

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 11-026	2. STATE: COLORADO
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN		AMENDMENT TO BE CONSIDERED AS A NEW PLAN	
		<input checked="" type="checkbox"/> AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.120		7. FEDERAL BUDGET IMPACT a. FFY 2011: (\$5,160) b. FFY 2012: (\$20,641)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 12.c. Prosthetics		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 12.c. Prosthetics (TN 11-026)	
10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for prosthetics, reflecting the rate reductions effective July 1, 2011.			
11. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		Governor's letter dated 11 February 2011	
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME Robert C. Douglas		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE Legal Division Director		Attn: Barbara Prehmus	
15. DATE SUBMITTED June 28, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 6/28/11		18. DATE APPROVED 8/19/11	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/11		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME RICHARD C. ALLEN		22. TITLE ARA, DMCHO	
23. REMARKS			

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

STATE OF COLORADO

42 CFR 440.120

Attachment 4.19-B

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

12.c. PROSTHETICS

Prosthetics shall be 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.

Prosthetics that require manual pricing shall be reimbursed at the lower of the following for dates of service on or after July 1, 2010:

1. Submitted charges;
2. Manufacturer's suggested retail price (MSRP) less 22.39 percent;
3. Actual invoiced acquisition cost plus 13.56 percent when no MSRP is available.

Prosthetics that require manual pricing shall be reimbursed at the lower of the following for dates of service on or after July 1, 2011:

1. Submitted charges;
2. Manufacturer's suggested retail price (MSRP) less 22.97 percent;
3. Actual invoiced acquisition cost plus 12.71 percent when no MSRP is available.

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 these services for dates of service on or after August 11, 2010 and dates of service on or after July 1, 2011, are listed on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

TN No. 11-026
Supersedes TN No. 10-011

Approval Date 8/19/11
Effective Date 7/1/2011