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State/Territory Name Colorado

State Plan Amendment (SPA) #: 25-0008

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 20, 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) 25-0008

Dear Director Flores-Brennan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0008. This amendment allows the contingency fee paid to the Medicaid Recovery Audit Contractor (RAC) program contractors to exceed that of the highest Medicare RAC and allows federal financial participation (FFP) for the full amount of the contingency fee paid to the RAC.

We conducted our review of your submittal according to statutory requirements in 42 CFR 455.516. This letter informs you that Colorado's Medicaid SPA TN 25-0008 was approved on October 20, 2025, with an effective date of August 6, 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,

Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Russ Zigler

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 8

2. STATE

CO3. 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

August 6, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 455.516

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026\$ 0b. FFY 2027\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 4.5 -- Medicaid Recovery Audit Contractor Program –
Pages 1-3 of 38. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Section 4.5 -- Medicaid Recovery Audit Contractor Program
– Pages 1-3 of 3 (TN CO-16-0003)

9. SUBJECT OF AMENDMENT

Allows the contingency fee paid to the Medicaid Recovery Audit Contractor (RAC) program contractors to exceed that of the highest Medicare RAC, and allow federal financial participation (FFP) for the full amount of the contingency fee paid to the RAC, waiving requirements of 42 CFR §455.510(b)(4). SPA makes additional changes to the RAC program state plan pages.

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

Ralph Choate

13. TITLE

Chief Operating Officer

14. DATE SUBMITTED

August 7, 2025

15. RETURN TO

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

Attn: Jessica Farnen

FOR CMS USE ONLY

16. DATE RECEIVED

August 7, 2025

17. DATE APPROVED

October 20, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

August 6, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

On Behalf of Courtney Miller, MCOG Director

22. REMARKS

Update 10/8/25: Updated budget impacts for FFY 2026 and FFY 2027 in box 6 as \$0 (rather than left blank).; 10/17/25: Corrected page numbers in boxes 7 and 8 from "Pages 1-4 of 4" to Pages 1-3 of 3"

State Colorado

4.5 Medicaid Recovery Audit Contractor Program

No. 25-0008
Supersedes No. 16-0003

Approval Date: 10/20/2025
Effective Date 8/6/2025

Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act	The State may pay the RAC vendor for identifying underpayments if funding is appropriated by the Colorado General Assembly specifically for that purpose. • an exception to the requirement that the contingency fee for overpayments may not exceed that of the highest Medicare RAC, as specified by CMS in the Federal Register. The State shall increase the maximum rate to 16 percent (16%). • an exception to the requirement under 42 C.F.R. § 455.508(e)(4) that RACs must notify providers of overpayment findings within 60calendar days. State law is more prescriptive requiring findings to be provided within a reasonable period of time as determined by the State in collaboration with the provider advisory group. _____ The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.
Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act	The following payment methodology shall be used to determine State payments to Medicaid RACs for recovered overpayments (e.g., the percentage of the contingency fee): The State shall pay the RAC a contingency fee of up to a maximum of 16 percent (16%) for overpayments to conform with the maximum allowable under State law, and as approved under TN CO 15-0008, which formed the basis for Colorado’s competitive procurement process for the contract. _____ The State attests that if the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register, the State will only submit for FFP up to the amount equivalent to that published rate. <u> X </u> The contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee. <u> X </u> The following payment methodology shall be used to determine State payments to Medicaid RACs for underpayments: The State shall allow the RAC to identify underpayments but will not pay the RAC for doing so. State law does not authorize a contingency payment for recovery of underpayments nor does it authorize a non-contingent payment methodology. Providers will need to submit a claim for previously underpaid services directly to the Department within the applicable limits for timely submission of claims in order to recoup identified underpayments. The State may pay the RAC vendor

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	for identifying underpayments if funding is appropriated by the Colorado General Assembly specifically for that purpose. _____ The State will submit a justification seeking to pay the Medicaid RAC(s) a contingency fee higher than the highest contingency fee rate paid to Medicare RACs as published in the Federal Register. <u> X </u> The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s). <u> X </u> The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan. <u> X </u> The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share. <u> X </u> Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.
Section 1902 (a)(42)(B)(ii)(III) of the Act	
Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act	
Section 1902 (a)(42)(B)(ii)(IV)(bb) of the Act	
Section 1902 (a)(42)(B)(ii)(IV)(cc) of the Act	

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