
Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: 19-0028

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
1961 Stout Street, Room 08-148
Denver, CO 80294



Denver Regional Operations Group

January 9, 2020

Kim Bimestefer, Executive Director
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

Dear Ms. Bimestefer:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0028. This amendment decreases clinical diagnostic laboratory rates on a per test basis to align with Medicare rates in accordance with the Social Security Act Section 1903(1)(7) Upper Payment Limit.

Please be informed that this State Plan Amendment was approved January 7, 2020, with an effective date of November 1, 2019. 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,

A solid black rectangular box used to redact the signature of Richard C. Allen.

Richard C. Allen
Director, Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

cc: Dr. Tracy Johnson, Colorado
Laurel Karabatsos, Colorado
John Bartholomew, Colorado
Russell Ziegler, Colorado
Whitney McOwen, Colorado
Jami Gazarro, Colorado

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|---|--|--|----------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER: 19 - 0028 | 2. STATE: COLORADO |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE: November 1, 2019 | | 5. TYPE OF PLAN MATERIAL (Check One): <div style="display: flex; justify-content: space-between;"> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT </div> | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: SOCIAL SECURITY ACT 1903(i)(7) | | 7. FEDERAL BUDGET IMPACT: a. FFY 2019-20: (\$17,958,210 _____) b. FFY 2020-21: (\$19,311,186) _____ | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement for Specified Services – Page 1 of 3 | | 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 – Effective Dates for Reimbursement for Specified Services – Page 1 of 3 (TN 19-0019) | |
| 10. SUBJECT OF AMENDMENT: Decrease clinical diagnostic laboratory rates on a per test basis to align with Medicare rates in accordance with the Social Security Act Section 1903(i)(7) Upper Payment Limit. | | | |
| 11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div> GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="text-align: center;"> X OTHER, AS SPECIFIED Governor's letter dated 29 March, 2018 </div> </div> | | | |
| 12. SIGNATURE | | 16. RETURN TO: Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Lauren Reveley | |
| 13. TYPED NAME: John Bartholomew | | 16. RETURN TO: Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Lauren Reveley | |
| 14. TITLE: Chief Financial Officer | | | |
| 15. DATE SUBMITTED: December 13, 2019 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED December 13, 2019 | | 18. DATE APPROVED January 7, 2020 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2019 | | 20. | |
| 21. TYPED NAME Richard C. Allen | | 22. TITLE Director, WROG | |
| 23. REMARKS | | | |

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

STATE OF COLORADO

Attachment 4.19-B
Introduction
Page 1 of 3

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

Effective Dates for Reimbursement Rates for Specified Services

Reimbursement rates for the services listed below on this Attachment 4.19-B introduction page are effective for services provided on or after the corresponding effective date. All payment rates can be found on the official website of the Department of Health Care Policy and Financing at <https://www.colorado.gov/hcpf/provider-rates-fee-schedule>

| Service | Attachment | Effective Date |
|---|---|------------------|
| 3. Laboratory and Radiology Services | Attachment 4.19-B | November 1, 2019 |
| 4.b. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services | Attachment 4.19-B, Page 1 of 1 | July 1, 2019 |
| 4.c. Family Planning | Attachment 4.19-B | July 1, 2019 |
| 4.d. Tobacco Cessation Counseling for Pregnant Women | Attachment 4.19-B | July 1, 2019 |
| 5.a.2.a. Physician Services – Comprehensive fee schedule | Attachment 4.19-B | July 1, 2019 |
| 5.a.2.b. Physician Services – Alternative Payment Model Code Set | Attachment 4.19-B | July 1, 2020 |
| 5.b. Medical and Surgical Services Furnished by a Dentist | Attachment 4.19-B, Page 1 of 1 | July 1, 2019 |
| 6.d. Services Provided by Non-Physician Practitioners | Attachment 4.19-B | July 1, 2019 |
| 7.A.-B. Home Health Care Services | Attachment 4.19-B, Page 1 of 7 | July 1, 2019 |
| 7.C. Durable Medical Equipment | Attachment 4.19-B, Pages 2a and 2b of 7 | July 1, 2019 |
| 8. Private Duty Nursing Services | Attachment 4.19-B | July 1, 2019 |

TN No. 19-0028

Approval Date: January 7, 2020

Supersedes TN No. 19-0019

Effective Date: November 1, 2019