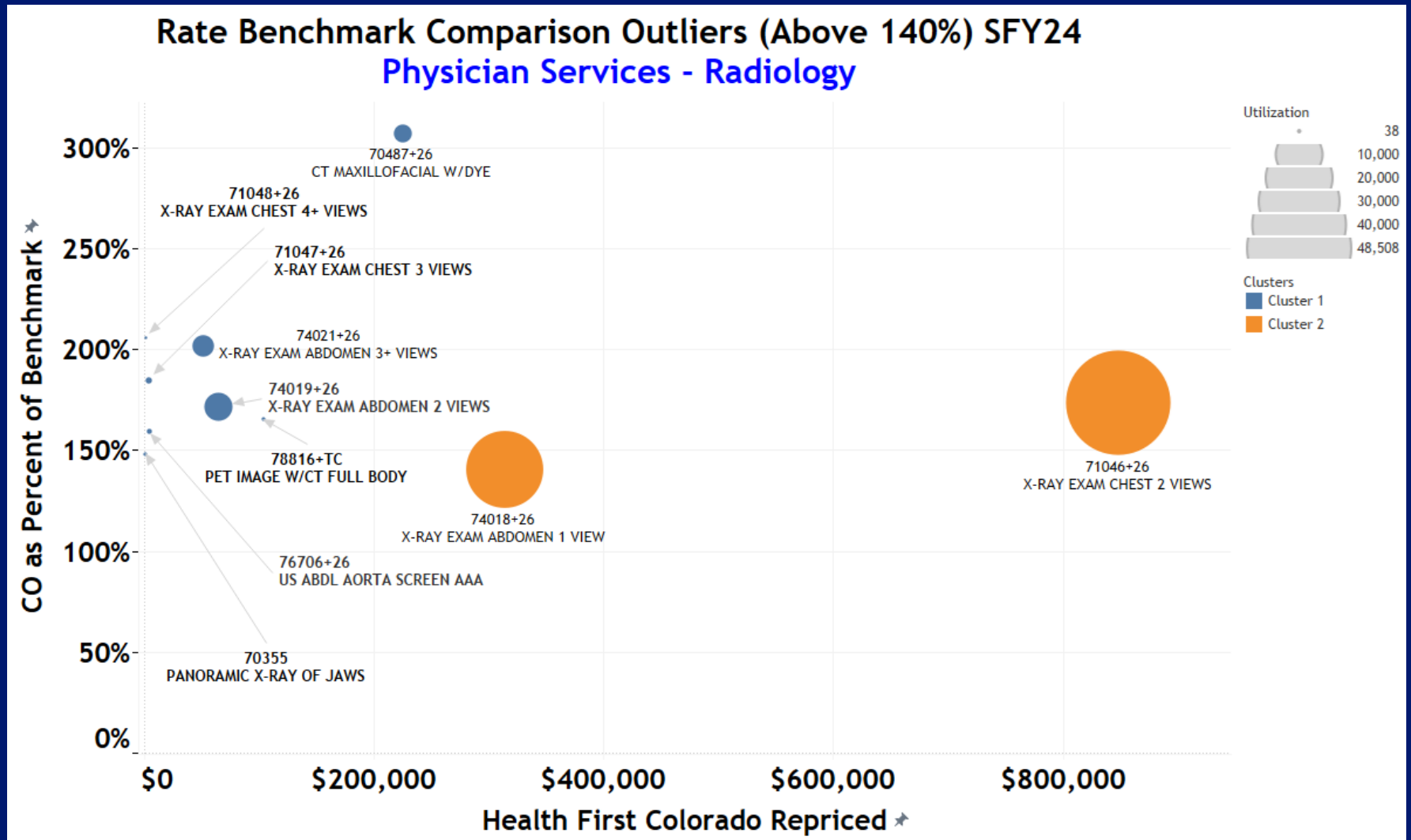
Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	700	40%	55%
Above 100% and Below 140%	577	33%	38%
Below 60% or Above 140%	377	22%	7%
Below 10% or Above 500%	15	0.85%	0%

Physician Services - Radiology Services

Top 10 Codes by Utilization - UPDATE

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	71045+26	X-RAY EXAM CHEST 1 VIEW	134.36%	134,044	10.19%
2	74177+26	CT ABD & PELV W/CONTRAST	90.76%	58,194	4.43%
3	70450+26	CT HEAD/BRAIN W/O DYE	106.46%	49,881	3.79%
4	71046+26	X-RAY EXAM CHEST 2 VIEWS	173.18%	48,508	3.69%
5	74018+26	X-RAY EXAM ABDOMEN 1 VIEW	140.29%	26,390	2.01%
6	76705+26	ECHO EXAM OF ABDOMEN	99.60%	25,553	1.94%
7	73630+26	X-RAY EXAM OF FOOT	85.21%	23,247	1.77%
8	73610+26	X-RAY EXAM OF ANKLE	85.22%	20,244	1.54%
9	73130+26	X-RAY EXAM OF HAND	85.22%	19,542	1.49%
10	72125+26	CT NECK SPINE W/O DYE	102.35%	19,493	1.48%

