

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>11-014</b>	2. STATE: <b>COLORADO</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
10. REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>July 1, 2011</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440.90</b>		7. FEDERAL BUDGET IMPACT a. FFY 2011: (\$10,001) b. FFY 2012: (\$ 40,003)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 9. Clinic Services pp. 2-4</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 9. Clinic Services (continued) (TN 10-025)</b>	
10. SUBJECT OF AMENDMENT <b>Methods and standards for establishing payment rates for clinic services, reflecting the rate reductions effective July 1, 2011.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> )  <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> <b>OTHER, AS SPECIFIED</b>  <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  <b>Governor's letter dated 11 February 2011</b>			
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME <b>Robert C. Douglas</b>		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE <b>Legal Division Director</b>		Attn: Barbara Prehmus	
15. DATE SUBMITTED <b>June 28, 2011</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>6/28/11</b>		18. DATE APPROVED <b>7/29/11</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>7/1/11</b>		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME <b>Richard C. Allen</b>		22. TITLE <b>ARA, DNACHO</b>	
23. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

Attachment 4.19-B

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
OTHER TYPES OF CARE

9. CLINIC SERVICES – Continued

Ambulatory Surgical Centers

Ambulatory Surgical Center (ASC) reimbursement for select surgical procedures is the lower of the following:

1. Submitted charges or
2. ASC fee schedule as determined by the Department of Health Care Policy and Financing under the ASC grouper payment system.

Services and items at minimum that are included in the ASC reimbursement are:

1. Use of the facility where the surgical procedure is performed
2. Nursing, technician, and related services
3. Drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment directly related to the provision of the surgical procedure
4. Diagnostic and therapeutic items and services directly related to the provision of the surgical procedure
5. Administrative, record-keeping, and housekeeping items and services
6. All blood products (whole blood, plasma, platelets, etc.)
7. Materials for anesthesia
8. Intra-ocular lenses
9. Supervision of the services of an anesthetist by the operating surgeon

Services and items that are not included in the ASC reimbursement rate and may be billed separately by the actual provider of the service include:

1. Physician services
2. Anesthetist services
3. Laboratory, radiology, or diagnostic procedures other than those directly related to performance of the surgical procedure
4. Surgically implanted prosthetics (except intra-ocular lenses)
5. Ambulance services
6. Artificial limbs
7. Durable medical equipment for use in the client's home

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement rates for dates of service on or after July 1, 2010 and dates of service on or after July 1, 2011 for these services can be found on the official Web site of the Department of Health Care Policy and Financing at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf).

TN No. 11-014  
Supersedes TN No. 10-025

Approval Date 7/29/11  
Effective Date 7/1/2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

Attachment 4.19-B

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
OTHER TYPES OF CARE

9. CLINIC SERVICES – Continued

Dialysis Centers

Routine dialysis center services are reimbursed at the lower of the following:

1. Submitted charges;
2. Composite Medicare rate ceiling; or
3. The individual dialysis center's Medicare facility rate.

Effective July 1, 2011, dialysis center reimbursement rates were reduced by 1 percent.

Routine dialysis center services are all items and services necessary for delivering dialysis including routinely provided drugs, laboratory tests, and supplies for dialysis-related services.

Public Health Agencies

Services provided by public health agencies are reimbursed at the lower of the following:

1. Submitted charges or
2. Fee schedule as determined by the Department of Health Care Policy and Financing. Public health agencies are reimbursed for physician services, laboratory services, family planning services, services provided by non-physician practitioners, special programs, etc., using the same published methodologies for these services as described elsewhere in the State Plan.

Treatment Services for Pregnant Women with Substance Use Disorders

Treatment services for pregnant women with substance use disorders (Special Connections Program) are reimbursed at the lower of the following for dates of service on or after July 1, 2008:

1. Submitted charges or
2. Market-based fee schedule as determined by the Department of Health Care Policy and Financing and the Department of Human Services' Division of Behavioral Health based on an analysis of private sector behavioral health care management corporation reimbursement rates and substance abuse treatment reimbursement rates of other states' public medical assistance programs.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

Attachment 4.19-B

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
OTHER TYPES OF CARE

9. CLINIC SERVICES – Continued

Reimbursable treatment services for pregnant women with substance use disorders include the following:

1. Risk assessment where one unit of service equals one session
2. Individual counseling/therapy where one unit of service equals fifteen minutes
3. Group counseling/therapy where one unit of service equals fifteen minutes
4. Case management services where one unit of service equals fifteen minutes
5. Group health education/maintenance where one unit of service equals one hour
6. Residential services (excluding room and board) where one unit of service equals one day

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement rates for dates of service on or after July 1, 2008, for Special Connections Program services can be found on the official Web site of the Department of Health Care Policy and Financing at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf).