MPRRAC Meeting

Facilitator: Eloiss Hulsbrink

Presenters: Jeremy Tipton
          Julie Tang (Optumas)
          Susanna Snyder
          Elizabeth Freudenthal

Subject Matter Experts: Matt Colussi
                      Alex Weichselbaum
                      Chris Lane
                      January Montaño

March 29, 2019
9:00 a.m. - 1:00 p.m.
Our Mission

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

• Introductions 9:00 a.m.
• Review January & February Meeting Minutes 9:05 a.m.
• Year Four Preliminary Analysis & Access to Care Preliminary Results/MPRRAC Discussion/Stakeholder Comment
  - Special Connections 9:10 a.m.
  - Dialysis & ESRD 9:45 a.m.
• Break 10:15 a.m.
  - FFS Behavioral Health 10:25 a.m.
  - Residential Child Care Facilities 10:55 a.m.
  - Psychiatric Residential Treatment Facilities 11:20 a.m.
• Lunch Break 11:50 a.m.
  - ASCs 12:05 p.m.
• DME Access to Care Analysis 12:35 p.m.
• Next Steps 12:50 p.m.
• Adjourn 1:00 p.m.
Meeting Minutes Review

January 25, 2019 & February 15, 2019
Year Four Preliminary Rate Comparison Analysis & Access to Care Preliminary Results
Special Connections

Presented By: Susanna Snyder
Special Connections

• Benefit Overview
  - Outpatient and residential substance use disorder (SUD) treatment for pregnant and parenting women
  - Up to one year postpartum when enrolled prenatally

• History
  - Legislation for pregnant women -> 60 days postpartum (1991)
    - Prior to statewide substance use disorder benefit
    - Clinic option (16 bed max) and only paid Office of Behavioral Health
  - Legislation to extend to one year postpartum
  - Targeted rate increase in (2016)
  - Rule change to pay providers directly (2017)
  - Exploring how program articulates to statewide residential benefit (2020)
## Regulatory Authorities, e.g. Special Connections

### Federal Regulations

- **Code of Federal Regulations (CFR)**
  - Title XIX of Social Security Act
- **42 CFR 440.250 (HCPF); 45 CFR 96.131 (OBH)**
  - Broad
- **Other:** e.g. OBH’s SAPT Federal Block Grant

### Federal Government <-> State of Colorado

- **State Plan**
- **Waiver**
- **Prenatal -> 60 days postpartum:** TN 09-033, 11-014
- **60 days postpartum-1 year postpartum:** 1915b

### State of Colorado <-> HCPF

- **Colorado Code of Regulations (CCR) [aka “Rule”]**
- **Colorado Revised Statutes (CRS)**
- **8.745 + OBH Rule**
- **OBH Statute:** 27-80-112, 13, 14, 15
- **Interagency Agreement with CDHS:** 5.1.2

### HCPF <-> Providers

- **Billing guidance** (billing manuals, provider bulletins, etc)
- **Internal policy, leadership, stakeholder engagement**
# Program Administration

<table>
<thead>
<tr>
<th>HEALTH FIRST COLORADO</th>
<th>OBH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Payment - Treatment</td>
<td>Provider Payment: Room and Board +</td>
</tr>
<tr>
<td>Federal Authority (1915 and State Plan)</td>
<td>Provider Licensing</td>
</tr>
<tr>
<td>Claims resolution</td>
<td>Technical Assistance</td>
</tr>
<tr>
<td>Articulation to Accountable Care Organization (ACO) Delivery System</td>
<td>New Site Recruitment</td>
</tr>
<tr>
<td></td>
<td>Contracting</td>
</tr>
<tr>
<td></td>
<td>Quarterly Meeting</td>
</tr>
<tr>
<td></td>
<td>Site Audits</td>
</tr>
</tbody>
</table>
## Utilization History

<table>
<thead>
<tr>
<th></th>
<th>Women Served</th>
<th>Cost per Client Overall</th>
<th>Cost per Client Residential</th>
<th>Average Cost/Client Outpatient Services</th>
<th>% of that to residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14-15</td>
<td>212</td>
<td>$4,507.15</td>
<td>$8,745.77</td>
<td>$185.56</td>
<td>94.28%</td>
</tr>
<tr>
<td>FY15-16</td>
<td>159</td>
<td>$4,798.83</td>
<td>$8,097.26</td>
<td>$160.33</td>
<td>96.57%</td>
</tr>
</tbody>
</table>

- Admissions between January 2017 and November 2018:
  - OBH: 277 women enrolled in the Special Connections Program
## Special Connections Providers: 56 Beds

<table>
<thead>
<tr>
<th>Program</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td></td>
</tr>
<tr>
<td>Centennial Mental Health Center</td>
<td>211 W. Main Street, Sterling, CO 80751</td>
</tr>
<tr>
<td>North Range Behavioral Health: Wings Program</td>
<td>2350 3rd Street Road, Greeley, CO 80631</td>
</tr>
<tr>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>ARTS: Women’s Outpatient Treatment Services</td>
<td>1648 Gaylord Street, Denver, CO 80218</td>
</tr>
<tr>
<td>ARTS: The Haven</td>
<td>3630 W. Princeton Circle, Denver, CO 80236</td>
</tr>
<tr>
<td>Mile High Behavioral Health: The Aspen Center</td>
<td>Private Address</td>
</tr>
<tr>
<td>Mile High Behavioral Health: Miracles Program</td>
<td>Private Address</td>
</tr>
<tr>
<td>Region 3</td>
<td></td>
</tr>
<tr>
<td>Crossroads’ Turning Points</td>
<td>411 S. Cascade Ave., Colorado Springs, CO 80903</td>
</tr>
<tr>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>Crossroads’ Turning Points</td>
<td>509 E. 13th Street, Pueblo, CO 81001</td>
</tr>
<tr>
<td>Crossroads’ Turning Points</td>
<td>2265 Lava Lane, Alamosa, CO 81101</td>
</tr>
<tr>
<td>Region 5/6 - No providers at this time</td>
<td></td>
</tr>
<tr>
<td>Region 7 - No providers at this time</td>
<td></td>
</tr>
</tbody>
</table>

- Indicates New Provider in FY2017-18 - Anticipate increase in women served
## Special Connections Treatment Rates

<table>
<thead>
<tr>
<th>Primary Substance Addiction</th>
<th>Percent of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>3.6%</td>
</tr>
<tr>
<td>Opiates</td>
<td>6.4%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>11.8%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>10.9%</td>
</tr>
<tr>
<td>Heroin</td>
<td>24.5%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>35.5%</td>
</tr>
<tr>
<td>Barbiturate</td>
<td>7.3%</td>
</tr>
<tr>
<td>Clonazepam</td>
<td>0</td>
</tr>
<tr>
<td>Nicotine</td>
<td>0</td>
</tr>
<tr>
<td>None</td>
<td>0</td>
</tr>
</tbody>
</table>

### Average Length of Treatment

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Average Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive Residential (IRT)</td>
<td>248 Days</td>
</tr>
<tr>
<td>Traditional Outpatient (OP)</td>
<td>146 Days</td>
</tr>
</tbody>
</table>
# Special Connections Codes & Service Breakdown

