

Medicaid Provider Rate Review Public Meeting

June 28, 2024
9:00am - 2:00pm

Presented by: HCPF & GPS



COLORADO
Department of Health Care
Policy & Financing

Agenda

- Welcome
- Meeting Structure & Logistics
- Year 2 Services Additional Analyses & Recommendation Discussions
 - 20-minute lunch break around 11:30 am
 - Email feedback to HCPF_RateReview@state.co.us
- Next Steps & Announcements
- Adjourn



Housekeeping

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



Disclaimer

Dylan Marcy, HCPF Accessibility Technology Specialist

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The PowerPoint presentation for this meeting is in draft form and may be updated with new information up until the day of the meeting. Materials did not have the time to undergo accessibility review before the meeting. New versions of 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 HCPF; they are not HCPF staff.
- Rate Review staff is tasked with synthesizing actuarial analyses into digestible reports and works with other HCPF 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 HCPF 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



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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.

Discussion:

- Terms for Chair and Vice Chair



Meeting Minutes

March 29, 2024

- Kim's edit suggestions



Meeting Structure

MARCH

- Share preliminary data analysis results

JUNE

- Discuss supplemental analyses (if applicable) and receive recommendations from the committee
- Start planning for 2025

AUGUST

- Share refined MPRRAC recommendations and fiscal impact analysis

NOVEMBER

- Lessons learned
- Review schedule and off-cycle requests for 2025



Meeting Purpose

BY THE END OF TODAY:

- Approval for 2025 review cycle
- Present additional analyses (if any)
- Understand stakeholder feedback
- The MPRRAC will have clear definitions of the recommendations being made for each service

AUGUST MEETING:

- HCPF will share fiscal impacts statements for MPRRAC recommendations
- Opportunity to amend recommendations if necessary



Year 3 Services (2025)

Need MPRRAC Approval

*Subject to change due to new CMS rule

| |
|--|
| Year 3 (2025) |
| Dialysis and Nephrology Services |
| Durable Medical Equipment |
| Eyeglasses and Vision |
| Injections and other Miscellaneous J-Codes |
| Laboratory and Pathology Services |
| Physician Services |
| - <i>Ophthalmology</i> |
| - <i>Cardiology</i> |
| - <i>Cognitive Capabilities Assessment</i> |
| - <i>Vascular</i> |
| - <i>Radiology</i> |
| - <i>Primary Care and Evaluation & Management Services</i> |
| - <i>Women's Health and Family Planning Services</i> |
| - <i>Respiratory</i> |
| - <i>Ear, Nose, and Throat</i> |
| - <i>Gastroenterology</i> |
| - <i>Vaccines and Immunizations</i> |
| - <i>Health Education Services</i> |
| - <i>Other Physician Services</i> |
| Physical Therapy, Occupational Therapy |
| Prosthetics, Orthotics and Disposable Supplies |
| Speech Therapy |
| Targeted Case Management |
| Specialty Care Services |



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Reminders

All analyses will be completed by July

- HCPF will not redo analysis when new fee schedule is released in July

NEMT

- Rates-only comparison due to the ongoing fraud investigation

MPRRAC

- Consider the metrics you want to use for reviews



Excluded Code Handling Strategy

- Codes that are manually priced or those that CO Medicaid ceased to use (i.e., they are not in the newer fee schedule) are completely excluded.
- Codes without utilization data but with a valid benchmark rate are analysed through a rate-only comparison; they are treated the same as codes with benchmark ratios regarding recommendations.
- Codes without benchmark rates:
 - For each service category discussed here, we will present the codes without benchmark rates and provide relevant fiscal impact data if the rates are increased by 1%.



2024 Services Analyses



Year 2 Services (2024)

| | |
|--|---|
| Year 2 (2024) | |
| Home and Community Based Services | |
| | <i>ADL Assistance and Delivery Models</i> |
| | <i>Behavioral Services</i> |
| | <i>Community Access and Integration</i> |
| | <i>Consumer Directed Attendant Support Services (CDASS)</i> |
| | <i>Day Program</i> |
| | <i>Professional Services</i> |
| | <i>Residential Services</i> |
| | <i>Respite Services</i> |
| | <i>Technology, Adaptations, and Equipment</i> |
| | <i>Transition Services</i> |
| Emergency Medical Transportation | |
| Non-emergent Medical Transportation (rates-only comparison) | |
| Qualified Residential Treatment Programs (QRTP) | |
| Psychiatric Residential Treatment Facilities (PRTF) | |
| Home Health Services | |
| Pediatric Personal Care | |
| Private Duty Nursing | |
| Physician Services | |
| | <i>Sleep Studies</i> |
| | <i>EEG Ambulatory Monitoring Codes</i> |
| FFS Behavioral Health SUD Codes | |



Rate Comparison Data at a Glance

| Rate Benchmark Comparison Results | |
|--|------------------------------|
| Service | CO as a Percent of Benchmark |
| Emergency Medical Transportation (EMT) | 67.08% |
| Non-Emergent Medical Transportation (NEMT) (Rates-only comparison) | 63.59% - 161.78% |
| Qualified Residential Treatment Programs (QRTP) | 49.80% |
| Psychiatric Residential Treatment Programs (PRTF) | 98.3% |
| Home Health Services | 71.77% |
| Pediatric Personal Care (PPC) | 84.12% |
| Private Duty Nursing (PDN) | 88.07% |
| Physician Services - Sleep Studies | 121.85% |
| Physician Services - EEG Ambulatory Monitoring Codes | 91.33% |
| Fee-for-service (FFS) Behavioral Health Substance Use Disorder (SUD) Codes | 70.67% |



Emergency Medical Transportation (EMT) - RECAP

Service description:

- EMT services provide emergency transportation to a facility and are available to all Colorado Medicaid members.

| EMT Statistics | |
|---|--------------|
| Total Adjusted Expenditures SFY 2022-23 | \$63,518,591 |
| Total Members Utilizing Services in SFY 2022-23 | 70,109 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | 3.21% |
| Total Active Providers SFY 2022-23 | 332 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | -3.49% |

| EMT Rate Benchmark Comparison | | |
|-------------------------------|-----------------------------------|---------------------------|
| Colorado Repriced | Medicare/ 6 Other States Repriced | Rate Benchmark Comparison |
| \$63,518,591 | \$94,684,772 | 67.08% |



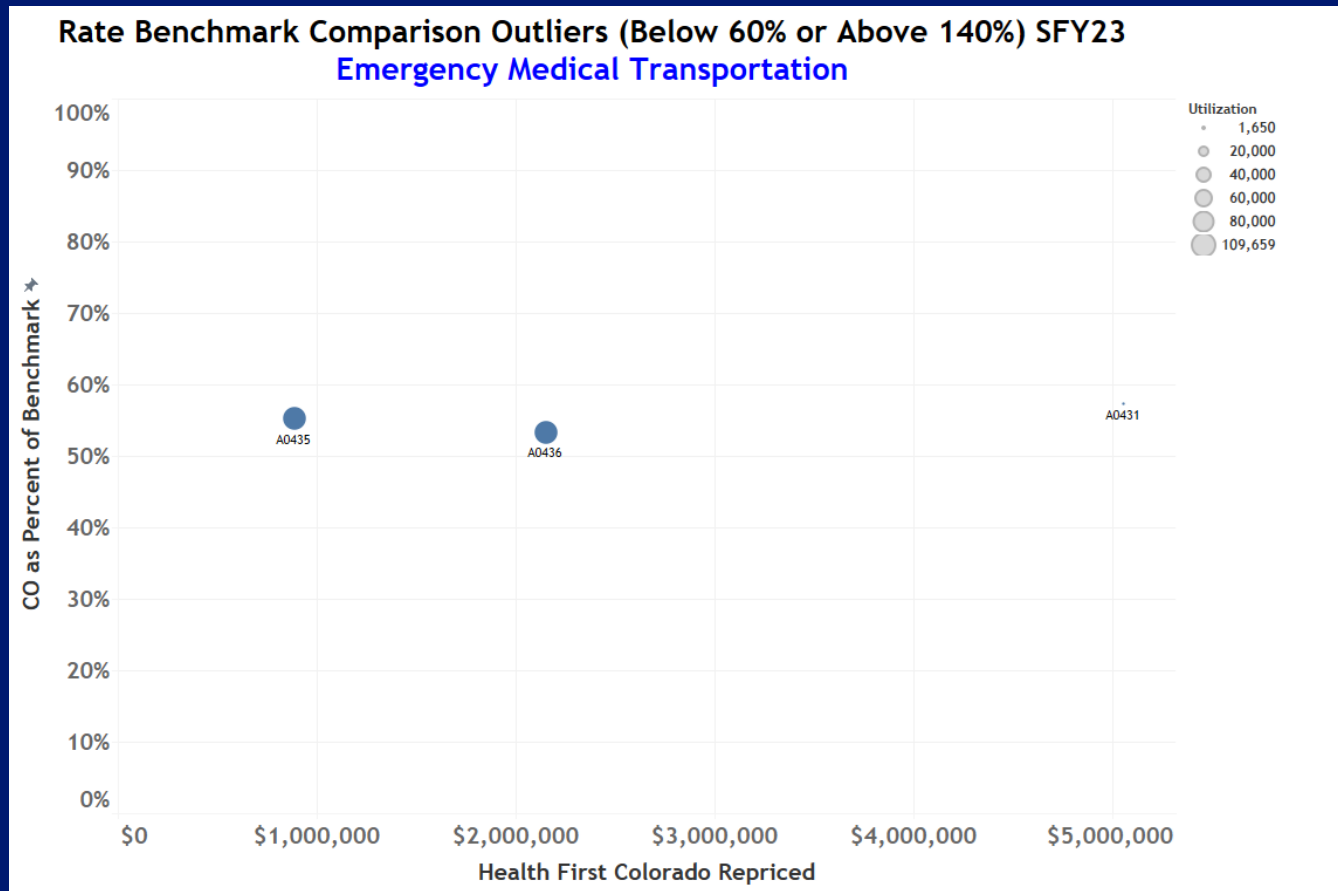
EMT - Access to Care Summary RECAP

- Declining trend based on provider participation data; the statewide provider participation ratio is 13%
- Possible reason - low rate, lower than Medicare and commercial rates
- 2 providers had a dramatic drop in the number of members served from SFY 21-23



Emergency Medical Transportation (EMT)- NEW ANALYSIS

Refer to page 2 of appendix



Total code count:12





Comments Regarding EMT





MPRRAC Recommendations

EMT Codes without Benchmark Rates

- EMT has 1 code (A0021) without a benchmark rate. It had no utilization data in SFY 23; however, in SFY 21, the total paid amount was \$2083.
- The fiscal impact amount is \$20.83 (TF) if increased by 1%.
- Recommendation?



Non-Emergent Medical Transportation (NEMT) (Rates-only Comparison) - RECAP

Service description:

- NEMT services provide transportation to and from Medicaid benefits and services and are available to all Medicaid members who receive full State Plan benefits.

2024 review:

- No utilization data used due to NEMT provider fraud investigation
- 19 Benchmark states/Medicare
- Benchmark ratio range: 63.59% - 161.78%





Comments Regarding NEMT





MPRRAC Recommendations



Qualified Residential Treatment Program (QRTP) - RECAP

Service description:

- QRTPs are facilities that provide residential trauma-informed treatment designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances. When appropriate, QRTP treatment facilitates the participation of family members, including siblings, in the child's treatment program and documents outreach to family members, including siblings. QRTP is a new service category as of 2021. Due to federal rule changes restricting the ability to reimburse RCCFs, many RCCFs transitioned into QRTPs.

Access to Care Summary RECAP:

- The panel size is decreasing in urban areas because there was an increase in providers while utilization remained consistent.



Qualified Residential Treatment Program (QRTP) - RECAP

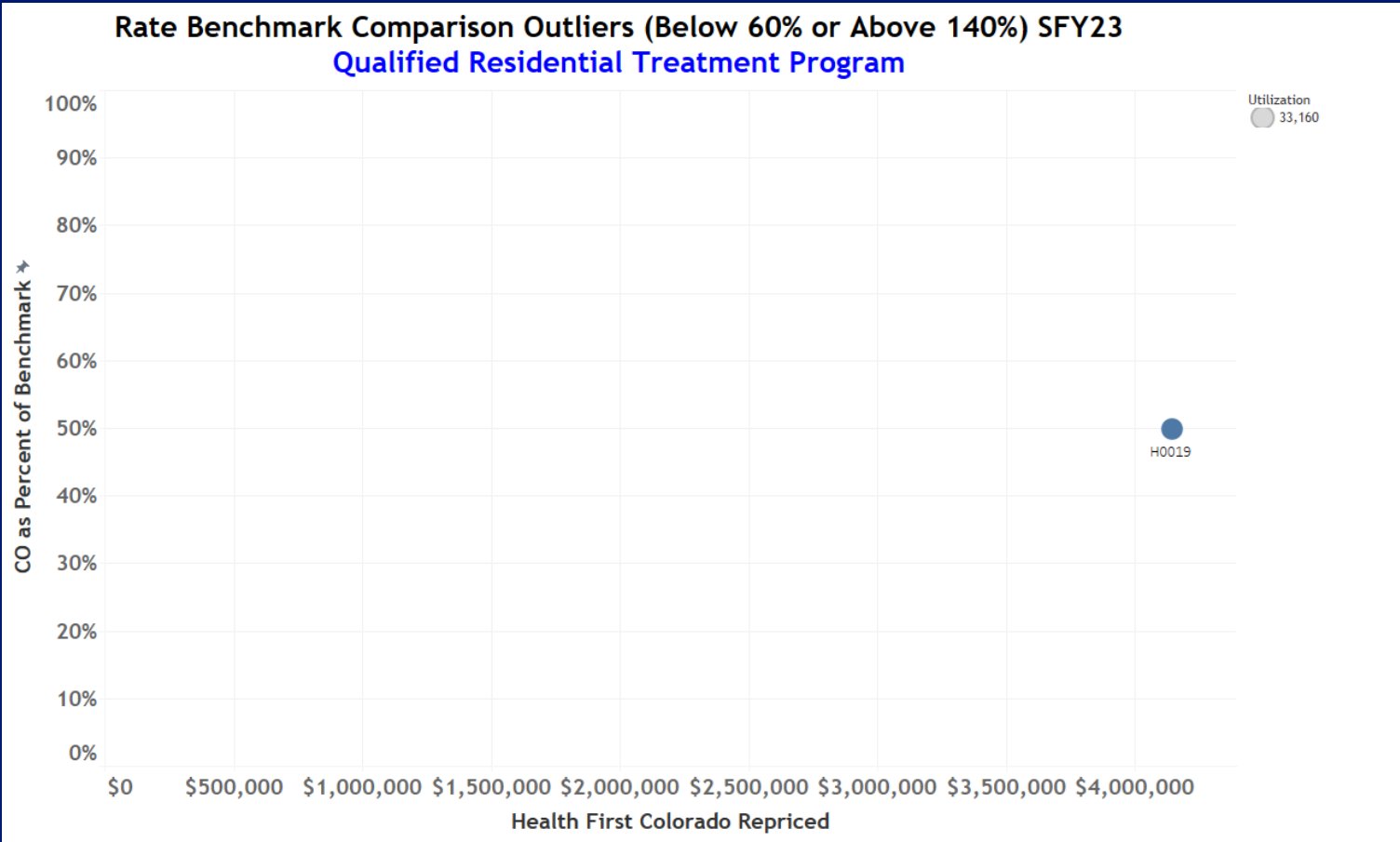
| QRTP Statistics | |
|---|-------------|
| Total Adjusted Expenditures SFY 2022-23 | \$4,143,580 |
| Average Members Utilizing Services per Month in SFY 2022-23 | 109 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | 2% |
| Average Active Providers per Month in SFY 2022-23 | 16 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | 17% |

| QRTP Rate Benchmark Comparison | | |
|--------------------------------|-------------------------|---------------------------|
| Colorado Repriced | 4 Other States Repriced | Rate Benchmark Comparison |
| \$4,143,580 | \$8,319,687 | 49.80% |



Qualified Residential Treatment Program (QRTP) - NEW ANALYSIS

Refer to pages 2 - 3 of appendix



Total code count: 1



Qualified Residential Treatment Program (QRTP) - NEW ANALYSIS

Oregon was excluded as a benchmark state for the following reasons:

| Colorado | Oregon |
|---|--|
| Procedure code H0019 U1 is used for QRTPs | H0019 U1 is not on the Oregon fee schedule |
| One FFS rate for QRTP services | Tiered rates for behavioral rehabilitation services (BRS), including for QRTP services |





Comments Regarding QRTP





MPRRAC Recommendations



| QRTP | PRTF |
|---|--|
| <ul style="list-style-type: none"> ● 24 hour nurse-level care ● Trauma-informed treatment for children with serious emotional or behavioral disorders or disturbances | <ul style="list-style-type: none"> ● Physician-lead model ● Higher level of care than QRTPs |
| Under 21 | Under 21 |
| <p>Includes medically necessary services included in the individual/family plan:</p> <ul style="list-style-type: none"> ● Medication administration and oversight ● Individual, group, and family therapy <p>*Room and board is not covered</p> | <p>Includes (but is not limited to):</p> <ul style="list-style-type: none"> ● Individual therapy ● Group therapy ● Family, or conjoint, therapy conducted with the client present, unless client contact with family members is contraindicated ● Emergency services ● Medication management services ● Room and board |

Psychiatric Residential Treatment Programs (PRTF) - RECAP

Service description:

- PRTFs provide comprehensive mental health treatment to children and adolescents (youth) who, due to mental illness, substance abuse, or severe emotional disturbance, need treatment that can most effectively be provided in a residential treatment facility. PRTF services are provided under the direction of a physician.