Physician Services - Radiology Services Outliers Above 140% Bubble Chart* - RECAP

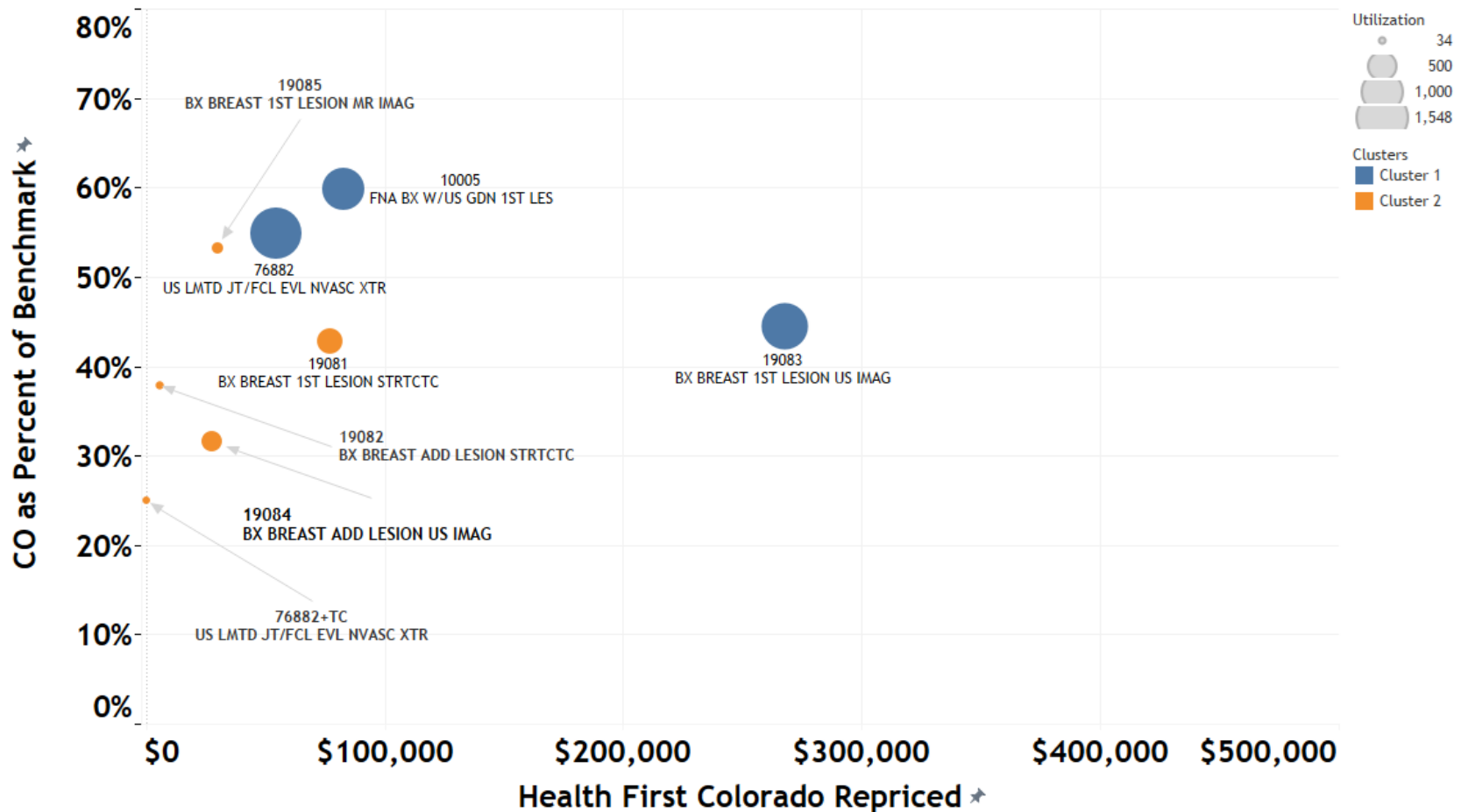


Physician Services - Radiology Services

Outliers Below 60% Bubble Chart* - RECAP

Rate Benchmark Comparison Outliers (Below 60%) SFY24

Physician Services - Radiology



Physician Services - Radiology Services

Access to Care Summary - RECAP

- Panel size was highest in El Paso County, moderate in some I-25 corridor counties, and trended down across urban and rural regions in SFY 2023-24 due to utilizers decreasing more quickly than providers.
- Penetration rate was highest in Sedgwick County and moderate to high across CO, except for on the Western Slope, where it was low.
- Drive times were relatively short statewide, with providers serving many locations. Higher drive times were mostly in rural locations in Western and Eastern CO.

Physician Services - Radiology

Codes with Benchmark Ratio over 100% - NEW

- 690 codes have a benchmark ratio over 100%
 - 400 of them (58%) with utilization data
- For the top 10 most utilized codes in SFY2024, average rate change from 2021 to 2025:
 - Medicare: - 6.22%
 - CO Medicaid: + 7.80%
 - For code 71260 with modifier 26
 - Description: CT THORAX DX C+, professional component
 - CO Medicaid rate change: - 2.92%,
 - Medicare rate change: - 6.51%, from a lower rate in 2021
 - Current benchmark ratio: 106.98%

Physician Services - Radiology Services Preventive Care Codes Summary - NEW

- 12 (2%) of the 636 procedure codes are Preventive Care codes *
- Benchmark ratio range is 33% - 159%

CODE	Service Description	Utilization	Benchmark Source
71271	CT THORAX LUNG CANCER SCR C-	2,649	Medicare
74261	CT COLONOGRAPHY DX	6	Medicare
74262	CT COLONOGRAPHY DX W/DYE	0	Medicare
74263	CT COLONOGRAPHY SCREENING	4	Medicare
74270	X-RAY XM COLON 1CNTRST STD	354	Medicare
74280	X-RAY XM COLON 2CNTRST STD	7	Medicare
76700	US EXAM ABDOM COMPLETE	9,491	Medicare
76706	US ABDL AORTA SCREEN AAA	198	Medicare
76775	US EXAM ABDO BACK WALL LIM	1,832	Medicare
77065	DX MAMMO INCL CAD UNI	5,151	Medicare
77066	DX MAMMO INCL CAD BI	6,945	Medicare
77080	DXA BONE DENSITY AXIAL	2	Medicare

* HCPF policy specialist used the United State Preventive Services Task Force A and B level recommendations as guidance to identify prevention services (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>).



COLORADO

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Policy & Financing

Physician Services - Radiology Services



Comments

Physician Services - Radiology Services



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Physician Services - Respiratory Services - RECAP

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

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

Physician Services - Respiratory Services

Critical Benchmark Ranges - UPDATE

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

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

Physician Services - Respiratory Services

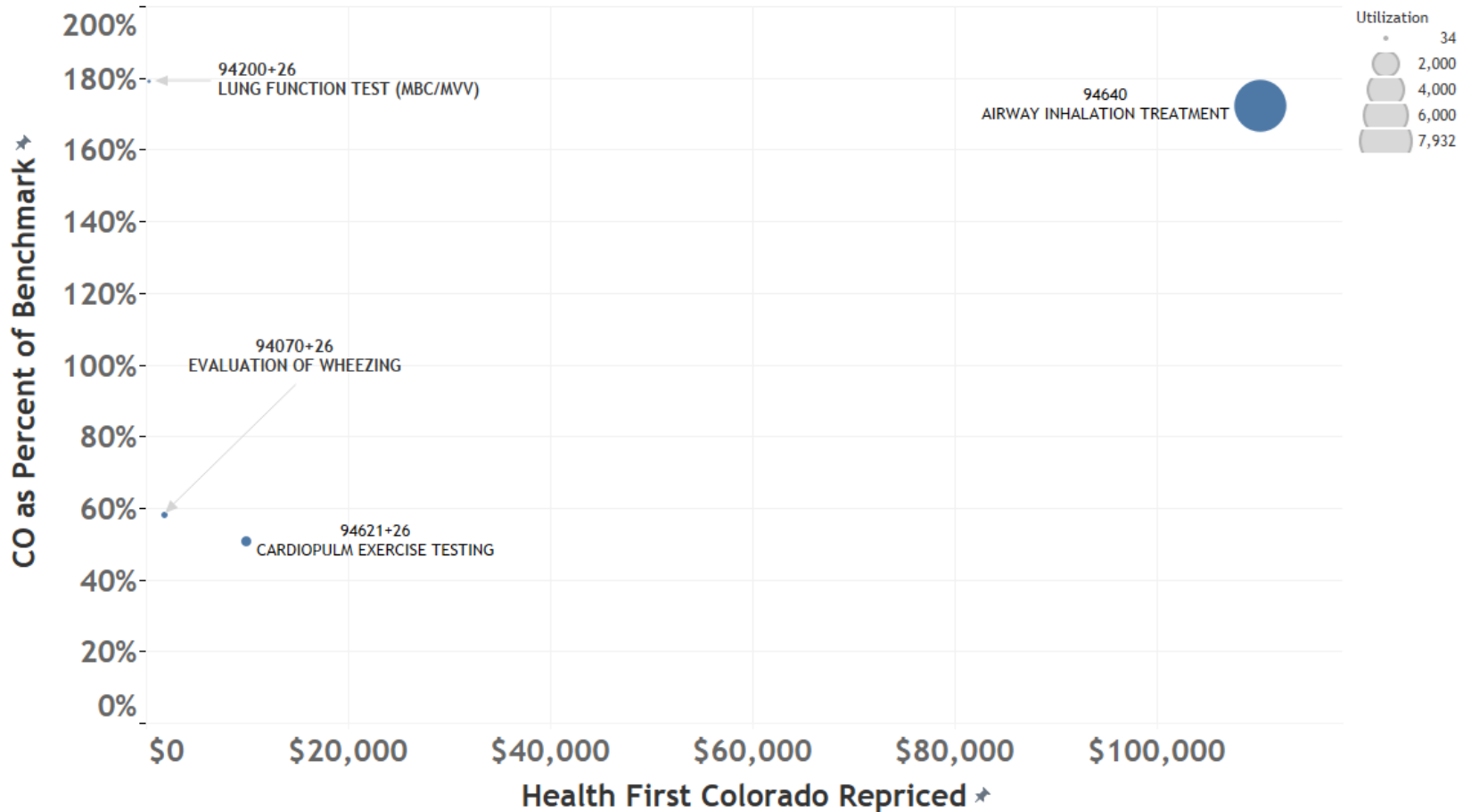
Top 10 Codes by Utilization - RECAP

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	94760	MEASURE BLOOD OXYGEN LEVEL	74.11%	42,294	48.61%
2	94640	AIRWAY INHALATION TREATMENT	172.25%	7,932	9.12%
3	94010	BREATHING CAPACITY TEST	123.06%	7,473	8.59%
4	94375+26	RESPIRATORY FLOW VOLUME LOOP	107.93%	3,996	4.59%
5	94060+26	EVALUATION OF WHEEZING	125.34%	3,845	4.42%
6	94060	EVALUATION OF WHEEZING	109.36%	2,930	3.37%
7	94729+26	CO/MEMBANE DIFFUSE CAPACITY	83.42%	2,714	3.12%
8	94375	RESPIRATORY FLOW VOLUME LOOP	96.09%	2,668	3.07%
9	94726+26	PULM FUNCT TST PLETHYSMOGRAP	93.54%	2,303	2.65%
10	94762	MEASURE BLOOD OXYGEN LEVEL	116.40%	1,867	2.15%

Physician Services - Respiratory Services Outlier Bubble Chart* - RECAP

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

Physician Services - Respiratory



Physician Services - Respiratory Services

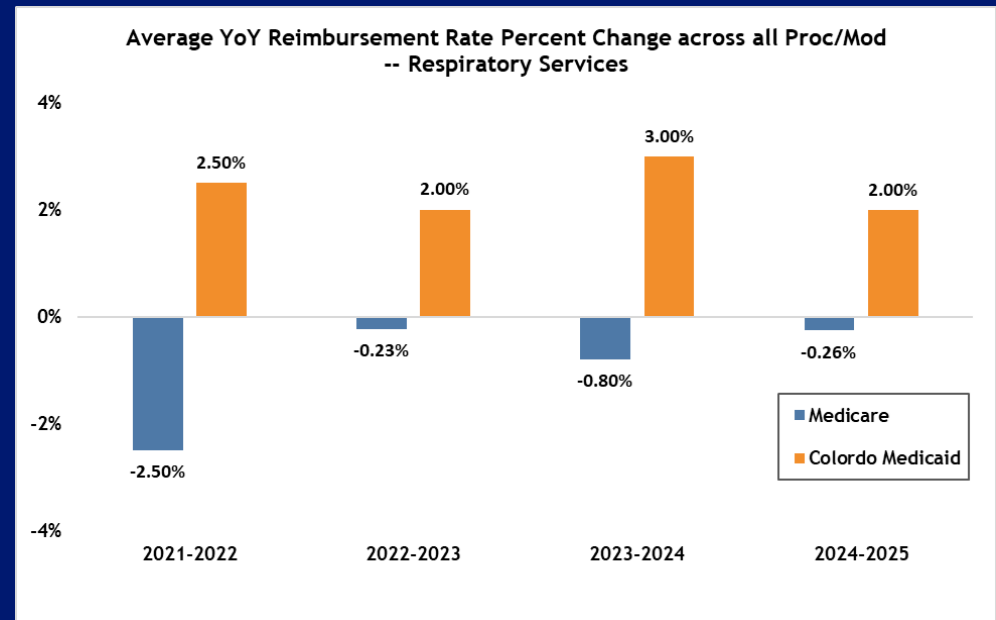
Access to Care Summary - RECAP

- Medicaid provider participation: 34%
- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. Urban panel size initially increased in SFY 2021-22, then trended down due to utilizers decreasing more quickly.
- Penetration rate was highest in Jefferson County and moderate in some I-25 corridor and South-Western CO counties. It was lower in much of Western and Eastern CO.
- Per utilizer per year Medicaid utilization was higher than other payers.

Physician Services - Respiratory Services

Year-over-year Reimbursement Rate Trend Analysis - NEW

- Overall benchmark ratio: 103.00%
- 31 of these 83 codes using Medicare for benchmarking have a benchmark ratio over 100%, with 21 codes showing utilization data
- From 2021 to 2025, the average rate change for all 83 codes:
 - Medicare: - 3.84%
 - CO Medicaid rates: + 9.84%
- The two codes with the highest benchmark ratios to Medicare:
 - Code 94640
 - AIRWAY INHALATION TREATMENT
 - Current benchmark ratio: 172.25%
 - Medicare: - 45.56% (\$14.88 to \$8.1)
 - Code 94200+26
 - LUNG FUNCTION TEST (MBC/MVV), professional component
 - Current benchmark ratio: 179.07%
 - Medicare: - 32.81% (\$3.84 to \$2.58)



Physician Services - Respiratory Services



Comments

Physician Services - Respiratory Services



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Physician Services - Sleep Study Services - RECAP

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

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

Physician Services - Sleep Study

Critical Benchmark Ranges - UPDATE

- 42 total procedure code/modifier combinations, all with benchmark ratios
 - 33 (79%) procedure code/modifier combinations use Medicare
 - 9 (21%) use other states for benchmarking
 - Benchmark ratio range is 31%-238%
 - 21 (50%) procedure code/modifier combinations have a benchmark ratio that is within 80%-140%, and these codes account for 67% of the utilization.
 - The Sleep Study service subcategory currently has an overall benchmark ratio of 123.65%. HCPF's 2024 review of this subcategory covered the period from 2020 to 2024, and identified a 5.84% decrease in Medicare reimbursement rates, while Colorado Medicaid rates increased by 6.61% over the same timeframe. The divergence in rate trends has resulted in an elevated overall benchmark ratio, calculated as Colorado's repriced amount divided by Medicare's repriced amount

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	9	21%	5.3%
Above 100% and Below 140%	12	29%	62%
Between 10% and 60%	12	29%	0.20%
Between 140% and 250%	7	17%	32.5%

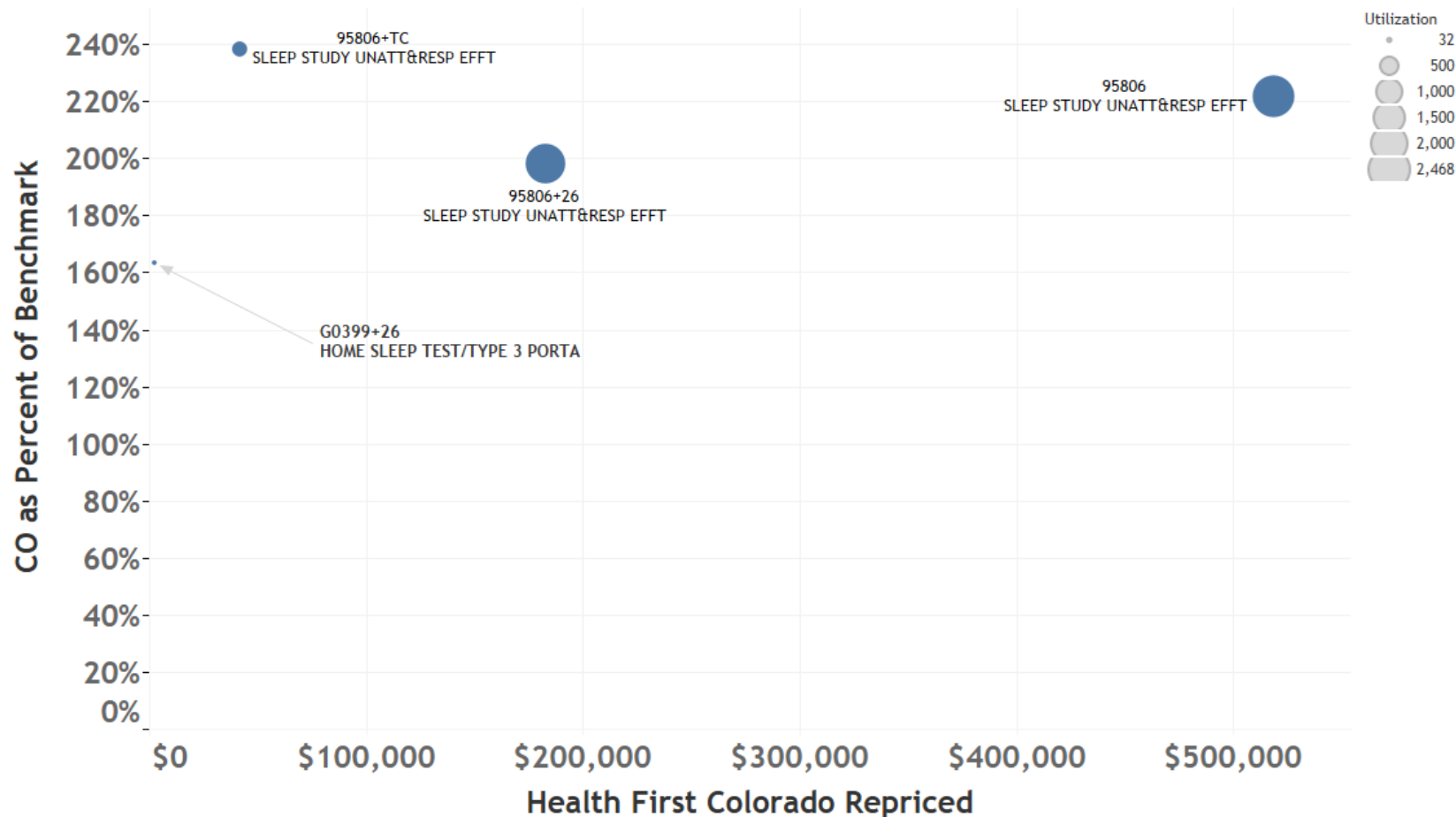
Physician Services - Sleep Study Services

