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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 20-0030

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

September 1, 2021

Tracy Johnson, Medicaid Director
Attn: Amy Winterfield
Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818

RE: Colorado State Plan Amendment (SPA) Transmittal Number 20-0030

Dear Director Johnson:

We have reviewed the proposed Colorado State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 18, 2020. This plan amendment allows durable medical equipment (DME) subject to the upper payment limit described in Section 1903(i)(27) of the Social Security Act to be reimbursed at or below 100% of the Medicare rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 01, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.


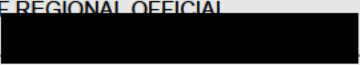
If you have any additional questions or need further assistance, please contact LaJoshica (Josh) Smith via 214-767-6453 or lajoshica.smith@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		1. TRANSMITTAL NUMBER: 20 - 0030	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: January 1, 2021	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act, Section 1903(i)(27) / 42 CFR 440.70, 440.120		7. FEDERAL BUDGET IMPACT: a. FFY 2021: (\$5,504,032) b. FFY 2022: (\$1,834,678)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Introduction – Page 1 of 3 Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – 7. Home Health Care Services – Page 2a of 7		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Introduction – Page 1 of 3 (TN 20-0023) Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – 7. Home Health Care Services – Page 2a of 7 (TN 18-0008)	
10. SUBJECT OF AMENDMENT: Allows durable medical equipment (DME) subject to the upper payment limit described in Section 1903(i)(27) of the Social Security Act to be reimbursed at or below 100% of the applicable Medicare rates. Current language requires that such DME rates be reimbursed at 100% of the applicable Medicare rates.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): 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: 		16. RETURN TO: Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Amy Winterfeld	
13. TYPED NAME: Tracy Johnson			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: <u>Original</u> : December 18, 2021 2020 <u>Update #1</u> : June 3, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 12/18/2020		18. DATE APPROVED September 1, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/21		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Todd McMillion		22. TITLE Director, Division of Reimbursement Review	

23. REMARKS

State authorizes Pen and Ink (P&I) change to correct Block 15 Date Submitted "Original" from 2021 to 2020

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	July 1, 2020
4.b. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Attachment 4.19-B, Page 1 of 1	July 1, 2020
4.c. Family Planning	Attachment 4.19-B	July 1, 2020
4.d. Tobacco Cessation Counseling for Pregnant Women	Attachment 4.19-B	July 1, 2020
5.a.2.a. Physician Services – Comprehensive fee schedule	Attachment 4.19-B	July 1, 2020
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, 2020
6.d. Services Provided by Non-Physician Practitioners	Attachment 4.19-B	July 1, 2020
7.A.-B. Home Health Care Services	Attachment 4.19-B, Page 1 of 7	July 1, 2020
7.C. Durable Medical Equipment	Attachment 4.19-B, Pages 2a and 2b of 7	January 1, 2021
8. Private Duty Nursing Services	Attachment 4.19-B	July 1, 2020

TN No. 20-0030

Approval Date: September 1, 2021

Supersedes TN No. 20-0023

Effective Date: January 1, 2021

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

42 CFR 440.70

State of Colorado

Attachment 4.19-B
Page 2a of 7

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

7. HOME HEALTH CARE SERVICES

C. Durable medical equipment (DME) and supplies are reimbursed at the following:

1. Those DME items not subject to section 1903(i)(27) of the Social Security Act, and supplies, are reimbursed at the lower of the following:
 - a) Submitted charges; or
 - b) Fee schedule for durable medical equipment and supplies as determined by the Department of Health Care Policy and Financing.

2. DME subject to the limit described in Section 1903(i)(27) of the Social Security Act, are reimbursed at the lower of submitted charges or fee schedule for durable medical equipment and supplies as determined by the Department of Health Care Policy and Financing, subject to the limitations in Items 7.C.2.a-c below.
 - a) For items of DME provided in Medicare Competitive Bidding Areas (CBAs) where rates for specific items have been competitively bid under the Medicare program, the rate is set at the lower of the following:
 - i. The Medicare single payment amount specific to the Colorado geographic area where the item is being provided; or
 - ii. The submitted charge.

 - b) Reimbursement for DME provided in rural areas, the rate is set at the lower of the following:
 - i. The fee schedule for durable medical equipment and supplies as determined by the Department of Health Care Policy and Financing; or
 - ii. The submitted charge.

 - c) Reimbursement for DME provided in non-rural areas, is set at the lower of the following:
 - i. The fee schedule for durable medical equipment and supplies as determined by the Department of Health Care Policy and Financing; or