Reminders:

- For the rate comparison analysis, we excluded all out-of-state claims because the rates are on a case-by-case basis and are set in contract with the various out-of-state providers.
- We have a 40% out-of-state placement for PRTF.
- Challenge: the benchmark ratio for the in-state rate is not low (i.e., 98.3%), but we have 40% out-of-state placement due to a lack of in-state providers for hard-to-serve populations.



Psychiatric Residential Treatment Programs (PRTF) - RECAP

| PRTF Statistics | |
|---|--------------|
| Total Adjusted Expenditures SFY 2022-23 | \$15,591,064 |
| Total Members Utilizing Services in SFY 2022-23 | 184 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | 201.64% |
| Total Active Providers SFY 2022-23 | 22 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | -4.35% |

| PRTF Rate Benchmark Comparison | | |
|--------------------------------|-------------------------|---------------------------|
| Colorado Repriced | 6 Other States Repriced | Rate Benchmark Comparison |
| \$15,591,064 | \$15,860,034 | 98.3% |

Access to Care Summary RECAP:

- Utilization increased in SFY 23 but providers remained stable
- Even when the 40% out-of-state claim data are excluded, the provider participation has been declining





Comments Regarding PRTF





MPRRAC Recommendations



Physician Services - Sleep Studies - RECAP

Service description:

- Sleep studies and polysomnography refer to the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep with six or more hours of recording with physician review, interpretation and report. The studies are performed to diagnose a variety of sleep disorders and to evaluate a patient's response to therapies such as continuous positive airway pressure (CPAP). Polysomnography is distinguished from sleep studies by the inclusion of sleep staging. Sleep studies and polysomnography are typically provided by hospitals, clinics, independent laboratories, or Independent Diagnostic Testing Facilities (IDTF). IDTFs enroll with Colorado Medicaid as Provider Type 16 (Clinic) or Provider Type 25 (Non-physician practitioner - group). Sleep studies and polysomnography fall under Physician Services and are available, as medically necessary, to all Medicaid members who receive full State Plan benefits.



Physician Services - Sleep Studies - RECAP

Sleep Studies Statistics

| | |
|---|-------------|
| Total Adjusted Expenditures SFY 2022-23 | \$3,523,786 |
| Total Members Utilizing Services in SFY 2022-23 | 12,713 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | 8.07% |
| Total Active Providers SFY 2022-23 | 176 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | 8.64% |

Sleep Studies Rate Benchmark Comparison

| Colorado Repriced | Medicare Repriced | Rate Benchmark Comparison |
|-------------------|-------------------|---------------------------|
| \$3,523,786 | \$2,892,008 | 121.85% |

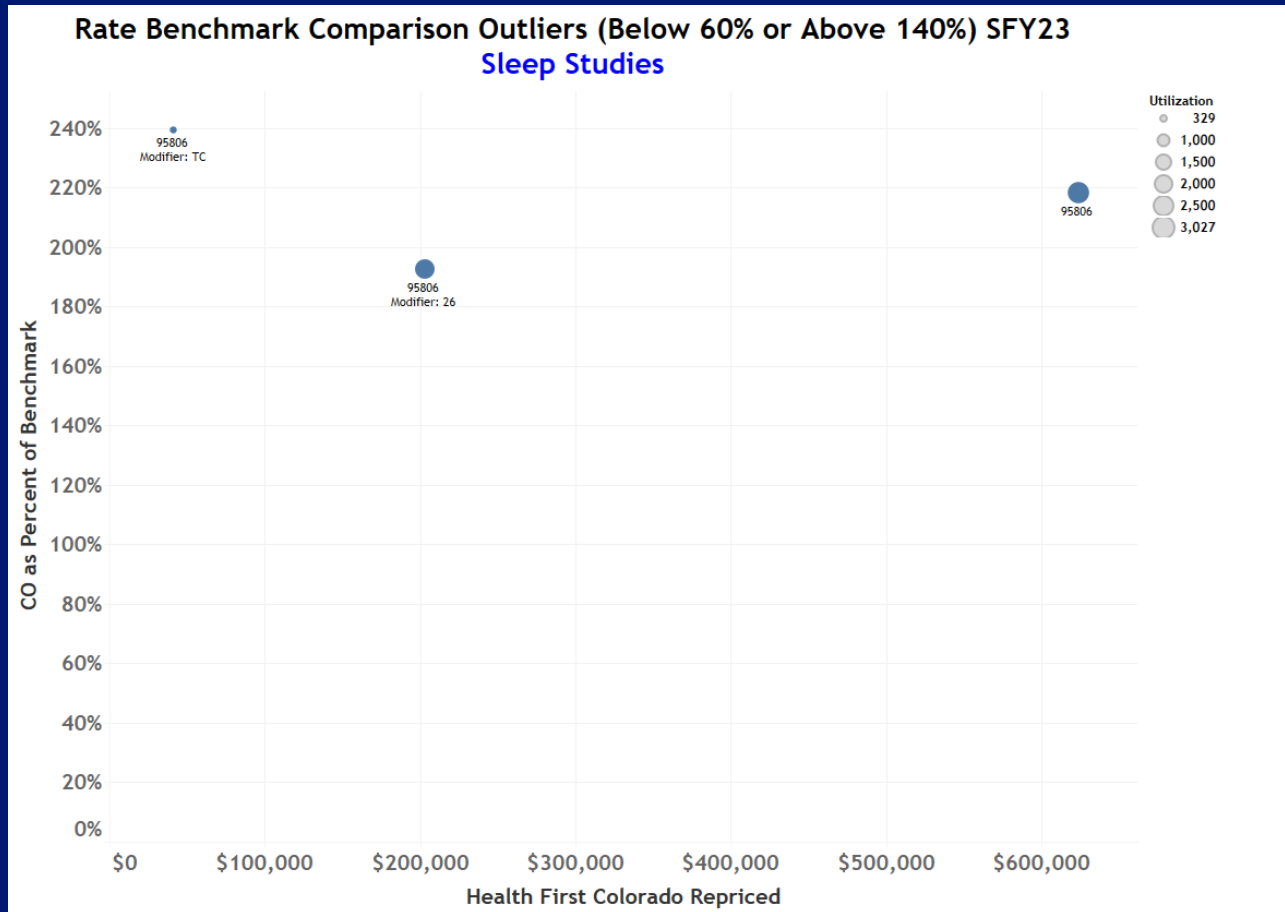
Access to Care Summary RECAP:

- Although CO Medicaid sleep study rates are higher than Medicare rates, we still have a low provider participation rate of 11%
- 1 provider had a dramatic drop in the number of members served from SFY 21-23



Physician Services - Sleep Studies - NEW ANALYSIS

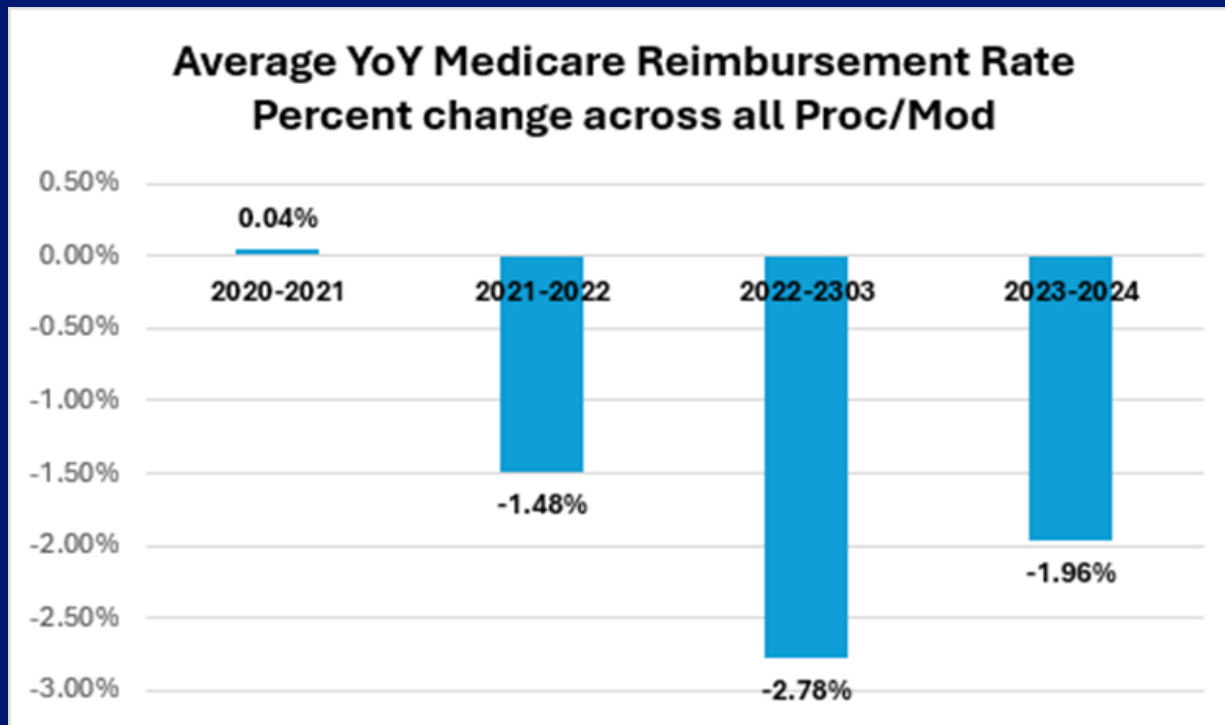
Refer to pages 3 - 4 of appendix



Total code/modifier count: 36



Physician Services - Sleep Studies - NEW ANALYSIS



- Between 2020 and 2024, Medicare reimbursement rates for Sleep Studies declined by 5.84%

- The above visual illustrates the average year-over-year reimbursement rate percentage changes across all procedure codes and modifiers for Medicare.



Comments Regarding Sleep Studies



MPRRAC Recommendations



Sleep Studies Codes without Benchmark Rates

- Sleep Studies has 3 codes without benchmark rates, with a total paid amount of \$4,856 in SFY 23.
- The fiscal impact amount is \$48.56 (TF) if increased by 1%.
- Recommendation?



Physician Services - EEG Ambulatory Monitoring Codes - RECAP

Service description:

- Electroencephalogram (EEG) is a test that measures the electrical activity in the brain using small, metal discs. EEGs can help diagnose brain disorders, especially epilepsy or other seizure disorders. Ambulatory EEG monitoring is an EEG that is recorded at home. Ambulatory EEGs are typically provided by hospitals, clinics, or Independent Diagnostic Testing Facilities (IDTF). IDTFs enroll with Colorado Medicaid as Provider Type 16 (Clinic) or Provider Type 25 (Non-physician practitioner - group). Ambulatory EEGs fall under Physician Services and are available, as medically necessary, to all Medicaid members who receive full State Plan benefits.

Access to Care Summary RECAP:

- EEG Ambulatory Monitoring rates are close to Medicare rates
- Numbers of utilizers and providers remain stable
- 1 provider had a dramatic drop in the number of members served from SFY 21-23



Physician Services - EEG Ambulatory Monitoring Codes - RECAP

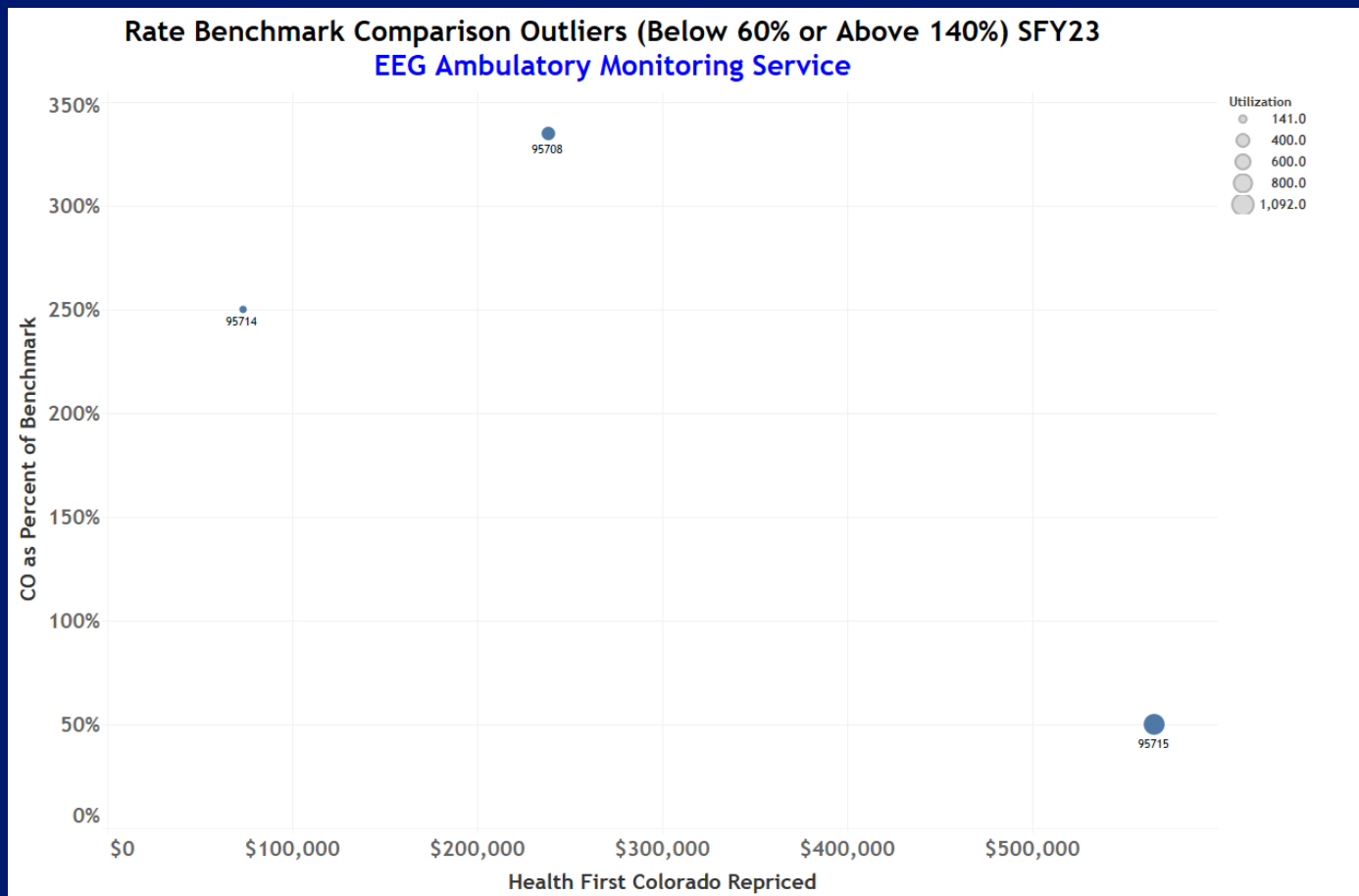
| EEG Ambulatory Monitoring Services Statistics | |
|---|-------------|
| Total Adjusted Expenditures SFY 2022-23 | \$2,472,339 |
| Total Members Utilizing Services in SFY 2022-23 | 2,801 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | 9.97% |
| Total Active Providers SFY 2022-23 | 113 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | 3.67% |

| EEG Ambulatory Monitoring Services Rate Benchmark Comparison | | |
|--|-------------------|---------------------------|
| Colorado Repriced | Medicare Repriced | Rate Benchmark Comparison |
| \$2,472,339 | \$2,707,036 | 91.33% |



Physician Services - EEG Ambulatory Monitoring Codes - NEW ANALYSIS

Refer to pages 4 - 5 of appendix



Total code count: 23





Comments Regarding EEG Ambulatory Monitoring Codes



MPRRAC Recommendations



Fee-for-service Behavioral Health SUD Codes - RECAP

Service description:

- Substance Use Disorder (SUD) coverage includes the continuum of care services delivered in accordance with ASAM (American Society of Addiction Medicine) criteria. This continuum includes preventative care; outpatient care; high intensity outpatient care; residential and inpatient hospital care; and Medication Assisted Treatment (MAT), Screening, and Assessments.

Access to Care Summary RECAP:

- While both utilizers and providers have decreased, the providers have decreased at a faster rate
- Because of data sensitivity, we have very limited access to care metrics for this category



Fee-for-service Behavioral Health SUD Codes - RECAP

| FFS BH SUD Statistics | |
|---|----------|
| Total Adjusted Expenditures SFY 2022-23 | \$87,648 |
| Total Members Utilizing Services in SFY 2022-23 | 330 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | -17.29% |
| Total Active Providers SFY 2022-23 | 39 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | -27.78% |

| FFS BH SUD Rate Benchmark Comparison | | |
|--------------------------------------|-------------------------|---------------------------|
| Colorado Repriced | 6 Other States Repriced | Rate Benchmark Comparison |
| \$87,648 | \$124,031 | 70.67% |





Comments Regarding FFS Behavioral Health SUD Codes



MPRRAC Recommendations



FFS BH SUD Codes without Benchmark Rates

- FFS BH SUD has 1 code (S9445) without a benchmark rate, with a total paid amount of \$1,883 in SFY23.
- The fiscal impact amount is \$18.83 (TF) if increased by 1%.
- Recommendation?