Top 10 Codes by Utilization - UPDATE

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	91200	POLYSOM 6/> YRS 4/> PARAM	117.36%	2,922	18.69%
2	91200+26	SLEEP STUDY UNATT&RESP EFFT	221.51%	2,468	15.78%
3	91065+26	SLEEP STUDY UNATT&RESP EFFT	197.97%	2,228	14.25%
4	91010+26	POLYSOM 6/>YRS CPAP 4/> PARAM	116.92%	1,977	12.64%
5	91110	SLP STDY UNATTENDED	137.77%	1,415	9.05%
6	91035+26	SLP STDY UNATTENDED	133.75%	959	6.13%
7	91110+26	POLYSOM 6/> YRS 4/> PARAM	109.38%	909	5.81%
8	91122+26	POLYSOM 6/>YRS CPAP 4/> PARAM	107.92%	795	5.08%
9	91037+26	POLYSOM <6 YRS 4/> PARAMTRS	94.19%	557	3.56%
10	91010	POLYSOM 6/> YRS 4/> PARAM	107.58%	342	2.19%

Physician Services - Sleep Study Services Outlier Bubble Chart* - RECAP

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



Physician Services - Sleep Study Services

Access to Care Summary - RECAP

- Medicaid provider participation: 13%
- Panel size was highest in Pueblo County and moderate in some I-25 corridor counties. Urban and rural panel size fluctuated due to utilizer to provider fluctuations.
- Penetration rate was highest in Pueblo County and moderate throughout the state, except for Western CO, where it was low.
- The shortest drive times were along the I-25 corridor due to more providers, and some parts of Western and Eastern CO. Much of Western and Eastern CO still had high drive times.
- A few providers had a dramatic drop in the number of members served from SFY 2021-22 to SFY 2023-24.
- Per utilizer per year Medicaid utilization was slightly higher than other payers.



Physician Services - Sleep Study Services



Comments

Physician Services - Sleep Study Services



MPRRAC Recommendations

Physician Services - Vaccines Immunizations Services - RECAP

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

Vaccines Immunizations Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$23,640,025	\$24,852,249	95.12%

Physician Services - Vaccines Immunizations

Critical Benchmark Ranges - UPDATE

- 87 total procedure code/modifier combinations
 - 70 with benchmark ratios
 - 17 excluded
 - Among the procedure code/modifier combinations with benchmark ratios:
 - 32 (46%) procedure code/modifier combinations use Medicare
 - 38 (54%) use other states for benchmarking
 - Benchmark ratio range is 44%-250%
 - 60 (86%) procedure code/modifier combinations have a benchmark ratio that is within 80%-140%, and these codes account for 94% of the utilization
 - There are 37 codes that have a benchmark ratio over 100% with 12 codes showing utilization data and using Medicare for benchmarking. Focusing on the top 3 most utilized codes, CO Medicaid rates were significantly higher than Medicare rates in 2021. From 2021 to 2025, both rates followed similar trends - either increasing or decreasing in parallel - resulting in all 3 codes maintaining benchmark ratios above 100%