<table>
<thead>
<tr>
<th>Code</th>
<th>Mod 1</th>
<th>Mod 2</th>
<th>Description</th>
<th>Colorado Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0004</td>
<td>HD</td>
<td></td>
<td>Behavioral health counseling/therapy 15 min</td>
<td>$14.04</td>
</tr>
<tr>
<td>H0004</td>
<td>HD</td>
<td>HQ</td>
<td>Behavioral health counseling/therapy 15 min (Group)</td>
<td>$7.50</td>
</tr>
<tr>
<td>H1000</td>
<td>HD</td>
<td></td>
<td>Prenatal care at-risk assessment</td>
<td>$105.39</td>
</tr>
<tr>
<td>H1002</td>
<td>HD</td>
<td></td>
<td>Care coordination, prenatal</td>
<td>$8.79</td>
</tr>
<tr>
<td>H1003</td>
<td>HD</td>
<td></td>
<td>Prenatal care, enhanced education</td>
<td>$3.62</td>
</tr>
<tr>
<td>H2036</td>
<td>HD</td>
<td></td>
<td>Alcohol and Drug Treatment, Per diem</td>
<td>$192.10</td>
</tr>
<tr>
<td>H0018</td>
<td></td>
<td></td>
<td>Short-Term Residential Alcohol and/or Drug Services</td>
<td>N/A</td>
</tr>
<tr>
<td>H0019</td>
<td></td>
<td></td>
<td>Long-Term Residential Alcohol and/or Drug Services</td>
<td>N/A</td>
</tr>
</tbody>
</table>
# Special Connections Rate Comparison

<table>
<thead>
<tr>
<th>Code</th>
<th>Mod 1</th>
<th>Mod 2</th>
<th>Health First Colorado Rate</th>
<th>Number of Comparison Rates Identified</th>
<th>Lowest Other State Rate</th>
<th>Highest Other State Rate</th>
<th>Other State Average</th>
<th>Colorado as a Percent of Other States Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0004</td>
<td>HD</td>
<td></td>
<td>$14.04</td>
<td>30</td>
<td>$3.19</td>
<td>$128.96</td>
<td>$28.31</td>
<td>49.59%</td>
</tr>
<tr>
<td>H0004</td>
<td>HD</td>
<td>HQ</td>
<td>$7.50</td>
<td>30</td>
<td>$3.19</td>
<td>$128.96</td>
<td>$28.31</td>
<td>26.51%</td>
</tr>
<tr>
<td>H1000</td>
<td>HD</td>
<td></td>
<td>$105.39</td>
<td>5</td>
<td>$8.41</td>
<td>$40.00</td>
<td>$16.71</td>
<td>630.72%</td>
</tr>
<tr>
<td>H1002</td>
<td>HD</td>
<td></td>
<td>$8.79</td>
<td>1</td>
<td>$48.79</td>
<td>$48.79</td>
<td>$48.79</td>
<td>18.01%</td>
</tr>
<tr>
<td>H1003</td>
<td>HD</td>
<td></td>
<td>$3.62</td>
<td>2</td>
<td>$35.00</td>
<td>$38.92</td>
<td>$36.96</td>
<td>9.78%</td>
</tr>
<tr>
<td>H2036</td>
<td>HD</td>
<td></td>
<td>$192.10</td>
<td>6</td>
<td>$117.11</td>
<td>$224.87</td>
<td>$167.72</td>
<td>114.54%</td>
</tr>
<tr>
<td>H0018</td>
<td>N/A</td>
<td></td>
<td></td>
<td>15</td>
<td>$120.00</td>
<td>$425.00</td>
<td>$195.51</td>
<td>N/A</td>
</tr>
<tr>
<td>H0019</td>
<td>N/A</td>
<td></td>
<td></td>
<td>20</td>
<td>$83.50</td>
<td>$372.49</td>
<td>$225.57</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Stakeholder Feedback

- Difficulties providing residential services for pregnant women with dependent children
- Restrictions on program eligibility: Must enter prenatally
- Outpatient rates for Special Connections less than Outpatient SUD rates negotiated through the RAEs (the capitated behavioral health program)
- Retain Special Connections providers
- 16 bed limit because of federal regulations around Institutes of Mental Disease
- Rates too low for sustainability
Legislative Impact

• HB18-1136: Must have federal authority to implement statewide residential benefit by July 2020

• HB19-1193: High Risk Families
  ➢ Allows Department authority to allow women to enroll postpartum
  ➢ Creates cash fund with unspent budget line from HCPF to OBH
  ➢ Child care pilots

• Department received technical assistance grant from National Academy for State Health Policy

• Opioid Prevention Bill Pilots

• Applying for Center for Medicare and Medicaid Services grant for Maternal Opioid Misuse
Qualitative Data Collected from Other States

• Women’s Services Coordinators Request for Information: Residential Pregnant and Parenting Women’s Programs (November 2018)
  ➢ 29 States Surveyed

• Most fund their services through
  ➢ Block grant funds (27)
  ➢ Medicaid funds (18)
  ➢ State funds (17)

• Other examples of how states finance these services include, but are not limited to, contracting with a state’s child welfare system (GA), tobacco settlement funds (KY), and TANF (LA).
Questions - Special Connections
Committee Discussion - Special Connections
Stakeholder Comments - Special Connections
Health First Colorado
Rate Review and
Access to Care

MARCH 29, 2019
Agenda

• Base Data

• Results
  • Rate Comparison and Access to Care
    • Behavioral Health (BH)
    • Residential Child Care Facility (RCCF)
    • Dialysis
    • Ambulatory Surgical Center (ASC)
  • Access to Care
    • Durable Medical Equipment (DME)

• NOTE: ALL FIGURES SHOWN ARE DRAFT
Base Data

- VALIDATION
- EXCLUSIONS
Base Data - Validation

• Over 3 years of Fee-For-Service (FFS) data
  • DME, ASC, BH, RCCF, Dialysis
  • Only July 1, 2017 through June 30, 2018 (FY2017-18) was used in the rate review analysis to reflect most recent experience

• For ASC and RCCF, data prior to March 2017 was not available at the time of the analysis

• Validation steps:
  • Paid Dollar and Unit analyzed across time

• Incurred but not Reported (IBNR) Analysis
Base Data - Exclusions

- **Data Reliability**
  - Excluded ineligible claims, duals, Child Health Plan *Plus*
  - Excluded procedure code/modifier combination without a Jan 2019 Health First Colorado fee schedule rate from rate comparison

- Repriced using latest 2019 Health First Colorado rates, and a comparable benchmark

- **Evaluated Colorado vs. Benchmark**
  - Checked for rate on Medicare or other states’ Medicaid fee schedules
  - Exception: RCCF
Year Four Access to Care Analyses

- Modifications to how analyses have been performed in previous years
- Align analyses and metrics with other access to care requirements:
  - Centers for Medicare and Medicaid Services (CMS) managed care contract requirements
  - CMS State Plan fee-for-service (FFS) submission requirements for certain rate changes or restructurings, including the Department’s “Access Monitoring Review Plan” (AMRP)
  - Leveraging metrics commonly used in network adequacy standards development, which typically include drive times, travel distances, and member to provider ratios for certain services
  - Removal of Access to Care Index (ACI)
Year Four Access to Care Analyses

- Examples of time and distance standards:

<table>
<thead>
<tr>
<th>County Type</th>
<th>Urban</th>
<th>Rural</th>
<th>Frontier</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Max Dist. (Miles)</td>
<td>Max Time (Min.)</td>
<td>Max Dist. (Miles)</td>
</tr>
<tr>
<td></td>
<td>Max Dist. (Miles)</td>
<td>Max Time (Min.)</td>
<td>Max Dist. (Miles)</td>
</tr>
<tr>
<td>Primary Care</td>
<td>30</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>45</td>
<td>45</td>
<td>60</td>
</tr>
<tr>
<td>Gynecology, OB/GYN</td>
<td>30</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>60</td>
<td>60</td>
<td></td>
</tr>
</tbody>
</table>

- Examples of Medicare Advantage minimum member to provider ratios (providers per 1,000 beneficiaries) using CMS county classifications:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>CMS Geographic Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Large Metro</td>
</tr>
<tr>
<td>Primary Care</td>
<td>1.67</td>
</tr>
<tr>
<td>Gynecology, OB/GYN</td>
<td>0.04</td>
</tr>
<tr>
<td>Nephrology</td>
<td>0.09</td>
</tr>
<tr>
<td>General Surgery</td>
<td>0.28</td>
</tr>
</tbody>
</table>
Dialysis & End-Stage Renal Disease (ESRD)

### Facility Payment to Dialysis Centers
- Dialysis treatment performed at Dialysis Centers is “bundled” into a single per diem facility payment, which differs based on the county where the dialysis center is located.

### Professional procedure codes related to patient training and home dialysis
- (90937, 90989, 90993, 90963, 90966).

### Members become eligible for Medicare
- Starting the fourth month of facility-based treatment, or the first month of home-based treatment.

<table>
<thead>
<tr>
<th>Total Client Count</th>
<th>Total Provider Count</th>
<th>Total Paid Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>588</td>
<td>59</td>
<td>$8,863,394</td>
</tr>
</tbody>
</table>
Dialysis – FY2017-18 Utilizers by Gender and Age Band
# Dialysis – FY2017-18 Top Diagnosis Codes

<table>
<thead>
<tr>
<th>Rank</th>
<th>Diagnosis Code</th>
<th>Description</th>
<th>Count of Utilizers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>N186</td>
<td>END STAGE RENAL DISEASE</td>
<td>526</td>
</tr>
<tr>
<td>2</td>
<td>N179</td>
<td>ACUTE KIDNEY FAILURE, UNSPECIFIED</td>
<td>68</td>
</tr>
</tbody>
</table>
Dialysis (Facility) – Comparison Methodology

• Medicare Payment Methodology
  • Dialysis centers reimbursed using Prospective Payment System (PPS)

• National Base Rate: $235.27

• Three types of payment adjustments
  • Provider Adjustments
  • Claim Adjustments
  • Patient Adjustments
Dialysis (Facility) – Medicare PPS Methodology

* Please see handout for more information
### Medicare PPS Adjustments Applied

<table>
<thead>
<tr>
<th>Provider</th>
<th>Wage Index Adjustment, Rural Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim</td>
<td>Training Add-On, Home Dialysis, Acute Kidney Failure Adjustment, Modality Adjustment</td>
</tr>
<tr>
<td>Patient</td>
<td>Age, Comorbidity</td>
</tr>
</tbody>
</table>

### Medicare PPS Adjustments Not Incorporated

<table>
<thead>
<tr>
<th>Provider</th>
<th>Low Volume Adjustment, Blended Payment Adjustment, QIP Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim</td>
<td>Dialysis Onset, High-Cost Outlier Payments, Transitional Drug Add-On Payment Adjustment</td>
</tr>
<tr>
<td>Patient</td>
<td>Body Mass Index (BMI), Body Surface Area (BSA)</td>
</tr>
</tbody>
</table>
Dialysis (Facility) – Base Data Adjustments

• Data Exclusions

<table>
<thead>
<tr>
<th>Base Dollars</th>
<th>Post-Exclusion Dollars</th>
<th>Dollars Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>$8,804,195</td>
<td>$8,610,258</td>
<td>97.80%</td>
</tr>
</tbody>
</table>

• IBNR Adjustment

<table>
<thead>
<tr>
<th>Post-Exclusion Dollars</th>
<th>IBNR-Adjusted Dollars</th>
<th>Completion Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>$8,610,258</td>
<td>$8,688,691</td>
<td>99.10%</td>
</tr>
</tbody>
</table>
# Dialysis (Facility) – Results Summary

<table>
<thead>
<tr>
<th>Wage Index Region</th>
<th>FY19 Colorado Repriced</th>
<th>Medicare Repriced - Provider, Claim, &amp; Patient Adjustments</th>
<th>Percent of Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boulder, CO</td>
<td>$397,734</td>
<td>$541,423</td>
<td>73.46%</td>
</tr>
<tr>
<td>Colorado Springs, CO</td>
<td>$733,096</td>
<td>$856,550</td>
<td>85.59%</td>
</tr>
<tr>
<td>Denver, Aurora, Lakewood</td>
<td>$5,919,790</td>
<td>$7,071,629</td>
<td>83.71%</td>
</tr>
<tr>
<td>Fort Collins, CO</td>
<td>$225,671</td>
<td>$294,733</td>
<td>76.57%</td>
</tr>
<tr>
<td>Grand Junction, CO</td>
<td>$68,938</td>
<td>$93,750</td>
<td>73.53%</td>
</tr>
<tr>
<td>Greeley, CO</td>
<td>$443,701</td>
<td>$565,291</td>
<td>78.49%</td>
</tr>
<tr>
<td>Pueblo, CO</td>
<td>$374,839</td>
<td>$416,414</td>
<td>90.02%</td>
</tr>
<tr>
<td>Rural Colorado</td>
<td>$609,871</td>
<td>$697,243</td>
<td>87.47%</td>
</tr>
<tr>
<td><strong>All Colorado</strong></td>
<td><strong>$8,773,641</strong></td>
<td><strong>$10,537,036</strong></td>
<td><strong>83.26%</strong></td>
</tr>
</tbody>
</table>
### Dialysis (Facility) Rate Comparison Results

<table>
<thead>
<tr>
<th>Wage Index Region</th>
<th>CO as Percent of Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boulder, CO</td>
<td>73.46%</td>
</tr>
<tr>
<td>Colorado Springs, CO</td>
<td>85.59%</td>
</tr>
<tr>
<td>Denver, Aurora, Lakewood</td>
<td>83.71%</td>
</tr>
<tr>
<td>Fort Collins, CO</td>
<td>76.57%</td>
</tr>
<tr>
<td>Grand Junction, CO</td>
<td>73.53%</td>
</tr>
<tr>
<td>Greeley, CO</td>
<td>78.49%</td>
</tr>
<tr>
<td>Pueblo, CO</td>
<td>90.02%</td>
</tr>
<tr>
<td>Rural Colorado</td>
<td>87.47%</td>
</tr>
<tr>
<td>All CO</td>
<td>83.26%</td>
</tr>
</tbody>
</table>
• Had Health First Colorado reimbursed at 100% of the benchmark in FY2017-18 it would have had an estimated total fund fiscal impact of $1,763,395.

### Dialysis (Facility) Comparison Results

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado as a Percentage of Benchmark</td>
<td>83.26%</td>
</tr>
<tr>
<td>Colorado Repriced Amount</td>
<td>$8,773,641</td>
</tr>
<tr>
<td>Benchmark Repriced Amount</td>
<td>$10,537,036</td>
</tr>
<tr>
<td>Est. FY2017-18 Total Fund Impact</td>
<td>$1,763,395</td>
</tr>
</tbody>
</table>
Dialysis (Facility) – Scatterplot

Benchmark = 83.26%

CO as Percent of Benchmark

Health First Colorado Repriced

Paid Units

353
10,000
20,000
29,135
Dialysis (Professional) – Comparison Methodology

- Medicare
  - Physician Fee Schedule (PFS) Non-Facility rates

- Other states’ fee schedules
  - Previously compared: AZ, NE, OK, OR, & WY
  - Supplemented for credibility: CA & ID
  - All services matched on a procedure code-modifier basis to the fee schedules’ respective levels of detail

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Description</th>
<th>FY2017-18 Units</th>
<th>FY2017-18 Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>90937</td>
<td>HEMODIALYSIS REPEATED EVAL</td>
<td>77</td>
<td>$7,767</td>
</tr>
<tr>
<td>90963</td>
<td>ESRD HOME PT SERV P MO &lt;2YRS</td>
<td>PHI</td>
<td>PHI</td>
</tr>
<tr>
<td>90966</td>
<td>ESRD HOME PT SERV P MO 20+</td>
<td>228</td>
<td>$37,659</td>
</tr>
<tr>
<td>90989</td>
<td>DIALYSIS TRAINING COMPLETE</td>
<td>PHI</td>
<td>PHI</td>
</tr>
<tr>
<td>90993</td>
<td>DIALYSIS TRAINING INCOMPL</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Dialysis (Professional) – Base Data Adjustments

• Data Exclusions

<table>
<thead>
<tr>
<th></th>
<th>Base Dollars</th>
<th>Post-Exclusion Dollars</th>
<th>Dollars Included</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$59,198</td>
<td>$58,399</td>
<td>98.65%</td>
</tr>
</tbody>
</table>

• IBNR Adjustment

<table>
<thead>
<tr>
<th>Post-Exclusion Dollars</th>
<th>IBNR-Adjusted Dollars</th>
<th>Completion Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>$58,399</td>
<td>$58,931</td>
<td>99.10%</td>
</tr>
</tbody>
</table>
## Dialysis (Professional) – Results Summary

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Benchmark Rate</th>
<th>FY19 Colorado Repriced</th>
<th>Benchmark Repriced</th>
<th>Percent of Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>90937</td>
<td>Medicare PFS</td>
<td>$7,843</td>
<td>$8,201</td>
<td>95.63%</td>
</tr>
<tr>
<td>90963</td>
<td>Medicare PFS</td>
<td>PHI</td>
<td>PHI</td>
<td>71.99%</td>
</tr>
<tr>
<td>90966</td>
<td>Medicare PFS</td>
<td>$38,027</td>
<td>$55,632</td>
<td>68.36%</td>
</tr>
<tr>
<td>90989</td>
<td>Other States</td>
<td>PHI</td>
<td>PHI</td>
<td>109.35%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$59,507</strong></td>
<td><strong>$77,268</strong></td>
<td><strong>77.01%</strong></td>
</tr>
</tbody>
</table>
## Dialysis (Professional) – Results Summary

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>FY19 Colorado Repriced</th>
<th>Benchmark Repriced</th>
<th>Percent of Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other States</td>
<td>$11,603</td>
<td>$10,611</td>
<td>109.35%</td>
</tr>
<tr>
<td>Medicare</td>
<td>$47,904</td>
<td>$66,657</td>
<td>71.87%</td>
</tr>
<tr>
<td><strong>Benchmark Total</strong></td>
<td><strong>$59,507</strong></td>
<td><strong>$77,269</strong></td>
<td><strong>77.01%</strong></td>
</tr>
</tbody>
</table>
Dialysis (Professional) – Estimated Total Fund Impact

• Had Health First Colorado reimbursed at 100% of the benchmark in FY2017-18 it would have had an estimated total fund fiscal impact of **$17,762**.

### Dialysis (Professional) Comparison Results

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado as a Percentage of Benchmark</td>
<td>77.01%</td>
</tr>
<tr>
<td>Colorado Repriced Amount</td>
<td>$59,507</td>
</tr>
<tr>
<td>Benchmark Repriced Amount</td>
<td>$77,269</td>
</tr>
<tr>
<td>Est. FY2017-18 Total Fund Impact</td>
<td>$17,762</td>
</tr>
</tbody>
</table>
Dialysis (Professional) – Scatterplot

Benchmark = 77.01%

Paid Units
- 76.7
- 150.0
- 200.0
- 228.0
Dialysis – Access Metrics

- **Over Time**
  - Utilizers
  - Providers
  - Utilizers per Provider (Panel Size)

- **FY2017-18**
  - Member to Provider Ratios
  - Utilizer Density
  - Penetration Rate
  - Drive Time Estimates
Dialysis – Distinct Utilizers Over Time
Dialysis – Active Providers Over Time
Panel Size estimates average Medicaid members seen per provider, by geographic area.
Dialysis – Member to Provider Ratio

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

<table>
<thead>
<tr>
<th>Region</th>
<th>FY2017-18 Providers</th>
<th>FY2017-18 Members</th>
<th>Providers per 1,000 Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frontier</td>
<td>10</td>
<td>41,742</td>
<td>0.24</td>
</tr>
<tr>
<td>Rural</td>
<td>23</td>
<td>162,003</td>
<td>0.14</td>
</tr>
<tr>
<td>Urban</td>
<td>80</td>
<td>1,217,439</td>
<td>0.07</td>
</tr>
<tr>
<td>Statewide</td>
<td>88</td>
<td>1,408,747</td>
<td>0.06</td>
</tr>
</tbody>
</table>
Dialysis – Penetration Rate By Member County

- Penetration Rates estimate the share of total Medicaid members that received this service in FY2017-18
Dialysis & ESRD - ArcGIS Map

<table>
<thead>
<tr>
<th>Drive Time</th>
<th>Percent of Utilizers by Drive Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-30 Minutes</td>
<td>89%</td>
</tr>
<tr>
<td>30-45 Minutes</td>
<td>4%</td>
</tr>
<tr>
<td>45-60 Minutes</td>
<td>4%</td>
</tr>
<tr>
<td>Over an Hour</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
Questions - Dialysis & ESRD
Committee Discussion - Dialysis & ESRD
Stakeholder Comments - Dialysis & ESRD
Meeting Minutes Review

January 25, 2019 & February 15, 2019
Fee-For-Service (FFS) Behavioral Health

- Behavioral health assessment, psychiatric treatment, and other services for diagnoses not otherwise covered by the Regional Accountable Entity, such as Autism and Gender Identity Disorder

- A majority of behavioral health services are not reimbursed fee-for-service; they are reimbursed through the capitated behavioral health program.

<table>
<thead>
<tr>
<th>Total Client Count</th>
<th>Total Provider Count</th>
<th>Total Paid Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>87,667</td>
<td>2,246</td>
<td>$7,960,851</td>
</tr>
</tbody>
</table>
BH – FY2017-18 Utilizers by Gender and Age Band
# BH – FY2017-18 Top Diagnosis Codes

<table>
<thead>
<tr>
<th>Rank</th>
<th>Diagnosis Code</th>
<th>Description</th>
<th>Count of Utilizers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Z00129</td>
<td>ENCOUNTER FOR ROUTINE CHILD HEALTH EXAM W/O ABNORMAL FINDINGS</td>
<td>53,411</td>
</tr>
<tr>
<td>2</td>
<td>Z1389</td>
<td>ENCOUNTER FOR SCREENING FOR OTHER DISORDER</td>
<td>11,276</td>
</tr>
<tr>
<td>3</td>
<td>Z00121</td>
<td>ENCOUNTER FOR ROUTINE CHILD HEALTH EXAM W ABNORMAL FINDINGS</td>
<td>11,142</td>
</tr>
<tr>
<td>4</td>
<td>Z134</td>
<td>ENCOUNTER SCREEN FOR CERTAIN DEVELOPMENTAL DISORDERS IN CHLDHD</td>
<td>5,247</td>
</tr>
<tr>
<td>5</td>
<td>F840</td>
<td>AUTISTIC DISORDER</td>
<td>1,356</td>
</tr>
</tbody>
</table>
BH – Comparison Methodology

• Medicare Comparison
  • Physician Fee Schedule

• Other states’ fee schedules
  • Previously compared: AZ, NE, OK, OR, WY
  • Large variation in covered benefits across states
  • Supplemental for validity: CA, IA, ID, LA, NC, WA
  • All services matched on a procedure code-modifier basis to the fee schedules’ respective levels of detail
BH – Base Data Adjustments

- **Data Exclusions**
  
<table>
<thead>
<tr>
<th>Base Dollars</th>
<th>Post-Exclusion Dollars</th>
<th>Dollars Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>$7,960,851</td>
<td>$7,934,539</td>
<td>99.67%</td>
</tr>
</tbody>
</table>

- **IBNR Adjustment**

<table>
<thead>
<tr>
<th>Post-Exclusion Dollars</th>
<th>IBNR-Adjusted Dollars</th>
<th>Completion Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>$7,934,539</td>
<td>$7,973,185</td>
<td>99.52%</td>
</tr>
</tbody>
</table>
BH – Results Summary

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>FY19 Colorado Repriced</th>
<th>Benchmark Repriced</th>
<th>Percent of Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other States</td>
<td>$3,475,411</td>
<td>$3,193,796</td>
<td>108.82%</td>
</tr>
<tr>
<td>Medicare</td>
<td>$5,349,061</td>
<td>$6,127,967</td>
<td>87.29%</td>
</tr>
<tr>
<td>Benchmark Total</td>
<td>$8,824,473</td>
<td>$9,321,763</td>
<td>94.67%</td>
</tr>
</tbody>
</table>
• Had Health First Colorado reimbursed at 100% of the benchmark in FY2017-18 it would have had an estimated total fund fiscal impact of $497,290.

**BH Comparison Results**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado as a Percentage of Benchmark</td>
<td>94.67%</td>
</tr>
<tr>
<td>Colorado Repriced Amount</td>
<td>$8,824,473</td>
</tr>
<tr>
<td>Benchmark Repriced Amount</td>
<td>$9,321,763</td>
</tr>
<tr>
<td>Est. FY2017-18 Total Fund Impact</td>
<td>$497,290</td>
</tr>
</tbody>
</table>
BH – Scatterplot

Benchmark = 94.67%

Paid Units
- 31
- 50,000
- 100,000
- 150,000
- 200,000
- 247,499

Health First Colorado Repriced

CO as Percent of Benchmark

0% 50% 100%
BH – Access Metrics

• Over Time
  • Utilizers
  • Providers
  • Utilizers per Provider (Panel Size)

• FY2017-18
  • Member to Provider Ratios
  • Utilizer Density
  • Penetration Rate
  • Drive Time Estimates
BH – Distinct Utilizers Over Time
BH – Active Providers Over Time

Provider Count

County Classification
- Frontier
- Rural
- Urban

[Graph showing active providers over time with different classifications]
BH – Utilizers Per Provider (Panel Size)

- Panel Size estimates average Medicaid members seen per provider, by geographic area
BH – Member to Provider Ratio

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

<table>
<thead>
<tr>
<th>Region</th>
<th>FY2017-18 Providers</th>
<th>FY2017-18 Members</th>
<th>Providers per 1,000 Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frontier</td>
<td>307</td>
<td>41,742</td>
<td>7.35</td>
</tr>
<tr>
<td>Rural</td>
<td>599</td>
<td>162,003</td>
<td>3.70</td>
</tr>
<tr>
<td>Urban</td>
<td>2,097</td>
<td>1,217,439</td>
<td>1.72</td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td><strong>2,245</strong></td>
<td><strong>1,408,747</strong></td>
<td><strong>1.59</strong></td>
</tr>
</tbody>
</table>
BH – Utilizer Density FY2017-18 Map

Utilizer Count

31 14,313
Penetration Rates estimate the share of total Medicaid enrollees that received this service in FY2017-18
BH - ArcGIS Map

Drive Time | Percent of Utilizers by Drive Time
---|---
0-30 Minutes | 96%
30-45 Minutes | 3%
45-60 Minutes | <1%
Over an Hour | <1%
Total | 100%
Questions - FFS Behavioral Health
Committee Discussion - FFS Behavioral Health
Stakeholder Comments - FFS Behavioral Health
Residential Child Care Facilities (RCCF)

- Residential treatment services primarily for child welfare-involved youth, carved out of the capitated behavioral health program because of high needs.

- Utilizers are small in number, under age 21, and typically have high acuity, trauma-related diagnoses.

<table>
<thead>
<tr>
<th>Total Client Count</th>
<th>Total Provider Count</th>
<th>Total Paid Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,736</td>
<td>144</td>
<td>$6,645,090</td>
</tr>
</tbody>
</table>
Residential Child Care Facilities

- Medicaid pays fee-for-service on defined therapy, medication management, and assessment codes.
- Room and board is not reimbursed by Health First Colorado.
  - It is covered by a daily facility rate paid by both county and state Child Welfare.
- Providers may enroll as an additional provider type in order to provide medically necessary services not included in the RCCF code set.
- RCCF code set is also used for RAE services, under the capitated behavioral health program.
RCCF – FY2017-18 Utilizers by Gender and Age Band
# RCCF – FY2017-18 Top Diagnosis Codes

<table>
<thead>
<tr>
<th>Rank</th>
<th>Diagnosis Code</th>
<th>Description</th>
<th>Count of Utilizers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F4310</td>
<td>POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED</td>
<td>481</td>
</tr>
<tr>
<td>2</td>
<td>F919</td>
<td>CONDUCT DISORDER, UNSPECIFIED</td>
<td>246</td>
</tr>
<tr>
<td>3</td>
<td>F3489</td>
<td>OTHER SPECIFIED PERSISTENT MOOD DISORDERS</td>
<td>198</td>
</tr>
<tr>
<td>4</td>
<td>F912</td>
<td>CONDUCT DISORDER, ADOLESCENT-ONSET TYPE</td>
<td>196</td>
</tr>
<tr>
<td>5</td>
<td>F913</td>
<td>OPPOSITIONAL DEFIANT DISORDER</td>
<td>168</td>
</tr>
</tbody>
</table>
RCCF – Comparison Methodology

• Did not compare to Medicare rates
  • Although some services are covered by Medicare, the Department decided that other states’ rates may reflect a more similar population than Medicare rates

• Other states’ fee schedules
  • Previously compared: AZ, OK, OR, WY
  • Supplemented for validity: IA, ID, NC
  • CA, LA, WA, & WY fee schedules were selected to reflect youth-specific rates
  • All services matched on a procedure code-modifier basis to the fee schedules’ respective levels of detail
### RCCF – Base Data Adjustments