Home Health Services - RECAP

Service description:

- Home health services consist of skilled nursing, certified nurse aid (CNA) services, physical (PT) and occupational therapy (OT) services and speech/language pathology (SLP) services. Home health services are a mandatory State Plan benefit offered to Colorado Medicaid members who need intermittent skilled care. Providers that render home health services must be employed by a class A licensed home health agency. Home health services are provided in home and community settings.

Access to Care Summary RECAP:

- For panel size, there is an increasing trend in urban areas due to an increase in utilizers while the number of providers has remained stable.
- Statewide provider participation is at 3%, although the Medicaid cost per year has increased.



Home Health Services - RECAP

| Home Health Services Statistics | |
|---|---------------|
| Total Adjusted Expenditures SFY 2022-23 | \$599,566,595 |
| Total Members Utilizing Services in SFY 2022-23 | 31,036 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | 5.60% |
| Total Active Providers SFY 2022-23 | 201 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | -3.83% |

| Home Health Services Rate Benchmark Comparison | | |
|--|-------------------------|---------------------------|
| Colorado Repriced | 8 Other States Repriced | Rate Benchmark Comparison |
| \$599,566,595 | \$835,352,952 | 71.77% |



Home Health Services - Fiscal Impact Reminder

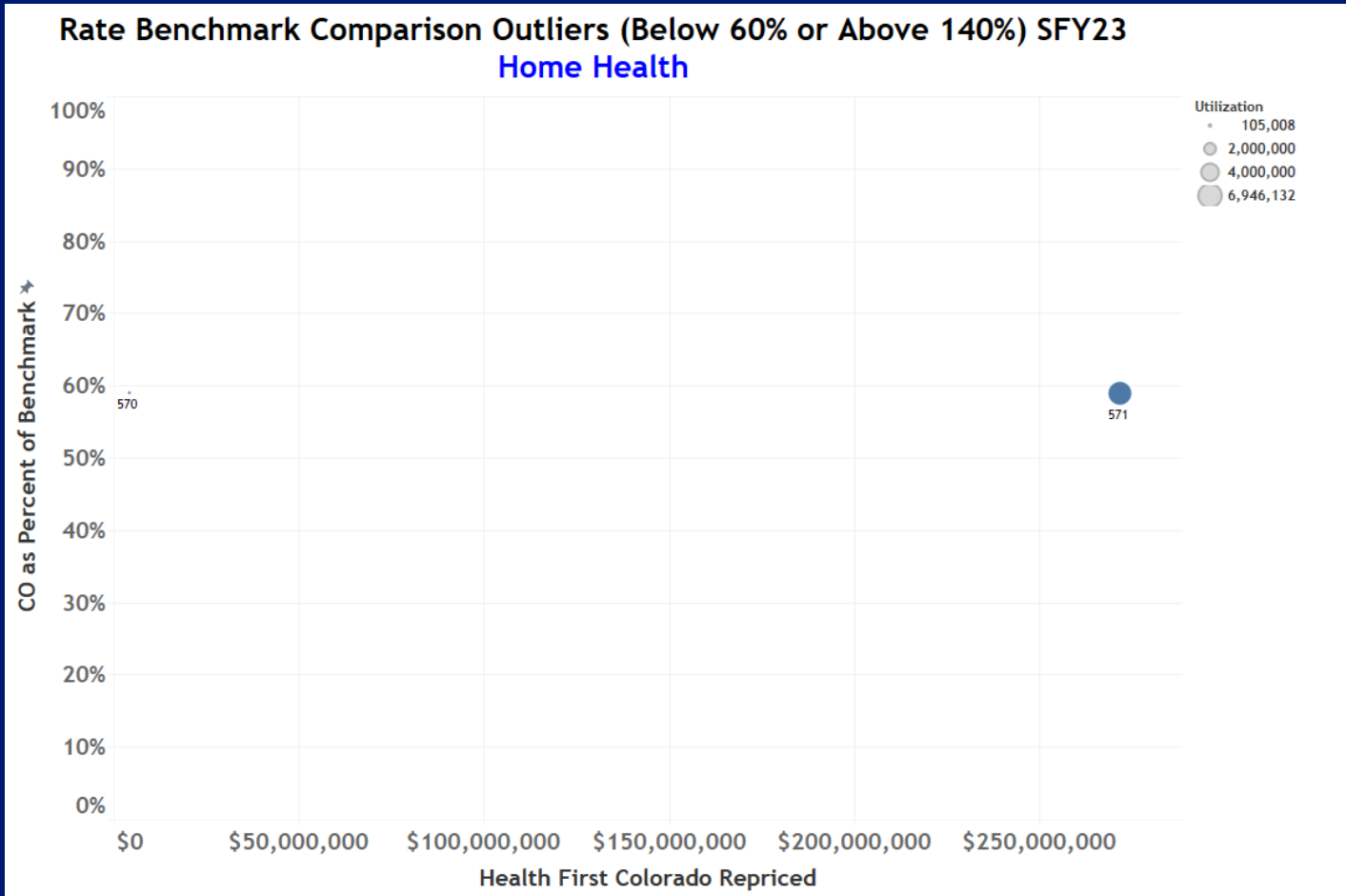
- Total SFY 23 CO Repriced Amount = \$599,566,595
- Fiscal impact estimate*
 - If increased by 1% ≈ \$6M (TF); \$3M (GF)
 - If increased by 2% ≈ \$12M (TF); \$6M (GF)
 - If increased by 3% ≈ \$18M (TF); \$9M (GF)
 - If increased by 5% ≈ \$30M (TF); \$15M (GF)
 - If increased by 10% ≈ \$60M (TF); \$30M (GF)

* 50% GF/50% FF for HH



Home Health Services - NEW ANALYSIS

Refer to pages 5 - 6 of appendix



Total code/modifier count: 20





Comments Regarding Home Health Services





MPRRAC Recommendations



Home Health Codes without Benchmark Rates

- Home Health has 5 code/modifier combinations without benchmark rates, with a total paid amount of \$4,591,166 in SFY 23.
- The fiscal impact amount is \$45,912 (TF) if increased by 1%.
- Recommendation?



Pediatric Personal Care (PPC) - RECAP

Service description:

- PPC services consist of 17 personal care tasks performed by a non-medically trained caregiver for children ages 0-20 and provided in the member's home. The PPC benefit was implemented in October 2015. PPC services are the lowest level of care in the home health care continuum for children. Colorado is one of three states that provides pediatric personal care services outside of waiver benefits.

Access to Care Summary RECAP:

- Medicaid cost per year is decreasing
- In urban areas, utilization is increasing while providers are not
- Only Denver Metro and neighboring areas have utilization



Pediatric Personal Care (PPC) - RECAP

| PPC Statistics | |
|---|-------------|
| Total Adjusted Expenditures SFY 2022-23 | \$4,210,831 |
| Total Members Utilizing Services in SFY 2022-23 | 177 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | -5.35% |
| Total Active Providers SFY 2022-23 | 7 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | 0.00% |

| PPC Rate Benchmark Comparison | | |
|-------------------------------|-------------------------|---------------------------|
| Colorado Repriced | 6 Other States Repriced | Rate Benchmark Comparison |
| \$4,210,831 | \$5,005,563 | 84.12% |





Comments Regarding PPC





MPRRAC Recommendations



Private Duty Nursing (PDN) - RECAP

Service description:

- PDN services consist of continuous skilled nursing care provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) for Colorado Medicaid members who are dependent on medical technology. PDN services are meant to provide care to members who need a higher level of care than is available in the home health benefit. PDN services are performed by an RN or LPN in the member's home. The PDN benefit is an optional benefit provided through Medicaid agencies; Colorado is one of 25 states that reimburses for PDN services.

Access to Care Summary RECAP:

- Utilization over 3 years slightly decreased
- Providers stayed consistent
- Provider participation rate is 23%



Private Duty Nursing (PDN) - RECAP

| PDN Statistics | |
|---|--------------|
| Total Adjusted Expenditures SFY 2022-23 | \$99,824,124 |
| Total Members Utilizing Services in SFY 2022-23 | 832 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | -4.91% |
| Total Active Providers SFY 2022-23 | 34 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | 0.00% |

| PDN Rate Benchmark Comparison | | |
|-------------------------------|-------------------------|---------------------------|
| Colorado Repriced | 7 Other States Repriced | Rate Benchmark Comparison |
| \$99,824,124 | \$113,350,320 | 88.07% |





Comments Regarding PDN





MPRRAC Recommendations



Rate Comparison Data at a Glance - Home & Community Based Services (HCBS):

| Rate Benchmark Comparison Results | |
|--|------------------------------|
| Service | CO as a Percent of Benchmark |
| ADL Assistance and Delivery Models | 64.84% |
| Behavioral Services | 124.09% |
| Community Access and Integration | 156.37% |
| Consumer Directed Attendant Support Services (CDASS) (Rates-only comparison) | 73.37% - 82.15% |
| Day Program | 70.04% |
| Professional Services | 106.46% |
| Residential Services | 114.93% |
| Respite Services | 138.10% |
| Technology, Adaptations and Equipment | N/A |
| Transition Services | 106.19% |
| Overall Benchmark Ratio | 76.39% |



Rate Comparison Data at a Glance - HCBS - REMINDERS

- Almost half of the data has no benchmark rates so they are excluded from the rate comparison analysis.
- The benchmark ratios in the previous slide are for the average benchmark ratios for each service category. Some codes in a high benchmark ratio category have lower rates. For example, the average benchmark ratio for HCBS Behavioral Services is 124.09%, however, 5 out of 7 codes have much lower rates than the benchmark rates.
- 10 states used (CT, IL, MT, OH, OK, UT, ND, WI, NE, SD)



Updated Approach to 2024 HCBS Review - REMINDERS

- Breakout method is changed from 10 waiver programs to 10 waiver service categories (originally 9 services but we scope out CDASS from "ADL Assistance and delivery models")
- Include the duals data (excluded it in 2021 HCBS waiver review)
- CDASS (Consumer Directed Attendant Support Services) has a rate-only comparison (not attached to the utilization data)
- The budget neutrality factor should be considered in the recommendation stage



HCBS Uneven Rate Issue and Budget Neutrality Factor

- The current HCBS rate challenge: the same services across different waiver programs have different rates
- The HCBS budget neutrality factor exasperates this issue
- The HCBS policy SMEs' inputs
- Recommendation?



HCBS Direct Care Base Salary Increase for SFY 2024-2025

- The JBC approved an increase of \$1 for Denver rates and \$1.25 for non-Denver rates, effective on July 1, 2024.
- How to handle the rate adjustment dilemma if a HCBS direct care service rate is recommended to be decreased but the JBC just increased it?
 - Keep the decrease
 - Keep the July 1, 2024 rate - no change
- Need MPRRAC approval: Keep the July 1, 2024 rate if it's originally recommended to be decreased
- Rational: we have a large shortage of direct care workforce nationally

HCBS - ADL Assistance and Delivery Models - RECAP

Service description:

- This service provides personal assistance in personal functional activities required by an individual for continued well being which are essential for health and safety, such as help with bathing, dressing, toileting, eating, housekeeping, meal preparation, laundry, and shopping.

Access to Care Summary RECAP:

- Utilization remains stable
- No useful insights found from all payer database because Medicaid is the dominant payer



HCBS - ADL Assistance and Delivery Models - RECAP

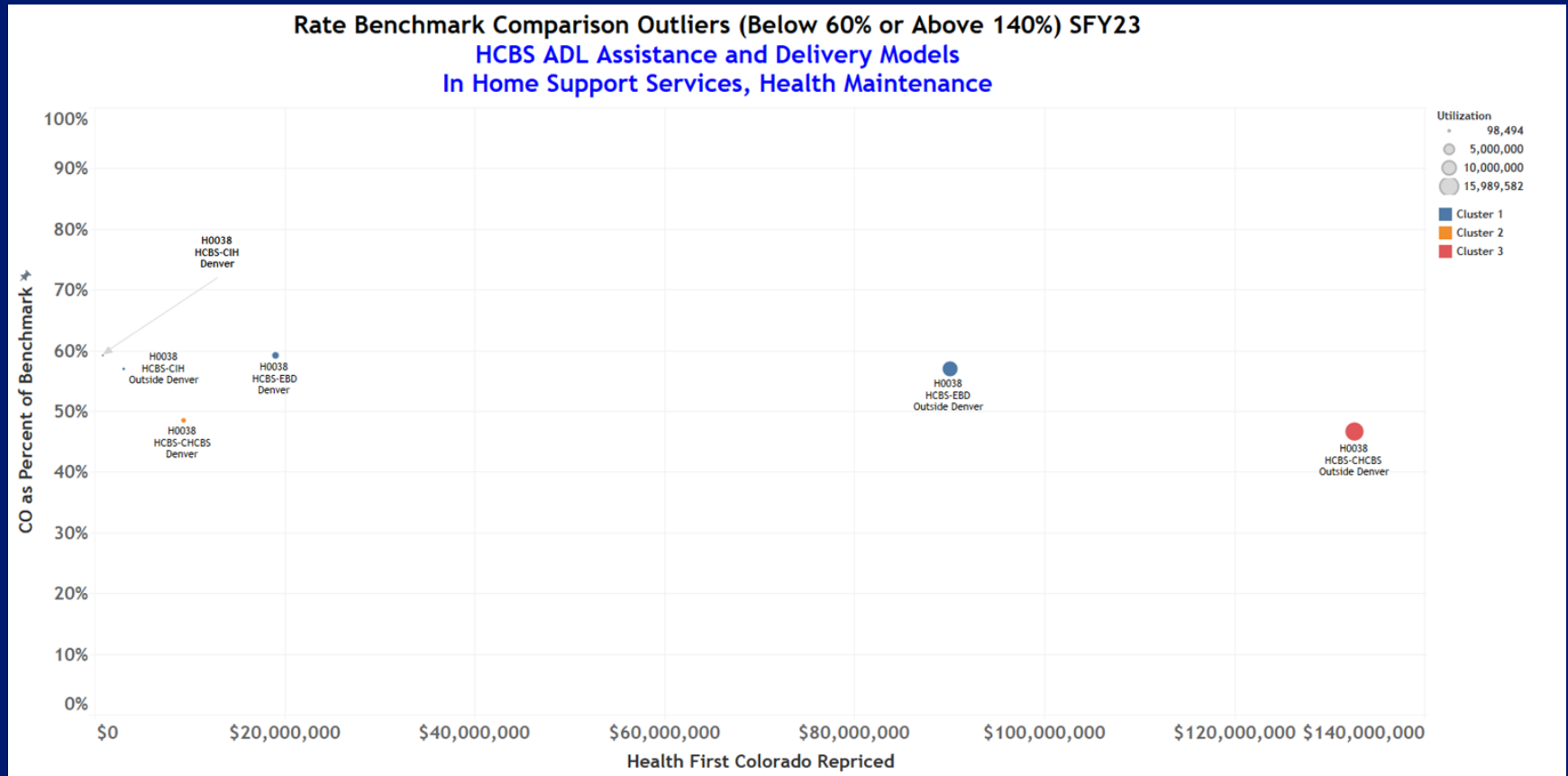
| Statistics | |
|---|---------------|
| Total Adjusted Expenditures SFY 2022-23 | \$529,257,184 |
| Total Members Utilizing Services in SFY 2022-23 | 28,036 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | 6.31% |
| Total Active Providers SFY 2022-23 | 495 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | -3.51% |

| Rate Benchmark Comparison | | |
|---------------------------|-----------------------|---------------------------|
| Colorado Repriced | Other States Repriced | Rate Benchmark Comparison |
| \$529,257,184 | \$816,230,970 | 64.84% |



HCBS - ADL Assistance and Delivery Models - NEW ANALYSIS

Refer to pages 6 - 7 of appendix



Total code/service variation count: 72





Comments Regarding HCBS - ADL Assistance and Delivery Models





MPRRAC Recommendations



HCBS - ADL Assistance and Delivery Models - Code/program/modifier/county Combinations without Benchmark Rates

- HCBS - ADL Assistance and Delivery Models has 21 code/program/modifier/county combinations without benchmark rates, with a total paid amount of \$184,487,625 in SFY 23.
- The fiscal impact amount is \$1,844,876 (TF) or \$922,438 (GF) if increased by 1%.
- Recommendation?

* 50% GF/50% FF for HCBS



HCBS - Behavioral Services - RECAP

Service description:

- These services provide assistance to people with a mental illness or who need behavior support and require long-term support and services in order to remain in a community setting. This includes assessment, behavior support plans, and interventions.