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

Physician Services - Vaccines Immunizations Services

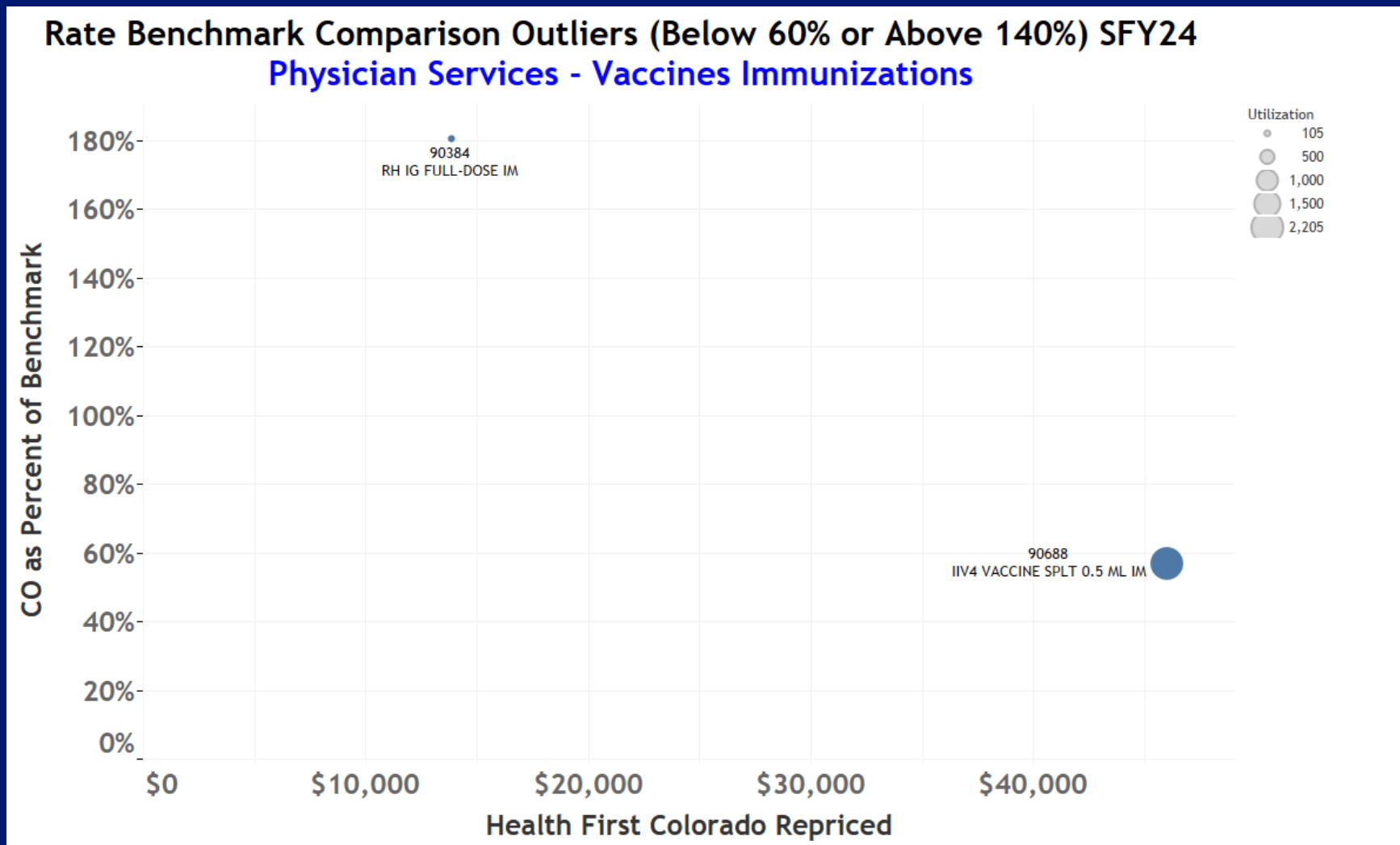
Top 10 Codes by Utilization - RECAP

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	90460	IM ADMIN 1ST/ONLY COMPONENT	91.94%	237,718	34.71%
2	90471	IMMUNIZATION ADMIN	101.76%	129,883	18.97%
3	96372	THER/PROPH/DIAG INJ SC/IM	103.93%	83,753	12.23%
4	90472	IMMUNIZATION ADMIN EACH ADD	83.60%	50,345	7.35%
5	90686	IIV4 VACC NO PRSV 0.5 ML IM	109.18%	38,186	5.58%
6	90480	ADMN SARSCOV2 VACC 1 DOSE	68.90%	37,682	5.50%
7	90715	TDAP VACCINE 7 YRS/> IM	124.13%	19,262	2.81%
8	91320	CORONAVIRUS VACCINE 21	85.70%	13,928	2.03%
9	91322	CORONAVIRUS VACCINE 23	92.07%	13,570	1.98%
10	90750	HZV VACC RECOMBINANT IM	101.87%	8,372	1.22%

Note: All codes in this subcategory are Preventive codes.



Physician Services - Vaccines Immunizations Services Outlier Bubble Chart* - RECAP



Physician Services - Vaccines Immunizations Services

Access to Care Summary - RECAP

- Panel size was highest in Mesa County and moderate in some I-25 corridor and Western CO counties. October-November spikes were likely from annual flu vaccines. Utilizers decreased at a faster rate in SFY 2023-24, causing a decreasing trend in urban and rural regions.
- Penetration rate was highest in Douglas county and moderate to high in several counties across CO.
- Per utilizer per year Medicaid expenditures were lower than other payers, although close to Medicare FFS.
- Per utilizer per year Medicaid utilization was similar to other payers, although exceeded more by Medicare Advantage in SFY24.



