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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 20-0018

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form
3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th Street, Suite 355
Kansas City, MO 64106

Medicaid & CHIP Operations Group

September 24, 2020

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

RE: Colorado State Plan Amendment (SPA) 20-0018

Dear Ms. Bimestefer:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 20-0018. This amendment updates and corrects the assurances selected related to utilization review to indicate that the Department undertakes utilization review requirements through a contract with a utilization and Quality Improvement Organization (QIO) or QIO-Like Entity.

Please be informed that this SPA was approved on September 23, 2020, with an effective date of April 1, 2020. Enclosed are the CMS-179 and the amended plan pages.

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

Sincerely,

Digitally signed by James G. Scott -S
Date: 2020.09.24 16:14:59 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosure

cc: Dr. Tracy Johnson, Tracy.Johnson@state.co.us
Laurel Karabatsos, laurel.karabatsos@state.co.us
John Bartholomew, john.bartholomew@state.co.us
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Jami Gazarro, Jami.Gazerro@state.co.us

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: **20 – 0 0 1 8**

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: **April 1, 2020**

5. TYPE OF PLAN MATERIAL *(Check One)*:

NEW STATE PLAN | AMENDMENT TO BE CONSIDERED AS A NEW PLAN | **X AMENDMENT**

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 475; 42 CFR § 431.630; 42 CFR § 456.2

7. FEDERAL BUDGET IMPACT:

a. FFY 2019-20: $0_____
b. FFY 2020-21: $0_____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4 – General Program Administration – 4.14 Utilization/Quality Control – Page 46

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Section 4 – General Program Administration – 4.14 Utilization/Quality Control – Page 46 (TN 04-002)

10. SUBJECT OF AMENDMENT:

Update and correct the assurances selected related to utilization review to indicate that the Department undertakes utilization review requirements through a contract with a utilization and Quality Improvement Organization (QIO) or QIO-Like Entity.

11. GOVERNOR'S REVIEW *(Check One)*:

GOVERNOR'S OFFICE REPORTED NO COMMENT | **X OTHER, AS SPECIFIED**

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | **Governor's letter dated 11 October, 2019**

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[redacted]

13. TYPED NAME:

Tracy Johnson

14. TITLE:

Medicaid Director

15. DATE SUBMITTED: Initial: June 30, 2020
Update #1: September 18, 2020

16. RETURN TO:

Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818

Attn: Lauren Reveley

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
June 30, 2020

18. DATE APPROVED
September 23, 2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

[redacted] Digitally signed by James G. Scott -S
Date: 2020.09.24 16:16:32 -05'00'

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

State/Territory: Colorado

Citation	4.14	Utilization/Quality Control
42 CFR 431.630 42 CFR 456.2 50 FR 15312 1 902(a)(30) and 1902(d) of the Act, P.L. 99-509 (Section 9431)	(a)	A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

_____ Directly

__X__ By undertaking medical and utilization review requirements through a contract with a utilization and Quality Improvement Organization (QIO) or QIO-Like Entity designated under 42 CFR Part 475 and 1903(a)(3)(C) of the Act. The contract with the QIO-

(1) Meets the requirements of §434.6(a);

(2) Includes a monitoring and evaluation plan to ensure satisfactory performance;

(3) Identifies the services and providers subject to QIO review;

(4) Ensures that QIO review activities are not inconsistent with the QIO review of Medicare services; and

(5) Includes a description of the extent to which QIO determinations are considered conclusive for payment purposes.

__X__ Quality review requirements described in section 1902(a)(30) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the QIO designated under 42 CFR Part 475.

1902(a)(30) and 1902(d) of the Act, P.L. 99-509 (section 9431)

_____ By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.