Access to Care Summary RECAP:

- Providers are significantly decreasing; utilization is slightly increasing
- No useful insights found from all payer database because Medicaid is the dominant payer



HCBS - Behavioral Services - RECAP

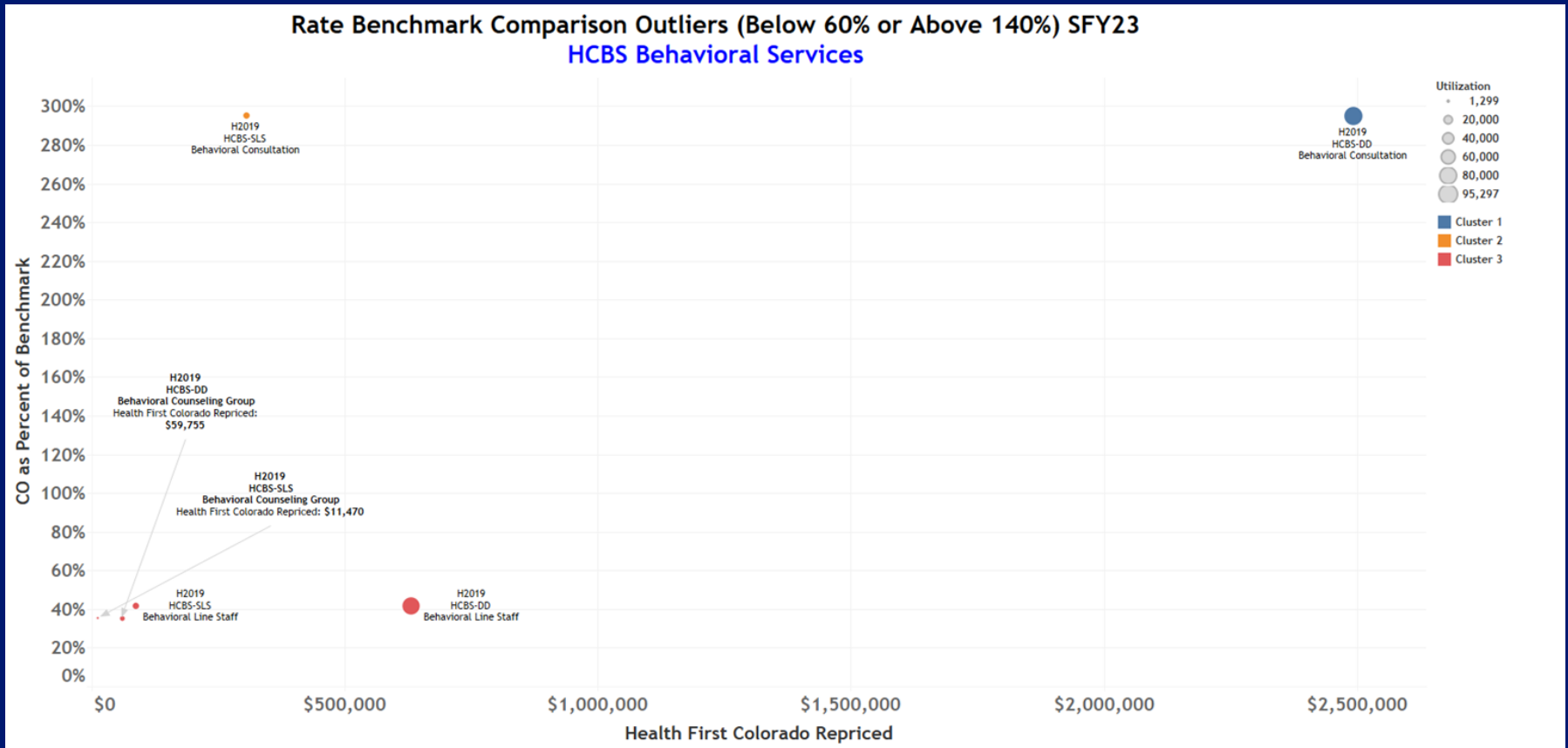
| Statistics | |
|---|-------------|
| Total Adjusted Expenditures SFY 2022-23 | \$3,608,285 |
| Total Members Utilizing Services in SFY 2022-23 | 3,079 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | 2.26% |
| Total Active Providers SFY 2022-23 | 104 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | -21.21% |

| Rate Benchmark Comparison | | |
|---------------------------|-----------------------|---------------------------|
| Colorado Repriced | Other States Repriced | Rate Benchmark Comparison |
| \$3,608,285 | \$2,907,801 | 124.09% |



HCBS - Behavioral Services - NEW ANALYSIS

Refer to page 7 of appendix



Total code/service variation count: 11





Comments Regarding HCBS - Behavioral Services



MPRRAC Recommendations



HCBS - Community Access and Integration - RECAP

Service description:

- These services ensure that HCBS participants have access to the benefits of community living and live and receive services in integrated, non-institutional settings.

Access to Care Summary RECAP:

- Utilization is increasing faster than providers
- No useful insights found from all payer database because Medicaid is the dominant payer



HCBS - Community Access and Integration - RECAP

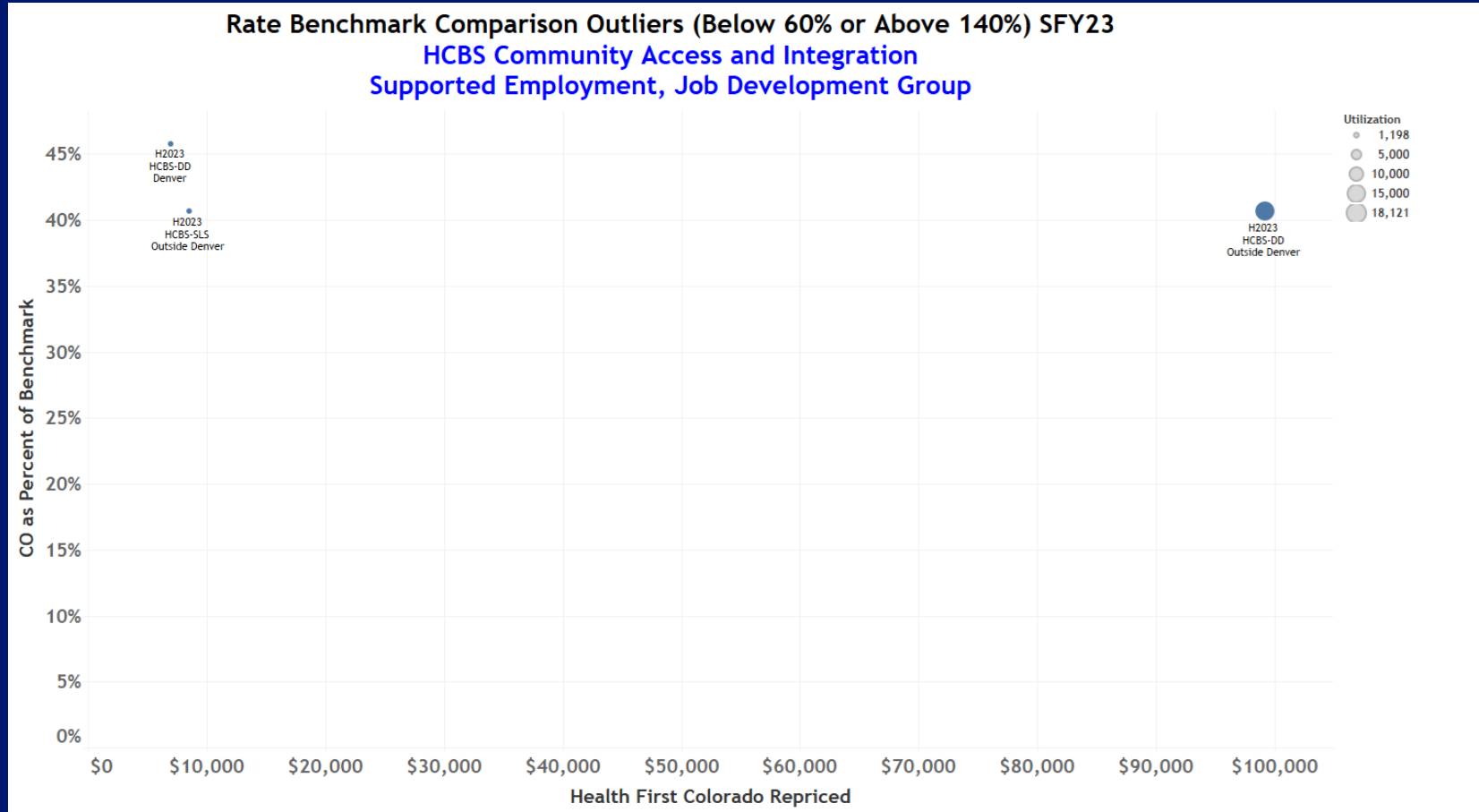
| Statistics | |
|---|--------------|
| Total Adjusted Expenditures SFY 2022-23 | \$39,618,121 |
| Total Members Utilizing Services in SFY 2022-23 | 20,649 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | 5.58% |
| Total Active Providers SFY 2022-23 | 548 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | -0.36% |

| Rate Benchmark Comparison | | |
|---------------------------|-----------------------|---------------------------|
| Colorado Repriced | Other States Repriced | Rate Benchmark Comparison |
| \$39,618,121 | \$25,336,432 | 156.37% |



HCBS - Community Access and Integration - NEW ANALYSIS

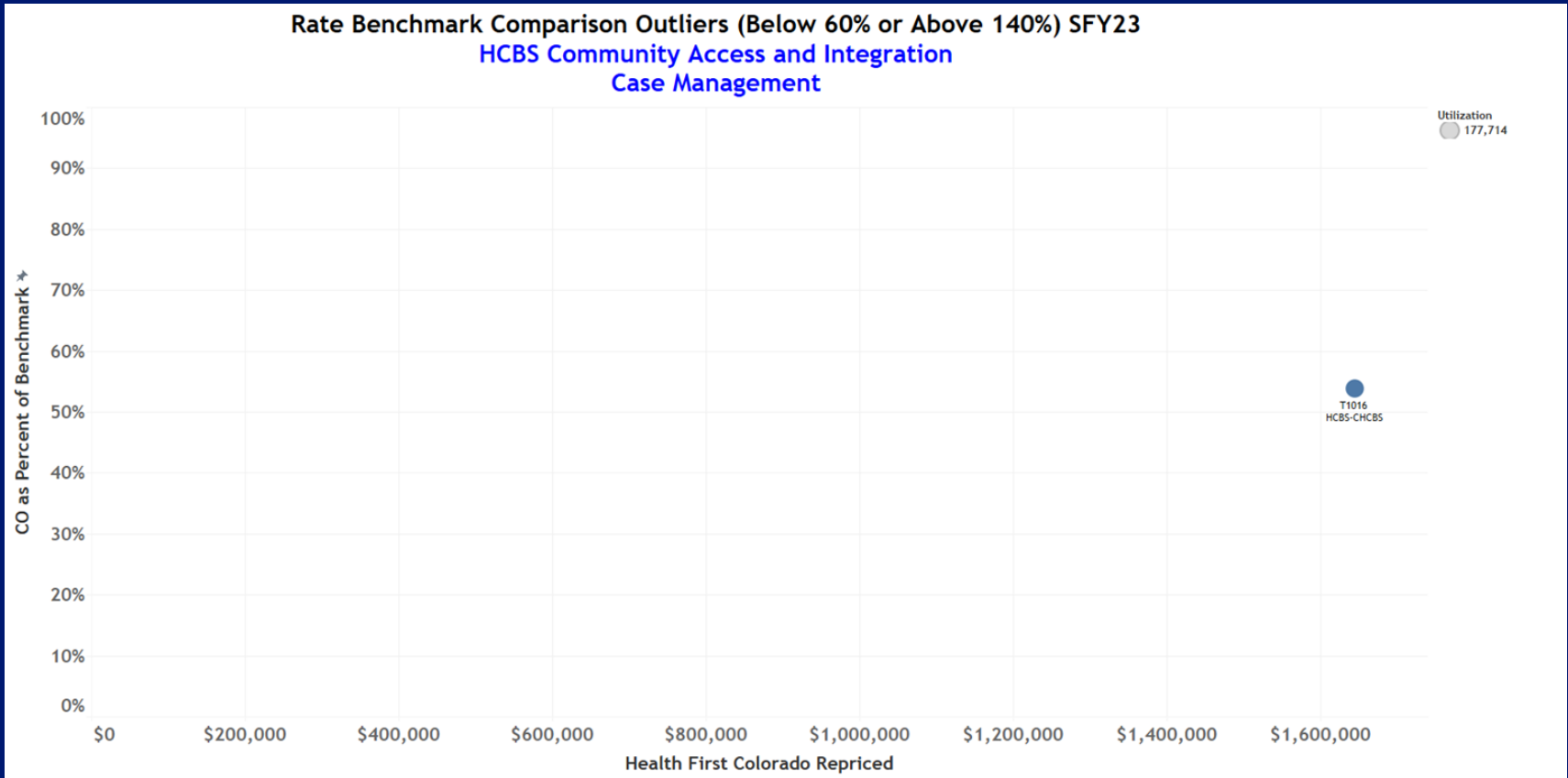
Refer to pages 8 - 11 of appendix



Total code/service variation count: 262



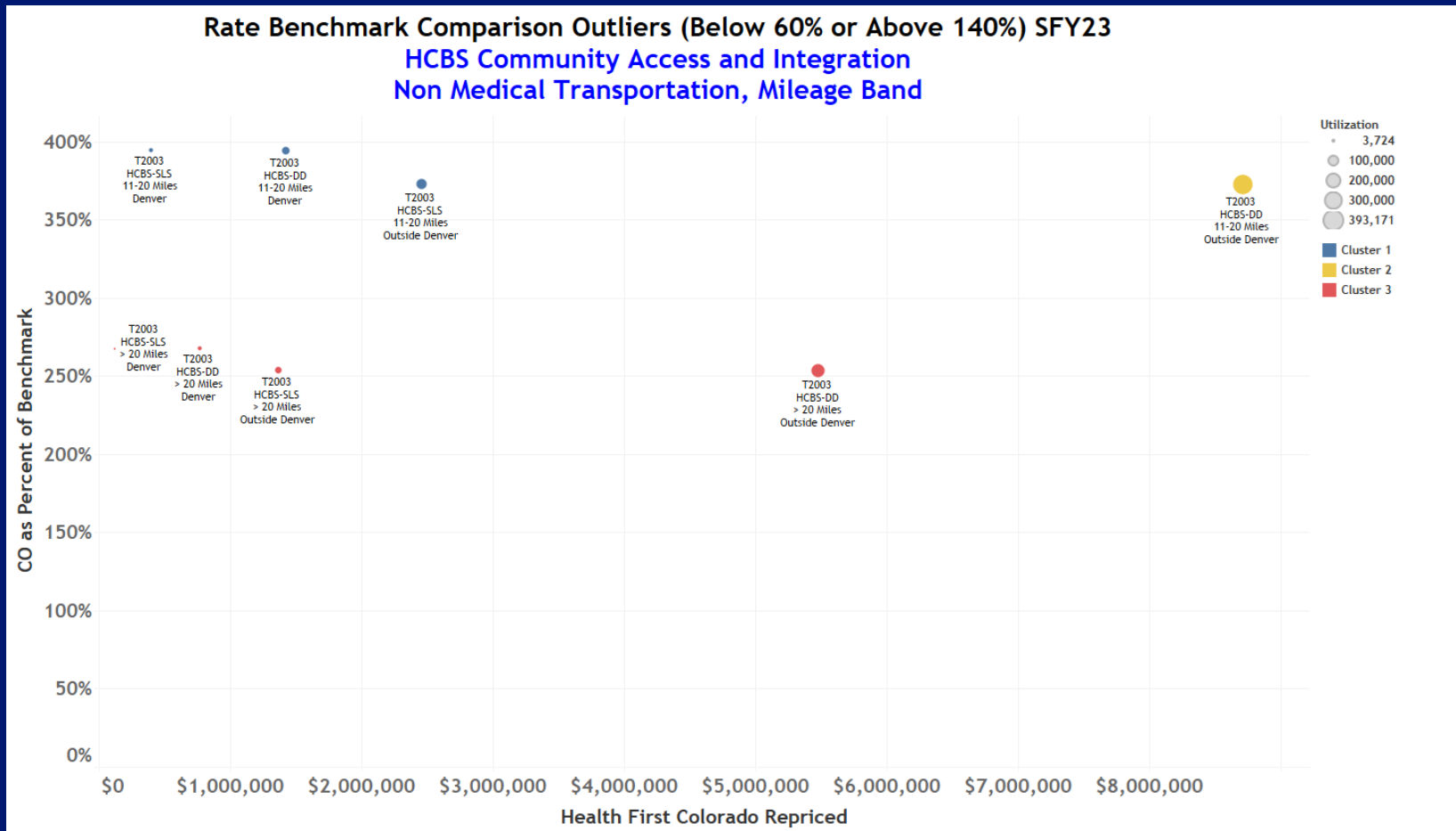
HCBS - Community Access and Integration - NEW ANALYSIS



