
Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-13-021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

March 6, 2014

Susan E. Birch, MBA, BSN, RN, Executive Director
Department of Health Care Policy & Financing
303 East 17th Avenue, 7th Floor
Denver, CO 80203

RE: Colorado #13-021

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-021. This amendment applies to reimbursement for Clinic Services, reflecting rate increases as of July 1, 2013.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2013. We are enclosing the CMS-179 and the amended plan page(s).



If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Suzanne Brennan
Pat Connally
Barb Prehmus
John Bartholomew
Max Salazar

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 13-021	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, 2013	
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 Section 1905(a)(9) of the Social Security Act		7. FEDERAL BUDGET IMPACT a. FFY 2012-13 \$ 44,760 b. FFY 2013-14 \$ 179,041	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT • Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care: 9. Clinic Services		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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) • Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care: 9. Clinic Services, TN 11-014	
10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for fee for clinic services reflecting the rate increases effective July 1, 2013.			
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 Governor's letter dated 01 September 2011 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus	
13. TYPED NAME Suzanne Brennan			
14. TITLE Medicaid Director			
15. DATE SUBMITTED 			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED/ 6/1/13		18. DATE APPROVED 3/6/14	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/13		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
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

Supplement to Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

9. CLINIC SERVICES

Provided in a licensed community mental health center or clinic.

Provided by a certified public health agency. "Certified health agency" means a county/district or regional health department or local board of health established under state law that is certified by the Colorado Department of Public Health and Environment. Services provided must be medically necessary and include obstetric services and/or EPSDT medical screening services. Services must be provided by or under the direction of a physician.

Provided in an ambulatory surgery center that has an agreement with the Centers for Medicare and Medicaid Services under Medicare to participate as an ambulatory surgery center and meets the conditions set forth in the Act. Covered surgical procedures are those groupings of surgical procedures approved by the Centers for Medicare and Medicaid Services. Additional surgical procedures may be included as approved by the Department of Health Care Policy and Financing.

Provided in a dialysis center certified by the Colorado Department of Public Health and Environment. 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.

Drug and alcohol treatment provided to a pregnant woman with a substance use disorder who is at risk of poor birth outcome. Approved services must be provided in a facility which is not part of a hospital but is organized and operated as a free-standing alcohol or drug treatment program approved and certified by the Division of Behavioral Health of the Colorado Department of Human Services or in a facility which is not part of a hospital but is organized and operated as a school-based clinic. Allowable services include risk assessment, case management, drug/alcohol individual and group therapy, and health maintenance group.

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

STATE OF COLORADO

Attachment 4.19-B

Page 1 of 3

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. The reimbursement rates were set as of July 1, 2013 and are effective for services provided on or after that date. All rates can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

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

STATE OF COLORADO

Attachment 4.19-B

Page 2 of 3

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.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The reimbursement rates were set as of July 1, 2013 and are effective for services provided on or after that date.

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

Page 3 of 3

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.