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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 25-0011

This file contains the following documents in the order listed:

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

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

May 8, 2025

Adela Flores-Brennan
State 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) 25-0011

Dear Director Flores-Brennan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0011. This amendment proposes to bar liable third-party payers from refusing to reimburse the Medicaid program for an item or service solely on the basis of no prior authorization.

We conducted our review of your submittal according to statutory requirements in Section 1902(a)(25)(I) of the Social Security Act. This letter informs you that Colorado's Medicaid SPA TN 25-0011 was approved on May 8, 2025, with an effective date of January 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,

Ruth A. Hughes
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Erica Schaler, HCPF

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 1

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

1/1/25

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act, Section 1902(a)(25)(I)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025\$ 0b. FFY 2026\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.22 - Third Party Liability - Page 69

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 4.22 - Third Party Liability - Page 69 (TN 94-027)

9. SUBJECT OF AMENDMENT

This SPA would bar liable third-party payers from refusing to reimburse the Medicaid program for an item or service solely on the basis of no prior authorization, and requires third party payers to timely respond to the Department's requests. This SPA will help ensure that state taxpayer dollars do not cover services that should be paid by the member's commercial health plans.

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 Operations Officer for Medicaid Operations

14. DATE SUBMITTED

3/28/25

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

March 28, 2025

17. DATE APPROVED

May 8, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

On Behalf of Courtney Miller, MCOG Director

22. REMARKS

State Plan Under Title XIX of the Social Security Act
State/Territory: Colorado

<u>Citation</u>	4.22 <u>Third Party Liability</u>
42 C.F.R. § 433.137	(a) The Medicaid agency meets all the requirements of:
Section 1902(a)(25)(I) of the Act	(1) 42 C.F.R. §§ 433.138 and 433.139.
	(2) 42 C.F.R. § 433.145 through § 433.148.
	(3) 42 C.F.R. § 433.151 through § 433.154.
	(4) Sections 1902(a)(25)(I) of the Act.
	(5) Section 1902(a)(25)(I) as amended by Section 202 of the Consolidated Appropriations Act of 2022.
42 C.F.R. § 433.138(f)	(b) <u>Attachment 4.22-A</u>
42 C.F.R. § 433.138(g)(1)(ii)	(1) Specifies the frequency with which the data exchanges required in §§ 433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in § 433.138(e) are conducted;
	(2) Describes the methods the agency uses for meeting the follow-up requirements contained in §§ 433.138(g)(1)(i) and (g)(2)(i);
42 C.F.R. § 433.138(g)(3)(i) and (iii)	(3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under § 433.138(d)(4)(ii) and specifies the timeframes for incorporation into the eligibility case file and into its third party database and third party recovery unit of all information obtained through the follow-up that identifies legally liable third party resources; and,
42 C.F.R. § 433.138(g)(4)(i) through (iii)	(4) Describes the methods the agency uses for following up on paid claims identified under § 433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the timeframes for incorporation into the eligibility case file and into its third party database and third party recovery unit of all information obtained through the follow-up that identifies legally liable third party resources.