Total code/service variation count: 262



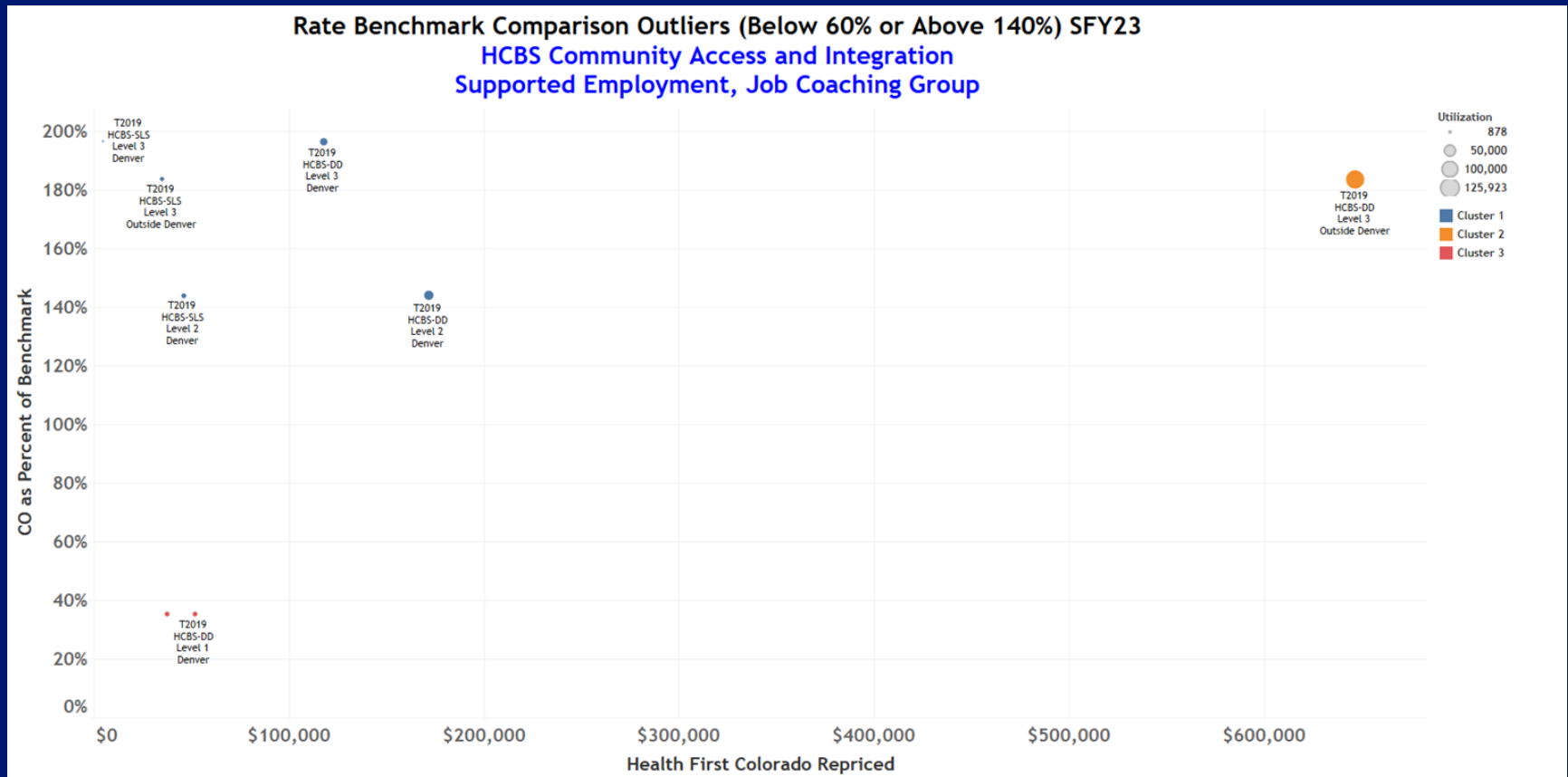
HCBS - Community Access and Integration - NEW ANALYSIS



Total code/service variation count: 262



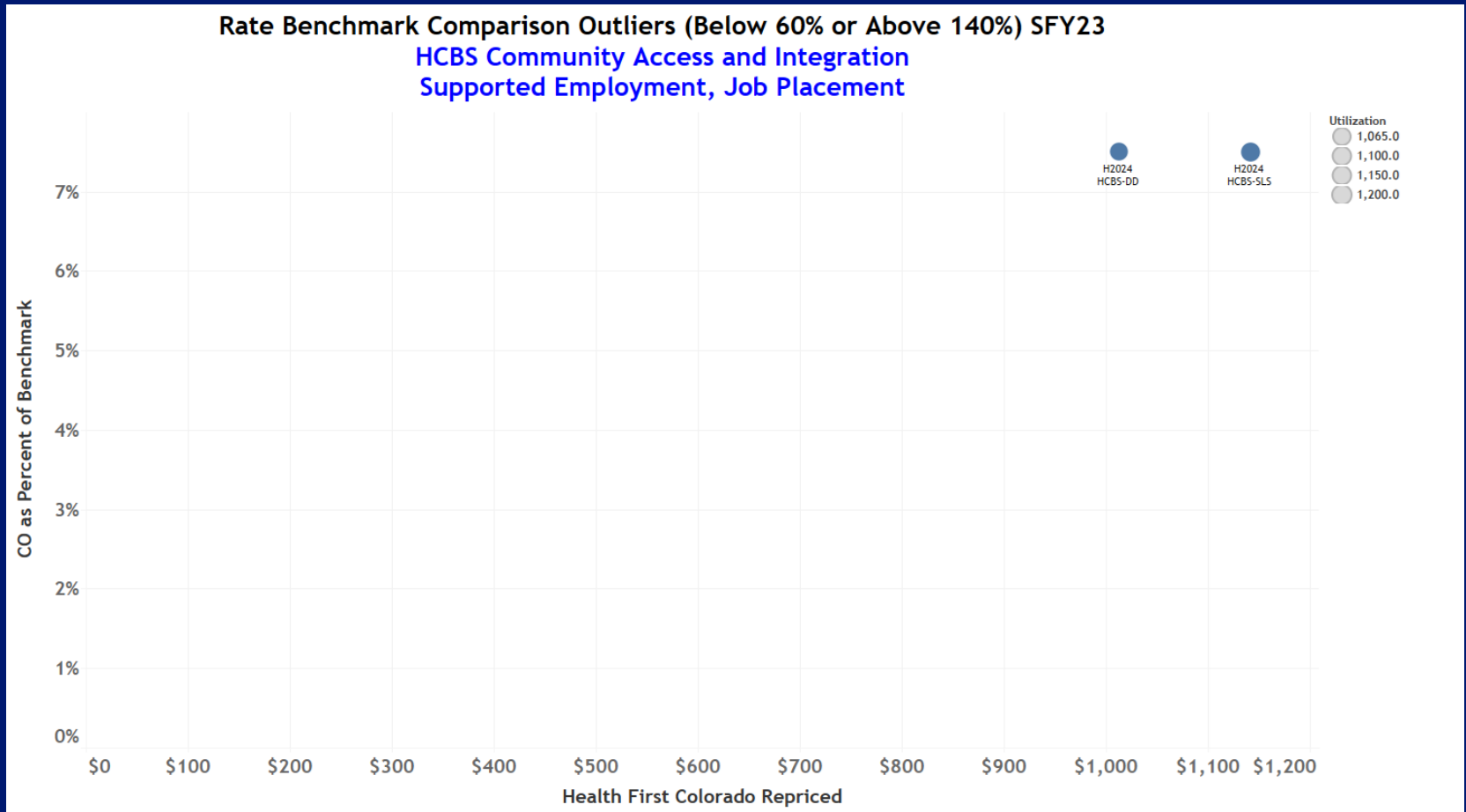
HCBS - Community Access and Integration - NEW ANALYSIS



Total code/service variation count: 262



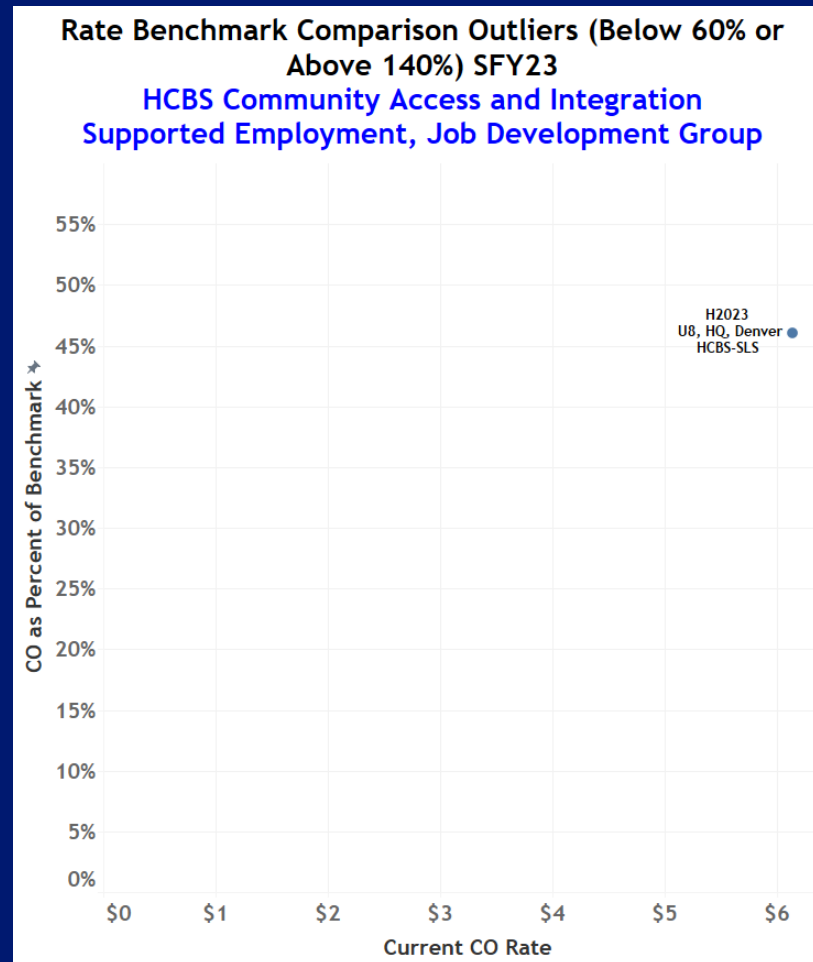
HCBS - Community Access and Integration - NEW ANALYSIS



Total code/service variation count: 262



HCBS - Community Access and Integration - NEW ANALYSIS (Rate-only comparison)



Total code/service variation count: 262





Comments Regarding HCBS - Community Access and Integration



MPRRAC Recommendations



HCBS - Community Access and Integration - Code/program/modifier/county Combinations without Benchmark Rates

- HCBS - Community Access and Integration has 162 code/program/modifier/county combinations without benchmark rates, with a total paid amount of \$69,547,252 in SFY 23.
- The fiscal impact amount is \$695,473 (TF) or \$347,736 (GF) if increased by 1%.
- Recommendation?

* 50% GE/50% FE for HCBS



HCBS - Consumer Directed Attendant Support Services (CDASS) - RECAP

Service description:

- This is a service-delivery option that allows HCBS waiver participants to direct and manage the attendants who provide their personal care, homemaker, and health maintenance services, rather than working through an agency. Through CDASS, participants are empowered to hire, train and manage attendants of their choice to best fit their unique needs or they may delegate these responsibilities to an authorized representative.

- Benchmark ratio: 73.37% - 82.15%
- Compared to 6 states



HCBS - Consumer Directed Attendant Support Services (CDASS) - RECAP

| Statistics | |
|---|--------|
| Total Members Utilizing Services in SFY 2022-23 | 4,042 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | -1.03% |
| Total Active Providers SFY 2022-23 | 2 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | 0.00% |

Access to Care Summary RECAP:

- Utilization remains stable, although case management provider count decreased from 3 to 2
- No useful insights found from all payer database because Medicaid is the dominant payer





Comments Regarding HCBS - CDASS





MPRRAC Recommendations



HCBS - Day Program - RECAP

Service description:

- Services that provide daily support and activities for HCBS waiver participants, allowing them to participate in community life while receiving necessary assistance. Programs often focus on enhancing independence, social integration, and skill development that take place in a non-residential setting separate from the member's private residence or residential arrangement.

Access to Care Summary RECAP:

- Utilization remains stable
- No useful insights found from all payer database because Medicaid is the dominant payer



HCBS - Day Program - RECAP

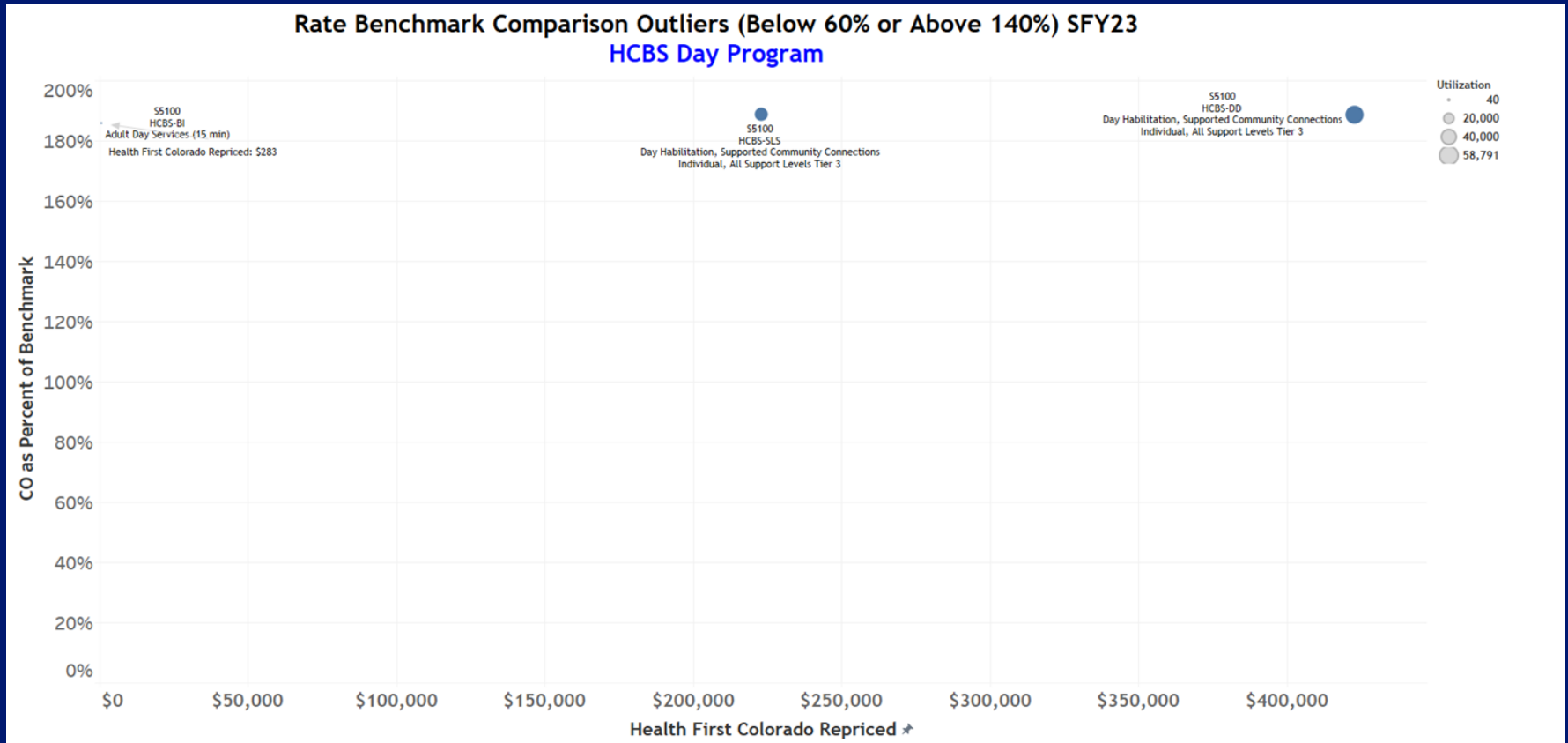
| Statistics | |
|---|--------------|
| Total Adjusted Expenditures SFY 2022-23 | \$52,745,102 |
| Total Members Utilizing Services in SFY 2022-23 | 12,594 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | 5.35% |
| Total Active Providers SFY 2022-23 | 472 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | 2.61% |

| Rate Benchmark Comparison | | |
|---------------------------|-----------------------|---------------------------|
| Colorado Repriced | Other States Repriced | Rate Benchmark Comparison |
| \$52,745,102 | \$75,310,020 | 70.04% |