#### Data Exclusions

<table>
<thead>
<tr>
<th>Base Dollars</th>
<th>Post-Exclusion Dollars</th>
<th>Dollars Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>$6,645,090</td>
<td>$6,598,312</td>
<td>99.30%</td>
</tr>
</tbody>
</table>

#### IBNR Adjustment

<table>
<thead>
<tr>
<th>Post-Exclusion Dollars</th>
<th>IBNR-Adjusted Dollars</th>
<th>Completion Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>$6,598,312</td>
<td>$6,868,228</td>
<td>96.07%</td>
</tr>
</tbody>
</table>
# RCCF – Results Summary

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>FY19 Colorado Repriced</th>
<th>Benchmark Repriced</th>
<th>Percent of Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other States</td>
<td>$8,200,219</td>
<td>$11,960,022</td>
<td>68.56%</td>
</tr>
<tr>
<td>Benchmark Total</td>
<td>$8,200,219</td>
<td>$11,960,022</td>
<td>68.56%</td>
</tr>
</tbody>
</table>
RCCF – Estimated Total Fund Impact

- Had Health First Colorado reimbursed at 100% of the benchmark in FY2017-18 it would have had an estimated total fund fiscal impact of $3,759,803.

<table>
<thead>
<tr>
<th>RCCF Comparison Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado as a Percentage of Benchmark</td>
<td>68.56%</td>
</tr>
<tr>
<td>Colorado Repriced Amount</td>
<td>$8,200,219</td>
</tr>
<tr>
<td>Benchmark Repriced Amount</td>
<td>$11,960,022</td>
</tr>
<tr>
<td>Est. FY2017-18 Total Fund Impact</td>
<td>$3,759,803</td>
</tr>
</tbody>
</table>
RCCF – Scatterplot

Benchmark = 68.56%
RCCF – Access Metrics

- **Over Time**
  - Utilizers
  - Providers
  - Utilizers per Provider (Panel Size)

- **FY2017-18**
  - Member to Provider Ratios
  - Utilizer Density
  - Penetration Rate
RCCF – Distinct Utilizers Over Time
RCCF – Active Providers Over Time
RCCF – Utilizers Per Provider (Panel Size)

- Panel Size estimates average Medicaid members seen per provider, by geographic area
RCCF – Member to Provider Ratio

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

<table>
<thead>
<tr>
<th>Region</th>
<th>FY2017-18 Providers</th>
<th>FY2017-18 Members</th>
<th>Providers per 1,000 Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frontier</td>
<td>67</td>
<td>41,742</td>
<td>1.61</td>
</tr>
<tr>
<td>Rural</td>
<td>102</td>
<td>162,003</td>
<td>0.63</td>
</tr>
<tr>
<td>Urban</td>
<td>144</td>
<td>1,217,439</td>
<td>0.12</td>
</tr>
<tr>
<td>Statewide</td>
<td>144</td>
<td>1,408,747</td>
<td>0.10</td>
</tr>
</tbody>
</table>
RCCF – FY2017-18 Utilizer Density Map
Penetration Rates estimate the share of total Medicaid enrollees that received this service in FY2017-18.
Questions - RCCF
Committee Discussion - RCCF
Stakeholder Comments - RCCF
Psychiatric Residential Treatment Facilities (PRTF)

- Residential treatment service for youth who require 24-hour medical care, carved out of the capitated behavioral health program because of high needs.

- Utilizers are small in number, under age 21, and typically have complex needs, including developmental challenges (higher acuity than RCCF).

- Could not show or complete rate comparison analysis due to sensitive PHI data.
Psychiatric Residential Treatment Facilities

• The PRTF rate is a single, per diem facility payment. It includes all placement-related services provided to the child in the facility by facility staff. Services provided outside the facility, or by non-facility staff, are billed separately as fee-for-service.

➢ Examples of fee-for-service claims that may be billed separately may include Dental or Vision services.

• Counties pay HCPF 20% of anticipated PRTF costs at the beginning of the year. HCPF reconciles with state Child Welfare at the end of the year.

• There is currently only one PRTF provider is enrolled with Health First Colorado. There are a few others in the state that accept commercial insurance.
Psychiatric Residential Treatment Facilities

- Colorado’s PRTF per diem rate is 114.36% of the benchmark (the other states’ average rate).

<table>
<thead>
<tr>
<th>State</th>
<th>Rate</th>
<th>Revenue Code</th>
<th>Proc Code</th>
<th>Unit Value</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO</td>
<td>$402.21</td>
<td>911</td>
<td>Per Diem</td>
<td>Psychiatric/Psychological Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>MT</td>
<td>$327.48</td>
<td>124</td>
<td>Per Diem</td>
<td>In-State PRTF</td>
<td></td>
</tr>
<tr>
<td>NE</td>
<td>$337.20</td>
<td>T2033</td>
<td>Per Diem</td>
<td>Psychiatric Residential Treatment Facility (PRTF) -Specialty (per diem)</td>
<td></td>
</tr>
<tr>
<td>NE</td>
<td>$316.93</td>
<td>T2048</td>
<td>Per Diem</td>
<td>Psychiatric Residential Treatment Facility (PRTF) -Community Based -Non-Specialty (per diem)</td>
<td></td>
</tr>
<tr>
<td>MS*</td>
<td>$425.26</td>
<td></td>
<td>Per Diem</td>
<td>PRTF Treatment Facility Rates</td>
<td></td>
</tr>
</tbody>
</table>

*This is the average statewide Mississippi facility rate.*
Psychiatric Residential Treatment Facilities

• Summary:
  - Lower Total Paid Dollars for FY2017-18 compared to other services reviewed by committee.
  - Rate changes could potentially have impact operationally and clinically, but would not be expected to lead to a large fiscal impact for the Department.
Psychiatric Residential Treatment Facilities

- Factors contributing to low utilization could include
  - Licensing rules that require RCCF facilities to be on a different site
  - Prospective payment model can be a hardship on counties
  - RCCFs have evolved to meet the need for higher levels of care
  - Rate has received only across the board (ATB) increases since it was set actuarially
Questions - PRTF
Committee Discussion - PRTF
Stakeholder Comments - PRTF
Lunch Break

15 minutes
Ambulatory Surgical Centers (ASCs)

<table>
<thead>
<tr>
<th>Total Client Count</th>
<th>Total Provider Count</th>
<th>Total Paid Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>20,631</td>
<td>235</td>
<td>$13,350,822</td>
</tr>
</tbody>
</table>

- ASCs are distinct entities that provide a surgical setting for members who do not require hospitalization.
ASC – FY2017-18 Utilizers by Gender and Age Band

![Bar chart showing utilization by gender and age band for ASC FY2017-18.]
## ASC – FY2017-18 Top Diagnosis Codes

<table>
<thead>
<tr>
<th>Rank</th>
<th>Diagnosis Code</th>
<th>Description</th>
<th>Count of Utilizers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Z1211</td>
<td>ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON</td>
<td>2,270</td>
</tr>
<tr>
<td>2</td>
<td>K029</td>
<td>DENTAL CARIES, UNSPECIFIED</td>
<td>1,422</td>
</tr>
<tr>
<td>3</td>
<td>R1013</td>
<td>EPIGASTRIC PAIN</td>
<td>721</td>
</tr>
<tr>
<td>4</td>
<td>Z86010</td>
<td>PERSONAL HISTORY OF COLONAL POLYPS</td>
<td>574</td>
</tr>
<tr>
<td>5</td>
<td>M5416</td>
<td>RADICULOPATHY, LUMBAR REGION</td>
<td>534</td>
</tr>
</tbody>
</table>
### ASC – Base Data Adjustments