Physician Services - Vaccines Immunizations Services



Comments

Physician Services - Vaccines Immunizations Services



MPRRAC Recommendations

- 1) For regular codes with benchmark ratios
- 2) For codes with valid FFS rates but without benchmark rates

Physician Services - Vascular Services - RECAP

Vascular Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$3,558,628
Total Members Utilizing Services in SFY 2023-24	35,429
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-7.65%
Total Active Providers SFY 2023-24	1,103
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-1.52%

Vascular Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare/Other States Repriced	Overall Repriced Benchmark Ratio
\$3,558,628	\$3,572,572	99.61%

Physician Services - Vascular Critical Benchmark Ranges - UPDATE

- There are a total of 75 procedure code/modifier combinations, all with benchmark ratios
 - 72 (96%) procedure code/modifier combinations use Medicare
 - 3 (6%) use other states for benchmarking
 - Benchmark ratio range is 68%-206%
 - 71 (94%) procedure code/modifier combinations have a benchmark ratio that is within 80%-140%, and these codes account for over 99% of the utilization
 - 44 codes that have a benchmark ratio over 100% with 36 codes showing utilization data. Focusing on the top 5 most utilized codes, Medicare rates decreased by an average 7.91% from 2021 to 2025, while CO Medicaid rates declined by an average 35.10% over the same period. However, all of the CO Medicaid rates for these 5 codes were already much higher than Medicare rates in 2021, the current benchmark ratio for these codes remain above 105%

Benchmark Ratio Range	Number of Code/Modifier Combinations	Percent of Total Code/Modifier Combinations	Percent of Total Utilization
Between 80% and 100%	29	39%	45%
Above 100% and Below 140%	42	55%	54%

Physician Services - Vascular Services

Top 10 Codes by Utilization - UPDATE

Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	93971+26	EXTREMITY STUDY	86.20%	12,759	23.90%
2	93975+26	VASCULAR STUDY	107.49%	10,356	19.40%
3	93970+26	EXTREMITY STUDY	108.51%	6,086	11.40%
4	93976+26	VASCULAR STUDY	106.52%	5,678	10.64%
5	93971	EXTREMITY STUDY	93.99%	4,985	9.34%
6	93970	EXTREMITY STUDY	93.57%	3,214	6.02%
7	93976	VASCULAR STUDY	107.10%	1,411	2.64%
8	93975	VASCULAR STUDY	108.89%	971	1.82%
9	93923	UPR/LXTR ART STDY 3+ LVLS	100.68%	799	1.50%
10	93880+26	EXTRACRANIAL BILAT STUDY	85.68%	733	1.37%

Physician Services - Vascular Services

Access to Care Summary - UPDATE

- Panel size was highest in El Paso County and moderate in some I-25 corridor counties. In urban regions, a decreasing trend in SFY 2023-24 was caused by a decrease in utilizers.
- Penetration rate was highest in Crowley County and moderate in several counties throughout the state, and was lowest on the Western Slope.
- The shortest drive times were along the I-25 corridor due to more providers, and some parts of Western and Eastern CO. Much of Western and Eastern CO still had high drive times.



Physician Services - Vascular Services



Comments

Physician Services - Vascular Services



MPRRAC Recommendations

Year 3 Overall Benchmark Ratios

Service Category	Service Subcategory	Benchmark Ratio
Dialysis & Dialysis-Related Services	Facility	81.02%
Dialysis & Dialysis-Related Services	Non-Facility	85.49%
Dental for People with Intellectual and Developmental Disabilities (DIDD) Services	DIDD	74.65% (ADA) 117.25% (Other States)
Durable Medical Equipment (DME)	Durable Medical Equipment	91.71%
Prosthetics, Orthotics, and Disposable Supplies (POS)	Prosthetics	74.07%
Prosthetics, Orthotics, and Disposable Supplies (POS)	Orthotics	82.66%
Prosthetics, Orthotics, and Disposable Supplies (POS)	Enteral Formula	141.52%
Prosthetics, Orthotics, and Disposable Supplies (POS)	Other and Disposable Supplies	95.74%
Laboratory and Pathology Services	Laboratory and Pathology Services	93.34%
Outpatient PT/OT/ST	PT	100.85%
Outpatient PT/OT/ST	OT	96.57%
Outpatient PT/OT/ST	ST	93.63%
Specialty Care Services	Specialty Care Services	81.09%
Early Intervention TCM	Early Intervention	73.56%
Targeted Case Management (TCM)	Case Management	87.25%
Targeted Case Management (TCM)	Transition Coordination Services	122.54%
Vision Services	Vision Services	81.66%



Year 3 Overall Benchmark Ratios (cont.)

Service Category	Service Subcategory	Benchmark Ratio
Physician Services	Allergy and Immunology	90.03%
Physician Services	Cardiology	95.03%
Physician Services	Dermatology	76.73%
Physician Services	ED and Hospital E&M	90.83%
Physician Services	ENT	86.77%
Physician Services	Family Planning	113.86%
Physician Services	Gastroenterology	91.21%
Physician Services	Gynecology	83.32%
Physician Services	Health Education	85.31%
Physician Services	Medication Injections & Infusions	112.84%
Physician Services	Neuro/Psychological Testing Services	122.21%
Physician Services	Neurology	93.91%
Physician Services	Primary Care E&M	87.26%
Physician Services	Radiology	98.29%
Physician Services	Respiratory	103.00%
Physician Services	Sleep Study	123.65%
Physician Services	Vaccines Immunizations	95.12%
Physician Services	Vascular	99.61%

Next Steps

NEXT MEETING:
Friday, August 22, 2025
9:00am - 2:00pm



Announcements

MEETING MINUTES

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

WEBSITE

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

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Thank you!