HCBS - Day Program - NEW ANALYSIS

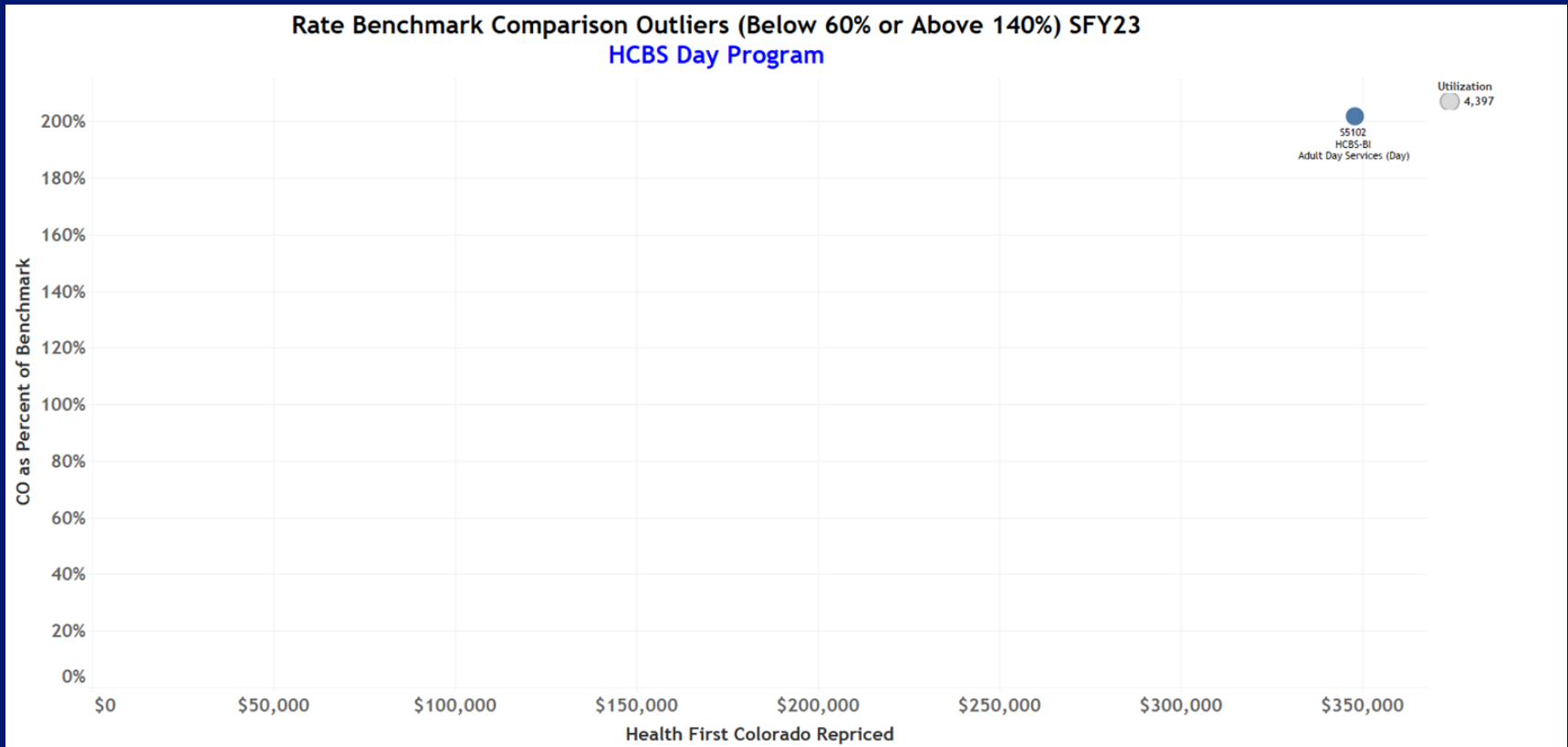
Refer to pages 11 - 13 of appendix



Total code/service variation count: 79



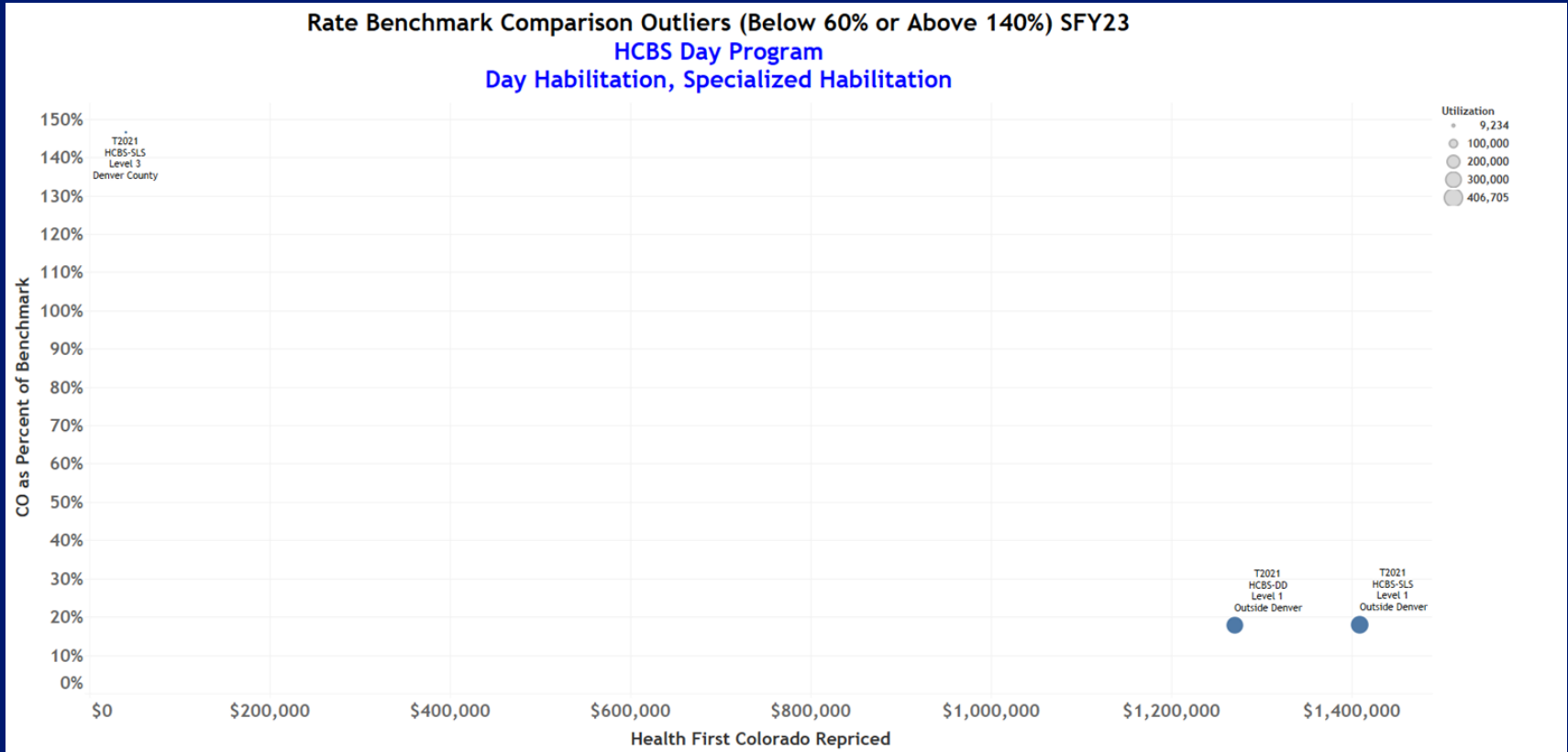
HCBS - Day Program - NEW ANALYSIS



Total code/service variation count: 79



HCBS - Day Program - NEW ANALYSIS



Total code/service variation count: 79





Comments Regarding HCBS - Day Program



MPRRAC Recommendations

HCBS - Day Program -

Code/program/modifier/county Combinations without Benchmark Rates

- HCBS - Day Program has 41 code/program/modifier/county combinations without benchmark rates, with a total paid amount of \$122,327,655 in SFY 23.
- The fiscal impact amount is \$1,223,277 (TF) or \$611,638 (GF) if increased by 1%.
- Recommendation?

* 50% GF/50% FF for HCBS



HCBS - Professional Services - RECAP

Service description:

- These services refer to a range of support services provided to waiver participants that cover various aspects of care, therapy, and assistance to enhance the individual's well-being and independence.

Access to Care Summary RECAP:

- Utilization increased faster than the number of providers
- No useful insights found from all payer database because Medicaid is the dominant payer



HCBS - Professional Services - RECAP

| Statistics | |
|---|----------|
| Total Adjusted Expenditures SFY 2022-23 | \$53,243 |
| Total Members Utilizing Services in SFY 2022-23 | 4,233 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | 3.90% |
| Total Active Providers SFY 2022-23 | 96 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | -7.69% |

| Rate Benchmark Comparison | | |
|---------------------------|-----------------------|---------------------------|
| Colorado Repriced | Other States Repriced | Rate Benchmark Comparison |
| \$53,243 | \$50,012 | 106.46% |





Comments Regarding HCBS - Professional Services



MPRRAC Recommendations

HCBS - Professional Services -

Code/program/modifier/county Combinations without Benchmark Rates

- HCBS - Professional Services has 32 code/program/modifier/county combinations without benchmark rate, with \$6,202,907 total paid amount in SFY 23.
- The fiscal impact amount is \$62,029 (TF) or \$31,015 (GF) if increased by 1%.
- Recommendation?

* 50% GF/50% FF for HCBS



HCBS - Residential Services - RECAP

Service description:

- These services aim to promote independence, community integration, and individualized care in a home-like environment. They provide support and assistance with managing household tasks and activities in residential settings, such in the homes of members, the homes of small groups of individuals living together, or the homes of host families.

Access to Care Summary RECAP:

- Utilization increased faster than the number of providers
- No useful insights found from all payer database because Medicaid is the dominant payer



HCBS - Residential Services - RECAP

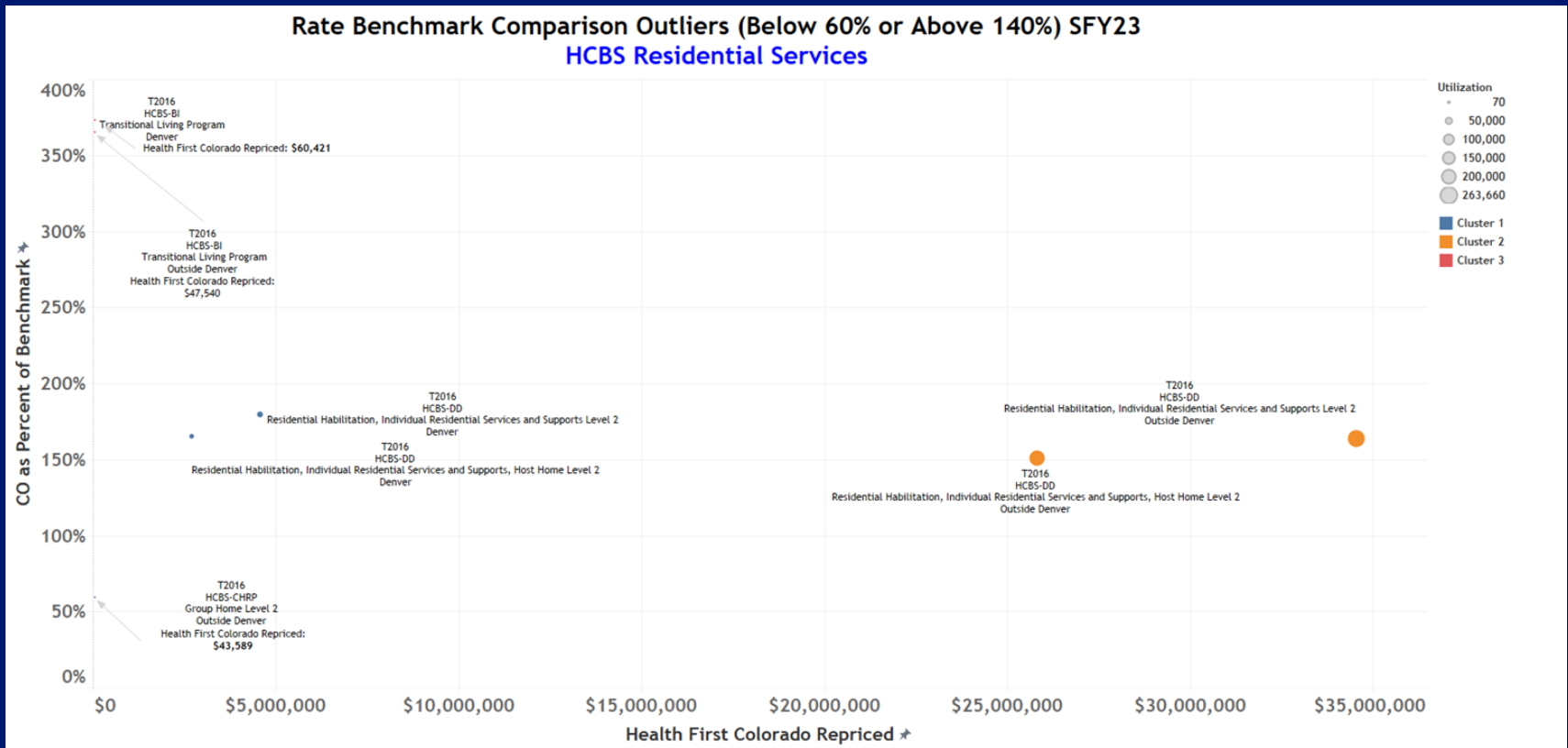
| Statistics | |
|---|---------------|
| Total Adjusted Expenditures SFY 2022-23 | \$201,324,716 |
| Total Members Utilizing Services in SFY 2022-23 | 12,634 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | 2.23% |
| Total Active Providers SFY 2022-23 | 698 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | -2.51% |

| Rate Benchmark Comparison | | |
|---------------------------|-----------------------|---------------------------|
| Colorado Repriced | Other States Repriced | Rate Benchmark Comparison |
| \$201,324,716 | \$175,175,141 | 114.93% |



HCBS - Residential Services - NEW ANALYSIS

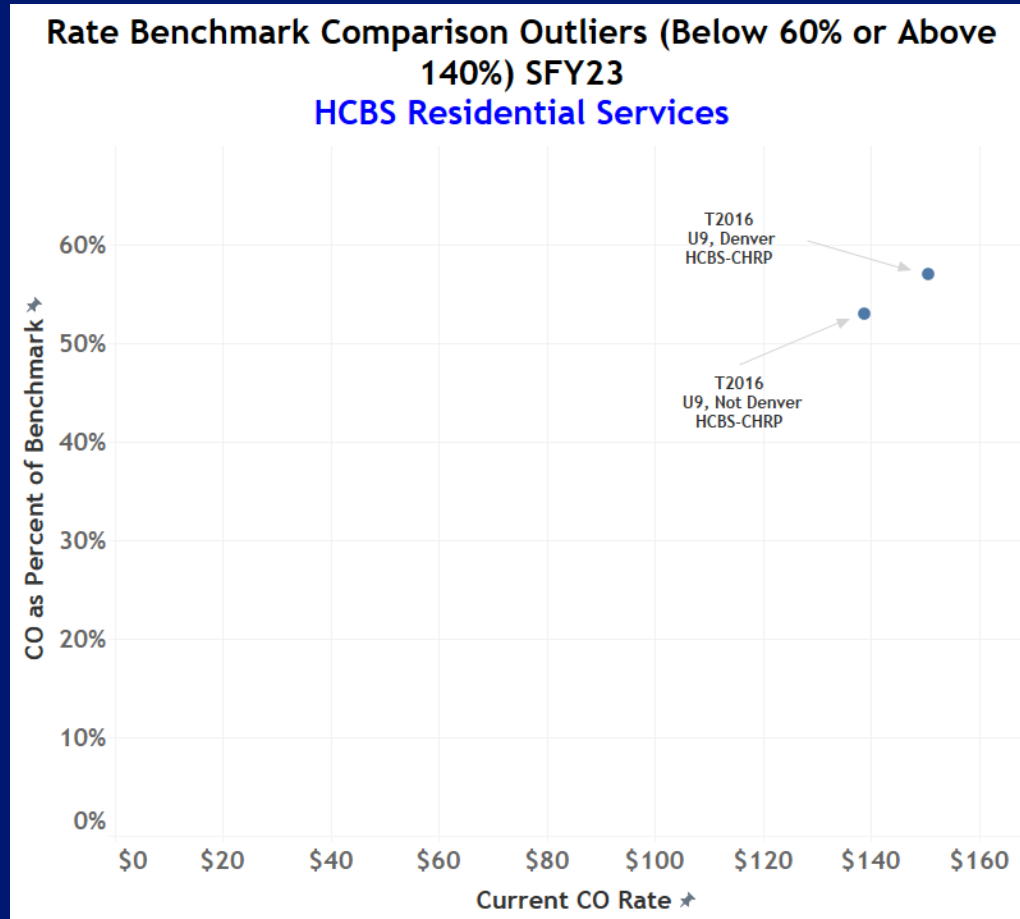
Refer to page 13 - 14 of appendix



Total code/service variation count: 99



HCBS - Residential Services - NEW ANALYSIS (Rate-only comparison)



Total code/service variation count:99





Comments Regarding HCBS - Residential Services



MPRRAC Recommendations

HCBS - Residential Services -

Code/program/modifier/county Combinations without Benchmark Rates

- HCBS - Residential Services has 51 code/program/modifier/county combinations without benchmark rates, with a total paid amount of \$459,809,689 in SFY 23.
- The fiscal impact amount is \$4,598,097 (TF) or \$2,299,048 (GF) if increased by 1%.
- Recommendation?

* 50% GF/50% FF for HCBS



HCBS - Respite Services - RECAP

Service description:

- These types of services typically involve temporary relief for individuals who have a disability or chronic health condition and for their primary caregivers, allowing them to rest, attend to personal needs, or take care of other responsibilities while ensuring their loved ones receive appropriate care.