<table>
<thead>
<tr>
<th>Base Dollars</th>
<th>Post-Exclusion Dollars</th>
<th>Dollars Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>$13,350,822</td>
<td>$13,312,020</td>
<td>99.71%</td>
</tr>
</tbody>
</table>

### IBNR Adjustment

<table>
<thead>
<tr>
<th>Post-Exclusion Dollars</th>
<th>IBNR-Adjusted Dollars</th>
<th>Completion Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>$13,312,020</td>
<td>$13,415,406</td>
<td>99.23%</td>
</tr>
</tbody>
</table>
ASC – Comparison Methodology

• Health First Colorado pays ASC claims using a grouper
  • Grouper assigns claims to one of ten groups
  • One rate per group
  • Highest severity procedure on claim determines payment
  • Only one prospective payment is made per claim

• Health First Colorado FC FY2017-18 rates shown on next slide
### ASC – Health First Colorado Grouper Rates

<table>
<thead>
<tr>
<th>Grouper</th>
<th>Rate Effective July 1, 2018- June 30, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>A01</td>
<td>$267.86</td>
</tr>
<tr>
<td>A02</td>
<td>$358.73</td>
</tr>
<tr>
<td>A03</td>
<td>$410.26</td>
</tr>
<tr>
<td>A04</td>
<td>$506.77</td>
</tr>
<tr>
<td>A05</td>
<td>$576.77</td>
</tr>
<tr>
<td>A06</td>
<td>$664.45</td>
</tr>
<tr>
<td>A07</td>
<td>$800.39</td>
</tr>
<tr>
<td>A08</td>
<td>$782.70</td>
</tr>
<tr>
<td>A09</td>
<td>$1,077.13</td>
</tr>
<tr>
<td>A10</td>
<td>$1,786.57</td>
</tr>
</tbody>
</table>
ASC – Comparison Methodology

- Medicare ASC fee schedules
  - Wage Index (WI) Adjustment (50%)
- 2 Medicare repricing scenarios
  - 1. Header (HDR) level – What Medicare would pay for that single procedure
  - 2. Multiple Procedure Discounting (MPD) – Additional payments for additional procedures on the claim
    - Methodology shown on later slide
- Other states’ ASC fee schedules
  - All services matched on a procedure code level to ASC-specific fee schedules
  - Previously compared: AZ, NE, WY
  - Supplemented for validity: AK, AL, CT, ID, IN, MT, NM, NV, SD, TX
## ASC – Top 2 Other States Examples

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Colorado Repriced</th>
<th>Percent of Base</th>
<th>Colorado Rate</th>
<th>Other States Average Rate</th>
<th>Colorado as Percent of Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>41899</td>
<td>Dental Surgery Procedure</td>
<td>$2,085,320</td>
<td>16.90%</td>
<td>$1,077.13</td>
<td>$650.61</td>
<td>165.95%</td>
</tr>
<tr>
<td>27096</td>
<td>Inject Sacroiliac Joint</td>
<td>$102,232</td>
<td>0.83%</td>
<td>$410.26</td>
<td>$194.29</td>
<td>211.54%</td>
</tr>
</tbody>
</table>
ASC – Medicare MPD Payment Methodology

*Please see handout for more information
## ASC – 2 Medicare Scenarios

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A05</td>
<td>31255</td>
<td>$576.77</td>
<td>$1,813.44</td>
<td>$1,813.44</td>
</tr>
<tr>
<td>2</td>
<td>A05</td>
<td>31255</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$906.72</td>
</tr>
<tr>
<td>3</td>
<td>A03</td>
<td>31267</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$906.72</td>
</tr>
<tr>
<td>4</td>
<td>A03</td>
<td>31288</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$906.72</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$576.77</strong></td>
<td><strong>$1,813.44</strong></td>
<td><strong>$4,533.60</strong></td>
</tr>
</tbody>
</table>

- Medicare rates in this example reflect geographic adjustments
## Results Summaries

<table>
<thead>
<tr>
<th>Benchmark - HDR</th>
<th>FY19 Colorado Repriced</th>
<th>Benchmark Repriced</th>
<th>Percent of Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other States</td>
<td>$2,229,202</td>
<td>$1,358,568</td>
<td>164.08%</td>
</tr>
<tr>
<td>Medicare - HDR</td>
<td>$10,110,132</td>
<td>$16,729,617</td>
<td>60.43%</td>
</tr>
<tr>
<td><strong>Benchmark Total</strong></td>
<td><strong>$12,339,335</strong></td>
<td><strong>$18,088,185</strong></td>
<td><strong>68.22%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benchmark - MPD</th>
<th>FY19 Colorado Repriced</th>
<th>Benchmark Repriced</th>
<th>Percent of Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other States</td>
<td>$2,229,202</td>
<td>$1,358,568</td>
<td>164.08%</td>
</tr>
<tr>
<td>Medicare - MPD</td>
<td>$10,110,132</td>
<td>$17,935,358</td>
<td>56.37%</td>
</tr>
<tr>
<td><strong>Benchmark Total</strong></td>
<td><strong>$12,339,335</strong></td>
<td><strong>$19,293,926</strong></td>
<td><strong>63.95%</strong></td>
</tr>
</tbody>
</table>
ASC – Estimated Total Fund Impact

• Had Health First Colorado reimbursed at 100% of the benchmark in FY2017-18 it would have had an estimated total fund fiscal impact of $6,954,591.

ASC Comparison Results

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado as a Percentage of Benchmark</td>
<td>63.95%</td>
</tr>
<tr>
<td>Colorado Repriced Amount</td>
<td>$12,339,335</td>
</tr>
<tr>
<td>Benchmark Repriced Amount</td>
<td>$19,293,926</td>
</tr>
<tr>
<td>Est. FY2017-18 Total Fund Impact</td>
<td>$6,954,591</td>
</tr>
</tbody>
</table>
ASC (HDR) – Scatterplot

Benchmark = 68.22%
ASC (MPD) – Scatterplot

Benchmark = 63.95%
ASC – Access Metrics

- Over Time
  - Utilizers
  - Providers
  - Utilizers per Provider (Panel Size)

- FY2017-18
  - Member to Provider Ratios
  - Utilizer Density
  - Penetration Rate
  - Drive Time Estimates
ASC – Distinct Utilizers Over Time

![Graph showing distinct utilizers over time for different counties.](image)

- **Utilizer Count**
- **County Classification**
  - Frontier
  - Rural
  - Urban
ASC – Active Providers Over Time

County Classification
- Frontier
- Rural
- Urban
ASC – Utilizers Per Provider (Panel Size)

- Panel Size estimates average Medicaid members seen per provider, by geographic area
ASC – Member to Provider Ratio

