Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: 25-0003

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

May 19, 2025

Adela Flores-Brennan
Medicaid Director Colorado Department of
Health Care Policy and Financing
303 E. 17th Avenue, Suite 1100
Denver, CO 80203-1818

Re: Colorado State Plan Amendment (SPA) 25-0003

Dear Director Flores-Brennan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0003. This amendment proposes to remove the requirement that the provider requesting an eConsult must be a primary care medical provider (PCMP).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act 1905(a)(5) and (6) and implementing regulations 42 CFR 440.50 and 440.60. This letter informs you that Colorado's Medicaid SPA TN 25-0003 was approved on May 16, 2025, with an effective date of July 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Colorado State Plan.

If you have any questions, please contact Ronna Bach at Ronna.Bach1@cms.hhs.gov.

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Russel Zigler, HCPF
Jessica Farmen, HCPF

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: 25-0003

2. STATE: CO

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
SSA 1905(a)(5), (6) / 42 CFR 440.50, .60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $ 174,620
b. FFY 2026 $ 523,862

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supp to Att 3.1-A - Limits to Care and Services - Item 6.d Other Practitioner's Services, pg. 2 of 2;
Att 4.19-B - Methods & Standard for Est Payment Rates - Other Types of Care - Item 5.a Phys Serv, pgs. 19-20 of 20

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Supp to Att 3.1-A - Limits to Care and Services - Item 6.d Other Practitioner's Services, pg. 2 of 2 (TN 23-0004);
Att 4.19-B - Methods & Standard for Est Payment Rates - Other Types of Care - Item 5.a Phys Serv, pgs. 19-20 of 20 (TN 24-0038)

9. SUBJECT OF AMENDMENT
Removes the requirement that the provider requesting an eConsult must be a primary care medical provider (PCMP). Both treating PCMPs and treating specialist providers are authorized to request an eConsult from a consulting specialist provider under the proposed amendment.

10. GOVERNOR'S REVIEW *(Check One)*
( ) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
(●) OTHER, AS SPECIFIED: Governor's letter dated 5 April 2023

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Adela Flores-Brennan

13. TITLE
Medicaid Director

14. DATE SUBMITTED
February 24, 2025

15. RETURN TO
Colorado Department of Health Care Policy and Financing
303 E. 17th Avenue, Suite 1100
Denver, CO 80203

Attn: Erica Schaler

FOR CMS USE ONLY

16. DATE RECEIVED
February 24, 2025

17. DATE APPROVED
May 16, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS
Update 5/14/25 by state: Box 5 federal citations changed from telehealth authority in 42 CFR 410.78 to other licensed practitioner authority (SSA 1905(a)(6) / 42 CFR 440.60) and physician services authority (SSA 1905(a)(5) / 42 CFR 440.50) to reflect the benefit authorities corresponding to the Item 5 and Item 6 state plan pages of this amendment.; Update 5/19/25 by state: Changed boxes 7 and 8 to reflect that pages 19-20 of 20 in Attachment 4.19-B, Item 5.a are being updated (not just page 20) and that SPA CO-24-0038 is the superseded SPA TN.

Item 6.d. OTHER PRACTITIONER'S SERVICES

Telemedicine Services

Telemedicine means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care practitioner in the diagnosis or treatment of a client.

Telemedicine includes:

- Synchronous services provided "live" where the client and the distant provider interact with one another in real time through an audio (including telephone and relay calls), audio-video, or data communications. Peripherals may be included, such as transmission of a live ultrasound exam.
- Asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to and retrieved by a health care practitioner at another site for medical evaluation and consultation.
    - Electronic Consultations (eConsults) between a Treating Practitioner (a Treating Practitioner may be a primary care medical provider or a specialist) and a Consulting Practitioner must be initiated by the Treating Practitioner through a Department-approved eConsult Platform to seek a Consulting Practitioner's expert opinion without a face-to-face member encounter with the Consulting Practitioner. Under Item 6.d authority, Clinical Nurse Specialists and Physician Assistants are the only Item 6.d Treating Practitioners authorized to request an eConsult from a Consulting Practitioner. The Consulting Practitioner must respond to the Treating Practitioner, and provide clinical guidance when necessary, through the eConsult Platform. All dialogue between the Treating Practitioner and the Consulting Practitioner pertaining to the eConsult must be transmitted through the eConsult Platform. The eConsult must be performed for the direct benefit of the member. Telemedicine eConsult services are provided by nurse practitioners and physician assistants within their scope of practice in accordance with state law.

Telemedicine does not include consultations provided by facsimile machines, text messaging, or electronic mail.

To provide telemedicine services, health care practitioners must act within their scope of practice and be licensed practitioners as defined by State law.

All state plan prior authorization requirements apply to services provided through telemedicine. Prior authorization requests must state the intent to provide the service as a telemedicine service. A telemedicine service is not covered when the service delivered via telecommunication technology is deemed to be investigational or experimental.

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

Telemedicine Services

Distant Site Transmission Fee: Physician services provided via telemedicine by physicians, podiatrists, and optometrists located at eligible distant sites shall be reimbursed a distant site transmission fee of $5.00 in addition to the fee for the procedure code billed.

Originating Site Facility Fee: Eligible originating sites hosting, transmitting, or facilitating physician services provided via telemedicine shall be reimbursed an originating site facility fee, according to the Department's fee schedule. An originating site may not bill for assisting the distant site provider with an examination.

Asynchronous Electronic Consultation: To be reimbursed for asynchronous electronic consultation, primary care medical providers (PCMPs) must fulfill the following requirements:

> Electronic Consultation (eConsult) between Treating Practitioner (a Treating Practitioner may be a primary care medical provider or a specialist provider) and Consulting Practitioner is reimbursable only if the eConsult is delivered through a Department-approved eConsult Platform. eConsults may be reimbursed after (1) the eConsult is provided to the Treating Practitioner by the Consulting Practitioner for the direct benefit of the member; (2) the eConsult did not require a face-to-face in-person visit referral to the Consulting Practitioner; and, (3) the eConsult is closed after the Treating Practitioner reviews the care plan provided by the Consulting Practitioner.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

3. Effective December 1, 2024, the Department may negotiate a higher reimbursement rate for out-of-state physician services in accordance with single case agreements under the following circumstances:

   a. The physician services are either:
      i. Included in an approved single case agreement with a hospital under the authority granted in Attachment 4.19-A, Paragraph I.F.1.c (inpatient hospital) or in Attachment 4.19-B, Item 2.a., Paragraph 4 (outpatient hospital); or

      ii. Provided by an out-of-state physician rendering serices not available in Colorado

   b. The member's physician may suggest where the member should be sent, but the

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

medical consultant for the Department is responsible for making the final determinations based on the most cost-effective physician consistent with quality of care.

The reimbursement rate for out-of-state physician services in accordance with single case agreements will be negotiated between the Department and the out-of-state physician providing the services. When negotiating the rate, the Department will take into consideration the following:

a. The actual costs of the facility or physician;

b. The Medicare rate for the same or similar services, if any; and,

c. The Medicaid rate for the same or similar services in the state where the facility or physician is located, when available.

The reimbursement rate for out-of-state physician services in accordance with single case agreements may not exceed the usual and customary charges for the facility or physician for such services.