Access to Care Summary RECAP:

- Utilization increased faster than the number of providers
- No useful insights found from all payer database because Medicaid is the dominant payer



HCBS - Respite Services - RECAP

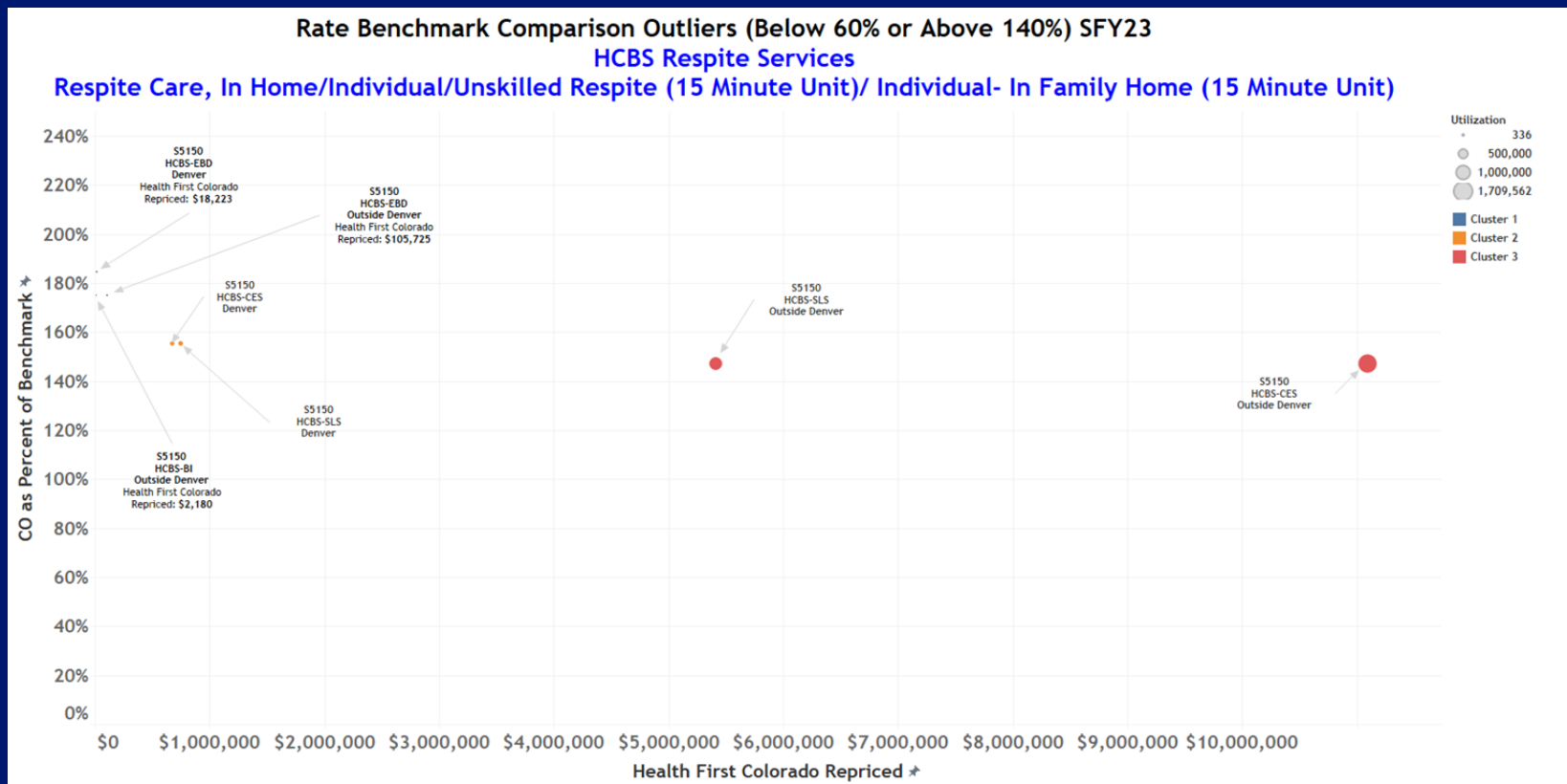
| Statistics | |
|---|--------------|
| Total Adjusted Expenditures SFY 2022-23 | \$19,375,530 |
| Total Members Utilizing Services in SFY 2022-23 | 3,053 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | 5.57% |
| Total Active Providers SFY 2022-23 | 259 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | -9.12% |

| Rate Benchmark Comparison | | |
|---------------------------|-----------------------|---------------------------|
| Colorado Repriced | Other States Repriced | Rate Benchmark Comparison |
| \$19,375,530 | \$14,029,849 | 138.10% |



HCBS - Respite Services - NEW ANALYSIS

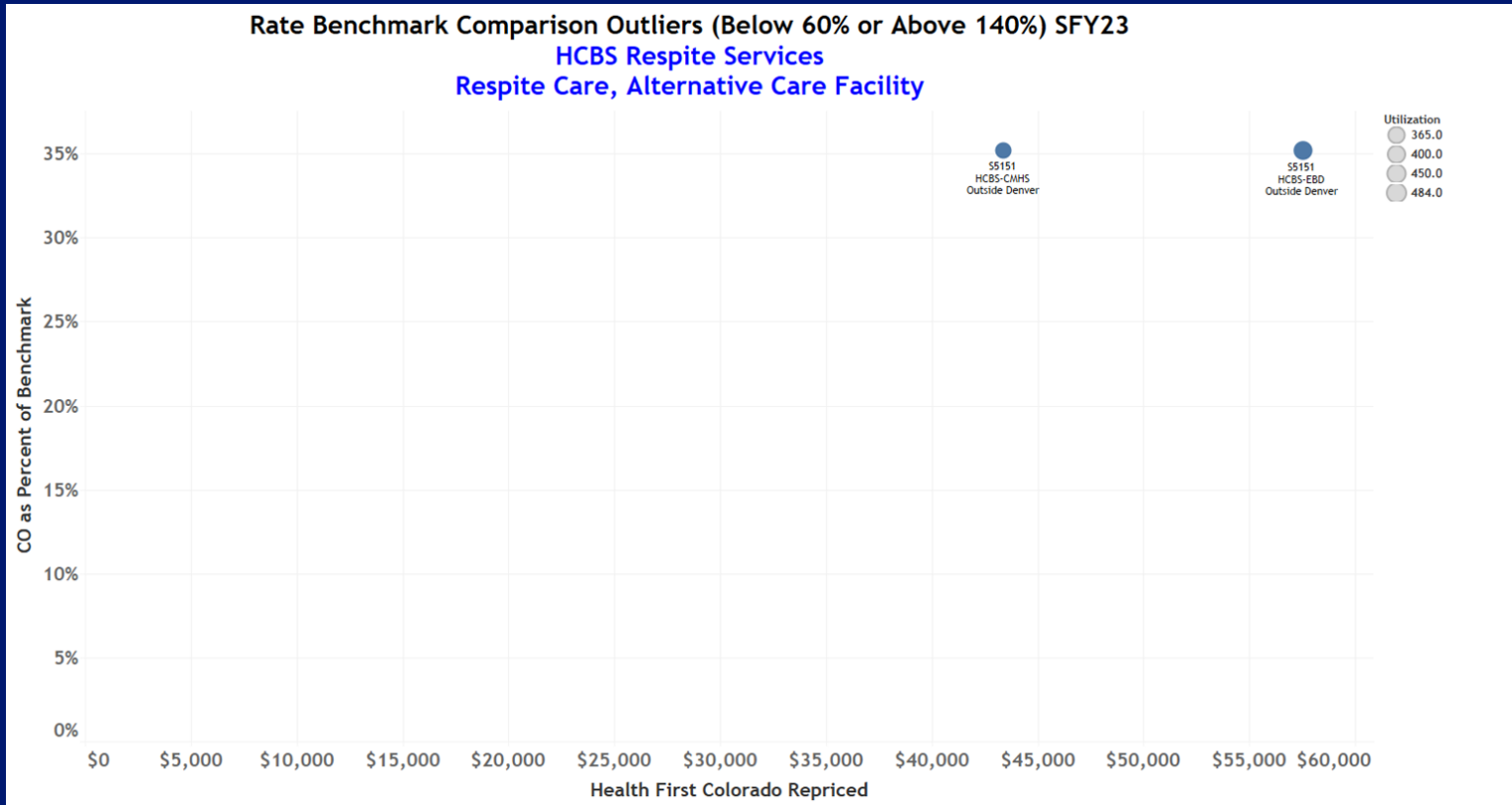
Refer to pages 14 - 18 of appendix



Total code/service variation count: 75



HCBS - Respite Services - NEW ANALYSIS



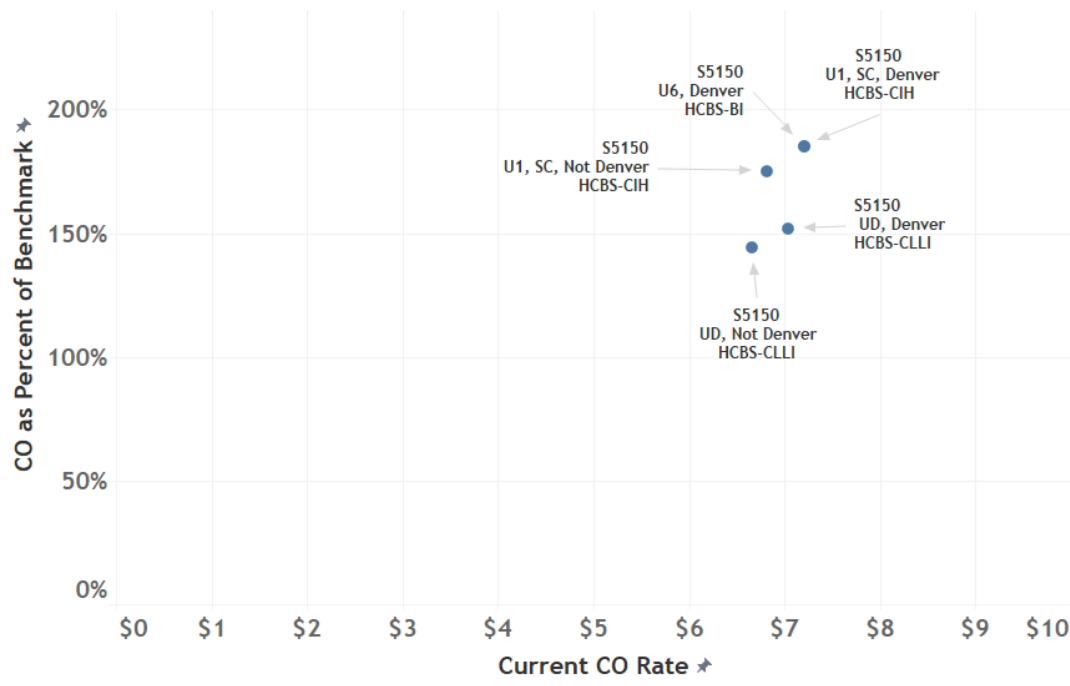
Total code/service variation count: 75



HCBS - Respite Services - NEW ANALYSIS (Rate-only comparison)

Rate Benchmark Comparison Outliers (Below 60% or Above 140%)
SFY23

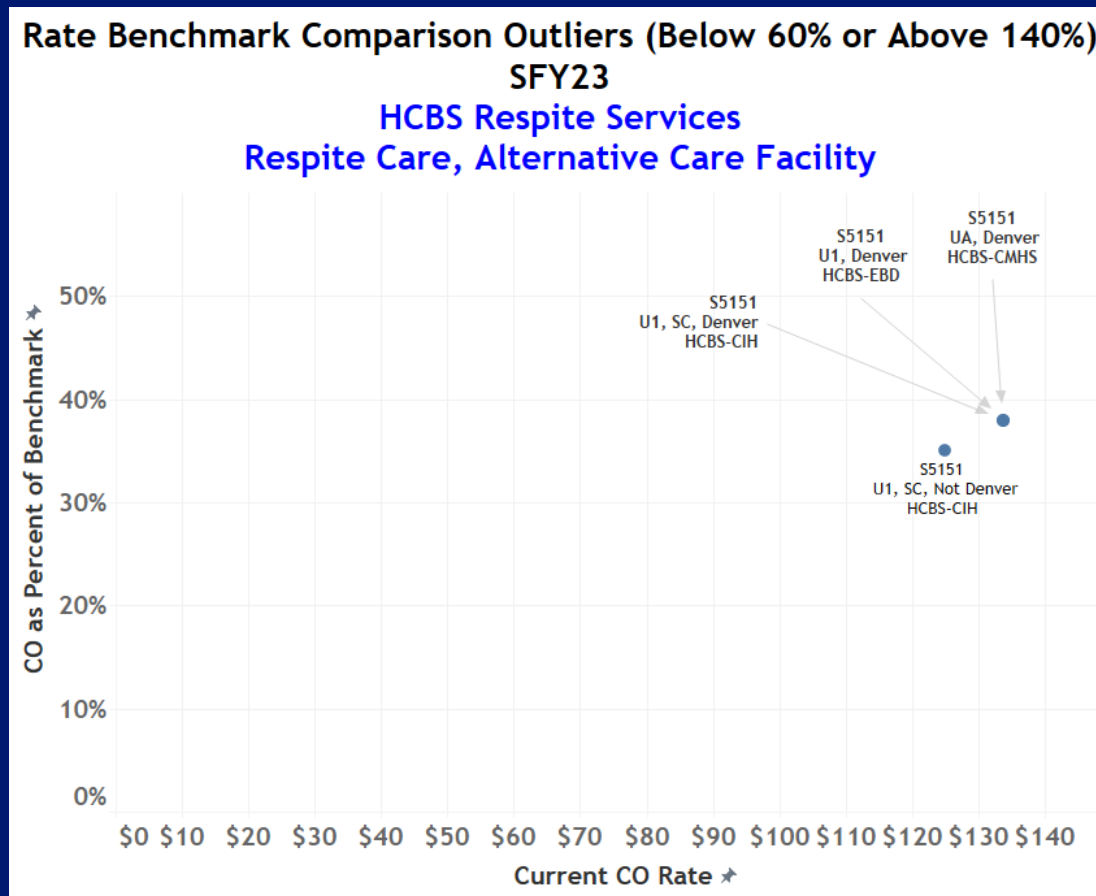
HCBS Respite Services
Respite Care, In Home/Individual/Unskilled Respite (15 Minute Unit)/ Individual- In Family Home (15 Minute Unit)



Total code/service variation count: 75



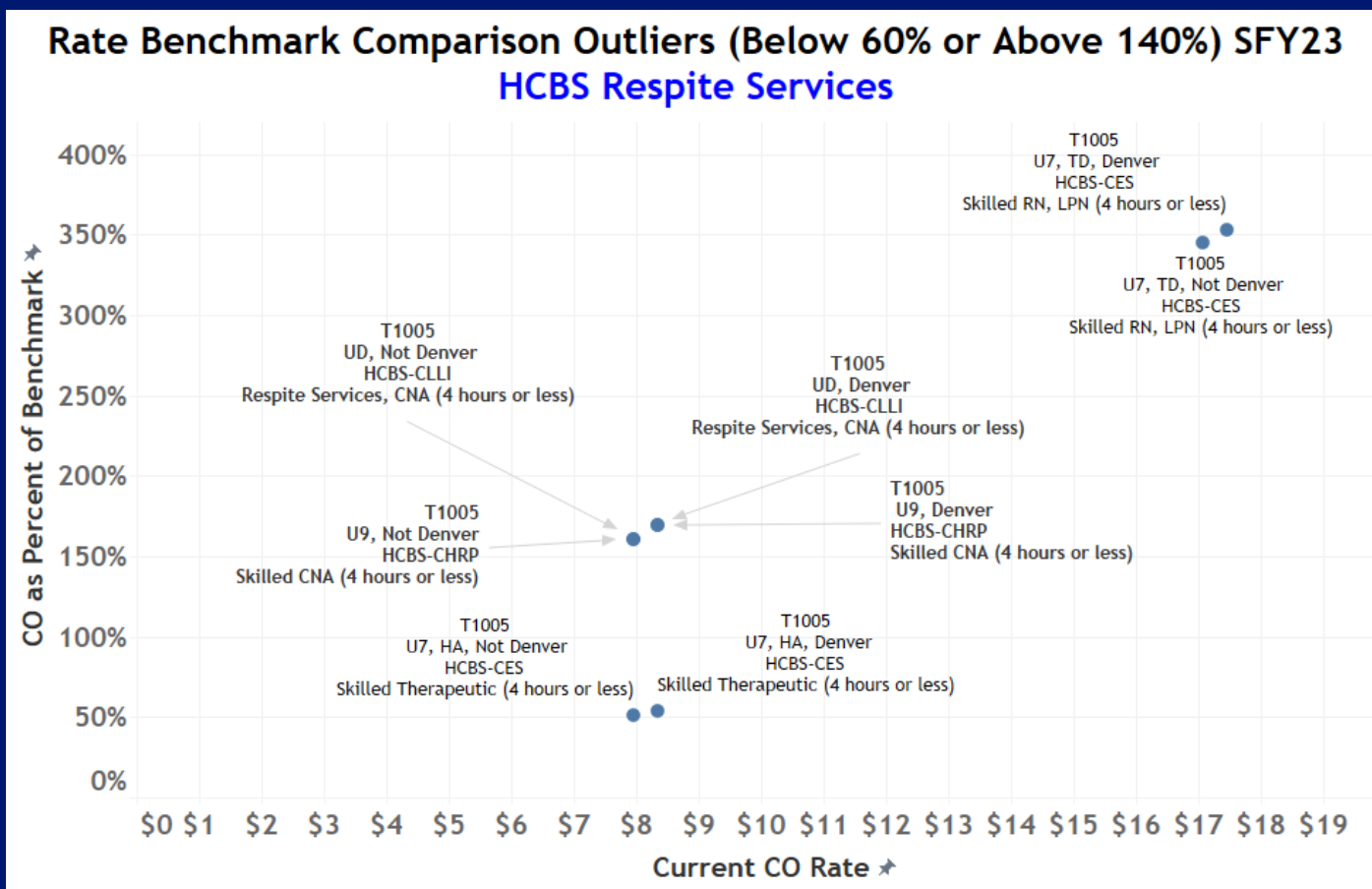
HCBS - Respite Services - NEW ANALYSIS (Rate-only comparison)



Total code/service variation count: 75



HCBS - Respite Services - NEW ANALYSIS (Rate-only comparison)



Total code/service variation count: 75





Comments Regarding HCBS - Respite Services



MPRRAC Recommendations

HCBS - Respite Services -

Code/program/modifier/county Combinations without Benchmark Rates

- HCBS - Respite Services has 36 code/program/modifier/county combinations without benchmark rates, with a total paid amount of \$2,285,490 in SFY 23.
- The fiscal impact amount is \$22,855 (TF) or \$11,427 (GF) if increased by 1%.
- Recommendation?