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

<table>
<thead>
<tr>
<th>Region</th>
<th>FY2017-18 Providers</th>
<th>FY2017-18 Members</th>
<th>Providers per 1,000 Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frontier</td>
<td>69</td>
<td>41,742</td>
<td>1.65</td>
</tr>
<tr>
<td>Rural</td>
<td>112</td>
<td>162,003</td>
<td>0.69</td>
</tr>
<tr>
<td>Urban</td>
<td>227</td>
<td>1,217,439</td>
<td>0.19</td>
</tr>
<tr>
<td>Statewide</td>
<td>235</td>
<td>1,408,747</td>
<td>0.17</td>
</tr>
</tbody>
</table>
ASC – Utilizer Density FY2017-18 Map
Penetration Rates estimate the share of total Medicaid enrollees in a county that received this service in FY2017-18.
ASC - ArcGIS Map

<table>
<thead>
<tr>
<th>Drive Time</th>
<th>Percent of Utilizers by Drive Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-30 Minutes</td>
<td>85%</td>
</tr>
<tr>
<td>30-45 Minutes</td>
<td>5%</td>
</tr>
<tr>
<td>45-60 Minutes</td>
<td>4%</td>
</tr>
<tr>
<td>Over an Hour</td>
<td>6%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
Questions - ASCs
MPRRAC Discussion - ASCs
Stakeholder Comment - ASCs
# DME – FY2017-18 Utilizers by Gender and Age Band

<table>
<thead>
<tr>
<th>FY2017-18 Distinct Utilizers</th>
<th>FY2017-18 Distinct Providers</th>
<th>FY2017-18 Paid Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>47,241</td>
<td>220</td>
<td>$71,190,356</td>
</tr>
</tbody>
</table>

![Bar chart showing utilizers by gender and age band for FY2017-18](chart.png)
# DME – FY2017-18 Top Diagnosis Codes

<table>
<thead>
<tr>
<th>Rank</th>
<th>Diagnosis Code</th>
<th>Description</th>
<th>Count of Utilizers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>R0902</td>
<td>HYPOXEMIA</td>
<td>9,142</td>
</tr>
<tr>
<td>2</td>
<td>G4733</td>
<td>OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)</td>
<td>6,889</td>
</tr>
<tr>
<td>3</td>
<td>J449</td>
<td>CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED</td>
<td>4,221</td>
</tr>
<tr>
<td>4</td>
<td>J45909</td>
<td>UNSPECIFIED ASTHMA, UNCOMPLICATED</td>
<td>1,373</td>
</tr>
<tr>
<td>5</td>
<td>G809</td>
<td>CEREBRAL PALSY, UNSPECIFIED</td>
<td>782</td>
</tr>
</tbody>
</table>
Results Summary

TOTAL FUND IMPACT AND BENCHMARK SUMMARIES
**DME – Estimated Total Fund Impact**

- Had Health First Colorado reimbursed at 100% of the benchmark in FY2017-18 it would have had an estimated total fund fiscal savings of **($349,994)**.

<table>
<thead>
<tr>
<th>DME Comparison Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado as a Percentage of Benchmark</td>
<td>100.75%</td>
</tr>
<tr>
<td>Colorado Repriced Amount</td>
<td>$47,064,992</td>
</tr>
<tr>
<td>Benchmark Repriced Amount</td>
<td>$46,715,048</td>
</tr>
<tr>
<td>Est. FY2017-18 Total Fund Impact</td>
<td>($349,944)</td>
</tr>
</tbody>
</table>
DME (Other States) – Scatterplot

Benchmark = 99.29%

Paid Units
- 32
- 2,000
- 4,000
- 6,259

CO as a Percent of Benchmark

Health First Colorado Repriced
DME (Medicare Non-UPL) – Scatterplot

BENCHMARK = 115.50%
DME (Medicare UPL) – Scatterplot

Benchmark = 100.00%
DME – Access Metrics

• Over Time
  • Utilizers
  • Providers
  • Utilizers per Provider (Panel Size)

• FY2017-18
  • Member-to-provider Ratios
  • Utilizer Density
  • Penetration Rates
  • Drive Time Estimates
DME – Access Metrics Considerations

• Oxygen-related Services

• Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) Services
DME – Distinct Utilizers Over Time

Utilizer Count

County Classification
- Frontier
- Rural
- Urban

UPL Implementation
DME – Distinct Providers Over Time

County Classification
- Frontier
- Rural
- Urban

UPL Implementation
DME – Utilizers Per Provider (Panel Size)

- Panel Size estimates average Medicaid members seen per provider, by geographic area
DME – Utilizers Over Time, Oxygen

- Oxygen
- All Other DME
- Oxygen

UPL Implementation
DME – Providers Over Time, Oxygen

UPL Implementation
DME – Utilizers Per Provider (Panel Size), Oxygen

Utilizers per Provider

Oxygen
- All Other DME
- Oxygen

UPL Implementation

Optumis
DME – Distinct Utilizers Over Time, CPAP/BiPAP

Utilizer Count

201508 201510 201512 201602 201604 201606 201608 201610 201612 201702 201704 201706 201708 201710 201712 201802 201804 201806

CPAP-BiPAP
- All Other DME
- CPAP-BiPAP

UPL Implementation
DME – Providers Over Time, CPAP/BiPAP

![Graph showing provider count over time](image_url)

- **CPAP-BiPAP**
- **All Other DME**
- **CPAP-BiPAP**

**UPL Implementation**
DME – Utilizer Per Provider (Panel Size), CPAP-BiPAP

Utilizers per Provider

CPAP-BiPAP
- All Other DME
- CPAP-BiPAP

UPL Implementation
DME – Member to Provider Ratio

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

<table>
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<tr>
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<td>41,742</td>
<td>2.95</td>
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<tr>
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<td>158</td>
<td>162,003</td>
<td>0.98</td>
</tr>
<tr>
<td>Urban</td>
<td>210</td>
<td>1,217,439</td>
<td>0.17</td>
</tr>
<tr>
<td>Statewide</td>
<td>217</td>
<td>1,408,747</td>
<td>0.15</td>
</tr>
</tbody>
</table>
DME – Utilizer Density FY2017-18 Map

Utilizer Count

35  6,949

Optumus
• Penetration Rates estimate the share of total Medicaid enrollees that received this service in FY2017-18
**DME - ArcGIS Map**

<table>
<thead>
<tr>
<th>Drive Time</th>
<th>Percent of Utilizers by Drive Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-30 Minutes</td>
<td>94%</td>
</tr>
<tr>
<td>30-45 Minutes</td>
<td>4%</td>
</tr>
<tr>
<td>45-60 Minutes</td>
<td>1%</td>
</tr>
<tr>
<td>Over an Hour</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
Questions - DME
Committee Discussion - DME
Stakeholder Comments - DME
Next Steps & Announcements

Presented By: Eloiss Hulsbrink
• Rate Review
  ➢ May Report Status

• MPRRAC
  ➢ MPRRAC Annual Training Presentation Draft
    • Review and send comments to Eloiss.Hulsbrink@state.co.us
  ➢ Term Limits & Re-Appointments
  ➢ Next Meeting - June 28, 2019, 9:00 a.m. to 12:00 p.m.
  ➢ Other 2019 Meetings:
    • September 20, 2019, 9:00 a.m. to 12:00 p.m.
    • November 8, 2019, 9:00 a.m. to 12:00 p.m.
  ➢ Additional action items.
Contact

Eloiss Hulsbrink
Rate Review Stakeholder Relations Specialist
Eloiss.Hulsbrink@state.co.us
303-866-6214
Thank You