* 50% GF/50% FF for HCBS



HCBS - Technology, Adaptations, and Equipment - RECAP

Service description:

- These types of services typically refer to support provided to participants through the use of assistive technology, adaptations, and specialized equipment.

| Statistics | |
|---|---------|
| Total Members Utilizing Services in SFY 2022-23 | 20,334 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | -2.04% |
| Total Active Providers SFY 2022-23 | 116 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | -19.44% |

Access to Care Summary RECAP:

- Utilizers and providers slightly decreased (providers decreased at a faster rate)





Comments Regarding HCBS - Technology, Adaptations, and Equipment



MPRRAC Recommendations

HCBS - Technology, Adaptations, and Equipment - Code/program/modifier/county Combinations without Benchmark Rates

- HCBS - Technology, Adaptations, and Equipment has 20 code/program/modifier/county combinations without benchmark rates, with a total paid amount of \$2,233,303 in SFY 23.
- The fiscal impact amount is \$22,333 (TF) or \$11,167 (GF) if increased by 1%.
- Recommendation?

* 50% GF/50% FF for HCBS



HCBS - Transition Services - RECAP

Service description:

- Transition services are designed to assist waiver participants in transitioning from institutional or residential settings to community-based living arrangements. These services aim to support a smooth and successful transition by addressing various aspects of the individual's needs.

Access to Care Summary RECAP:

- Utilization increased dramatically, but providers decreased
- No useful insights found from all payer database because Medicaid is the dominant payer



HCBS - Transition Services - RECAP

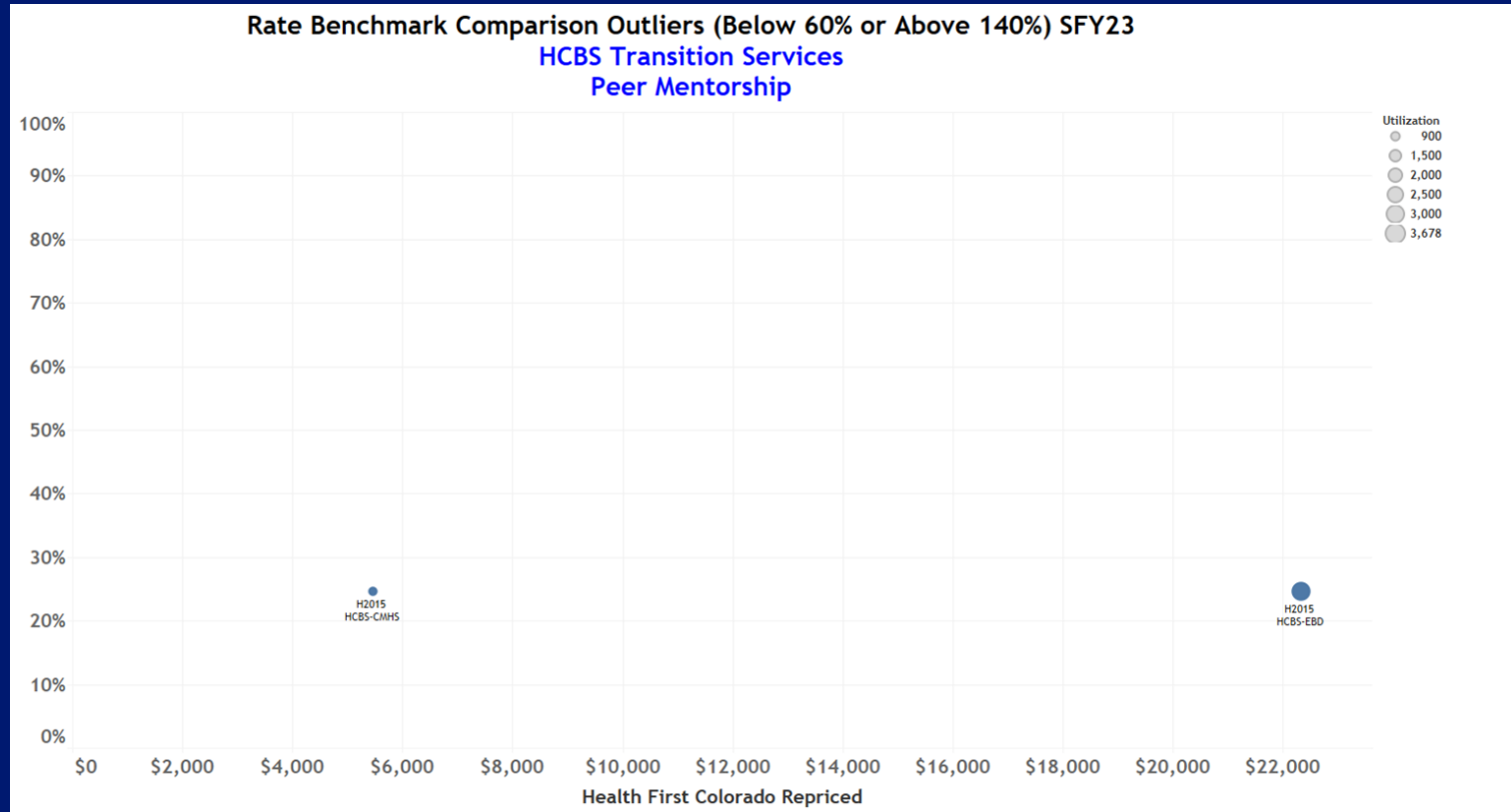
| Statistics | |
|---|-------------|
| Total Adjusted Expenditures SFY 2022-23 | \$4,417,449 |
| Total Members Utilizing Services in SFY 2022-23 | 668 |
| SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services | 36.33% |
| Total Active Providers SFY 2022-23 | 27 |
| SFY 2022-23 Over SFY 2021-22 Change in Active Providers | -6.90% |

| Rate Benchmark Comparison | | |
|---------------------------|-----------------------|---------------------------|
| Colorado Repriced | Other States Repriced | Rate Benchmark Comparison |
| \$4,417,449 | \$4,159,923 | 106.19% |



HCBS - Transition Services - NEW ANALYSIS

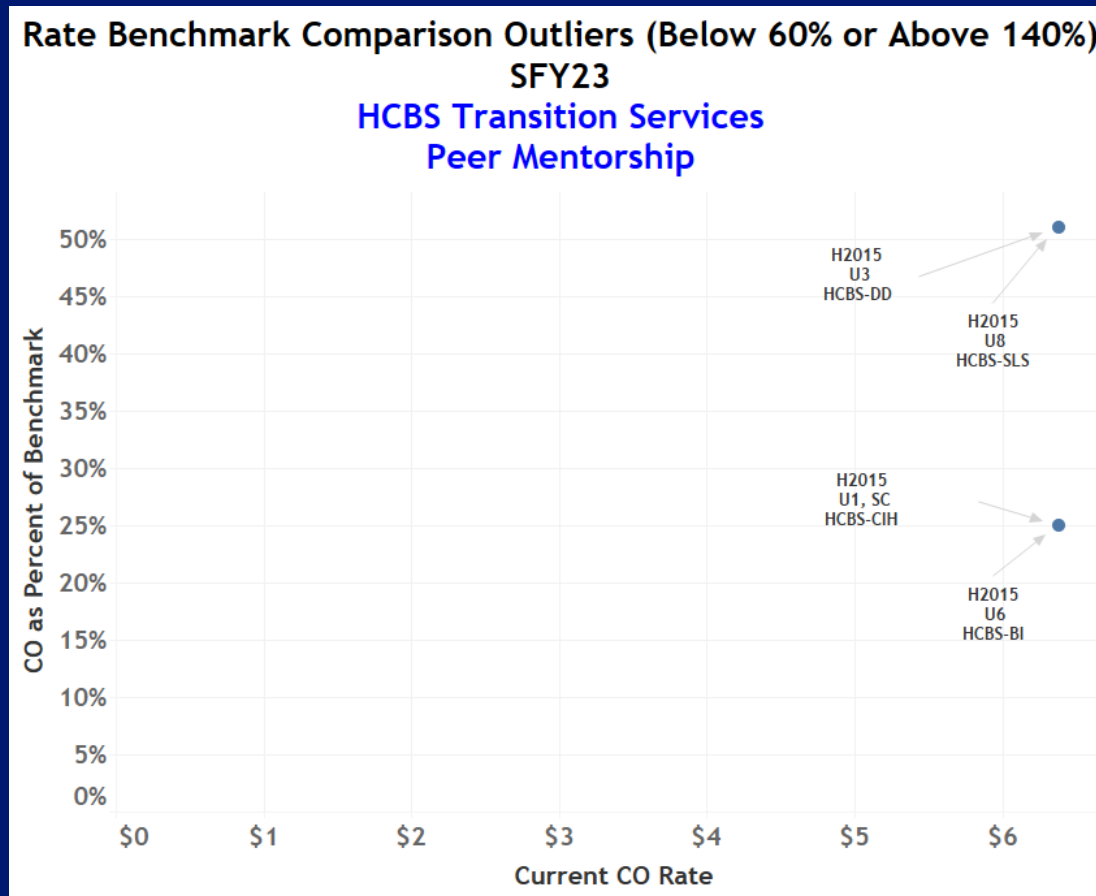
Refer to pages 18 - 22 of appendix



Total code/service variation count: 40



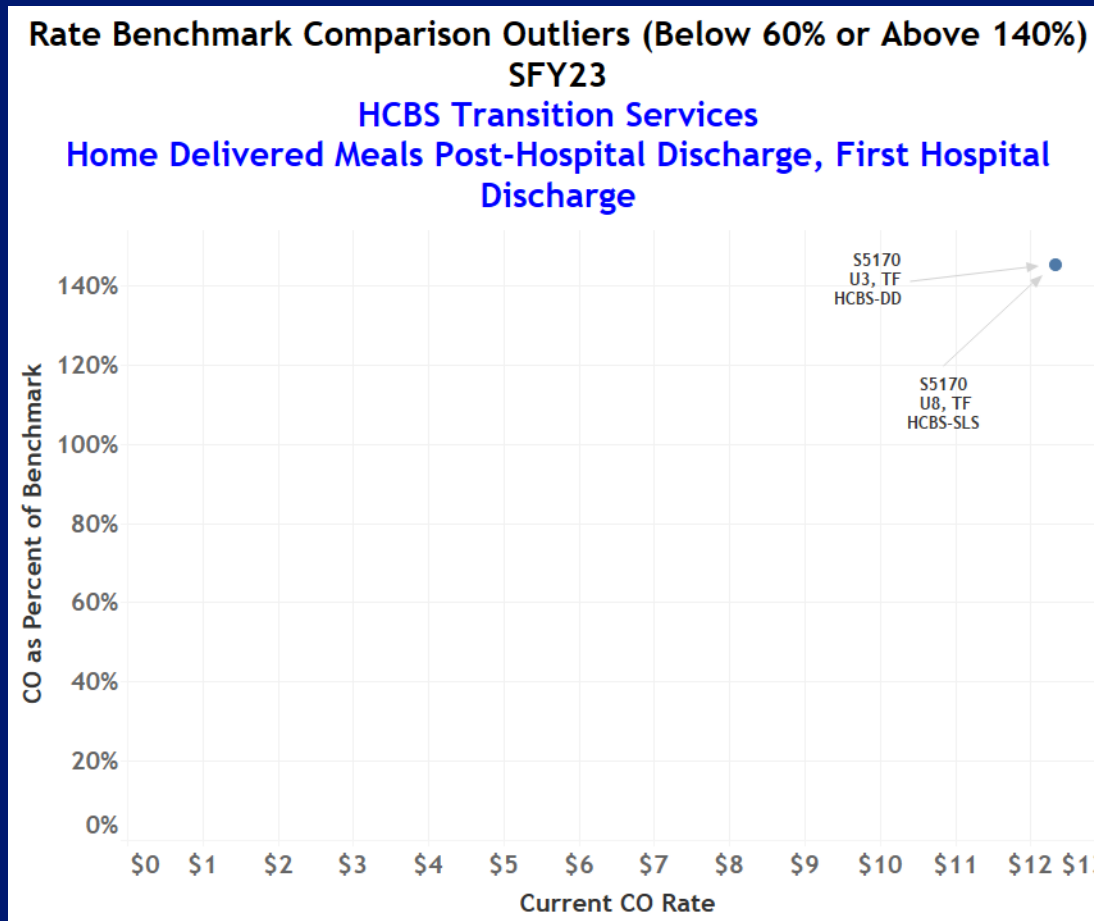
HCBS - Transition Services - NEW ANALYSIS (Rate-only comparison)



Total code/service variation count: 40



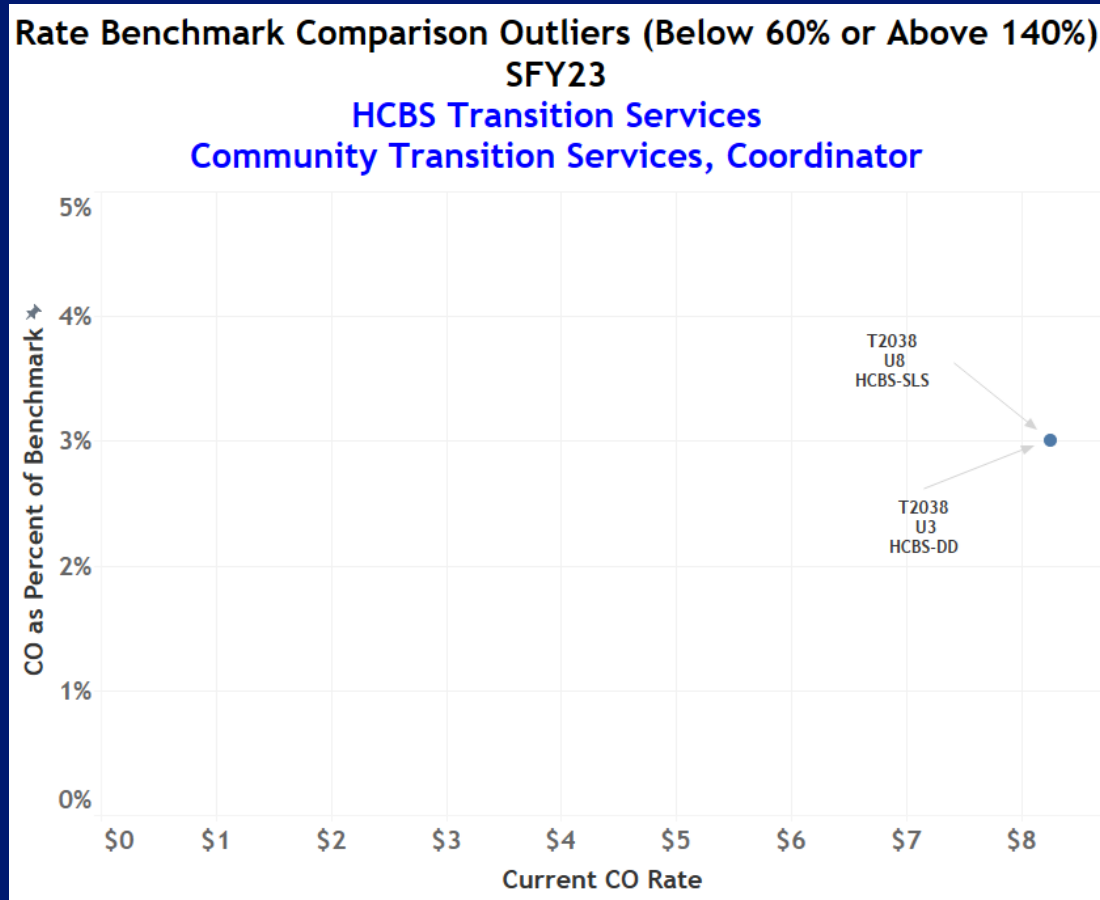
HCBS - Transition Services - NEW ANALYSIS (Rate-only comparison)



Total code/service variation count: 40



HCBS - Transition Services - NEW ANALYSIS (Rate-only comparison)



Total code/service variation count: 40





Comments Regarding HCBS - Transition Services





MPRRAC Recommendations



HCBS - Transition Services -

Code/program/modifier/county Combinations without Benchmark Rate

- HCBS - Transition Services has 22 code/program/modifier/county combinations without benchmark rates, with a total paid amount of \$378,206 in SFY 23.
- The fiscal impact amount is \$3,782 (TF) or \$1,891 (GF) if increased by 1%.
- Recommendation?

* 50% GE/50% EE for HCBS



Next Steps

NEXT MEETING:
Friday, August 16, 2024
9:00am - 2:00pm



Announcements

MEETING MINUTES

- Sent to Chair and Vice Chair, then to committee
- Posted on website within 1 week of meeting

WEBSITE

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



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Thank you!

