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State/Territory Name: CO

State Plan Amendment (SPA) CO: 22-0018

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 22, 2022

Bettina Schneider, Chief Financial Officer
Attn: Amy Winterfeld
Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818

RE: Colorado State Plan Amendment (SPA) Transmittal Number 22-0018

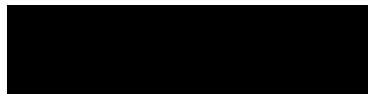
Dear Ms. Schneider:

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 June 29, 2022. This plan amendment implements a 2.0% across-the-board rate increase for included services within SPA CO-22-0018 and targeted rate increases and rate decreases, per state statute.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 01, 2022. 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,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 8</u>	2. STATE <u>CO</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act Title XIX, Section 1902(a)(30)(A)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 11,542,158
b. FFY 2023 \$ 46,333,820

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Pages 1-3 of 3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Pages 1-3 of 3 (TNs 21-0013, 21-0035)

9. SUBJECT OF AMENDMENT
Effective July 1, 2022, 2.0% across-the-board rate increases for the included services, and targeted rate increases and rate decreases, per state statute.

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 14 July 2021

11. SIGNATURE OF STATE AGENT
[Redacted] by Bettina Schneider,
2022 06 27 15:55:48 -0600

15. RETURN TO
Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818
Attn: Amy Winterfeld

12. TYPED NAME
Bettina Schneider

13. TITLE
Chief Financial Officer

14. DATE SUBMITTED
June 29, 2022

FOR CMS USE ONLY

16. DATE RECEIVED
06/29/22

17. DATE APPROVED
September 22, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/22

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

SPA CO-22-0018 CMS179 Supplement Information

ITEMIZED FEDERAL BUDGET MPACT (CMS179, box 6):

3. Laboratory and Radiology Services

FFY 2022: \$1,070,157

FFY 2023: \$4,324,974

4.b. Early and Periodic Screening, Diagnosis and Treatment

Services

FFY 2022: \$892,851

FFY 2023: \$3,400,986

4.c. Family Planning

FFY 2022: \$504,364

FFY 2023: \$2,017,455

4.d. Tobacco Cessation Counseling for Pregnant Women

FFY 2022: \$6

FFY 2023: \$18

5.a.2.a. Physician Services – Comprehensive fee schedule

FFY 2022: \$3,052,126

FFY 2023: \$12,603,376

5.a.2.b. Physician Services – Alternative Payment Model Code Set

FFY 2022: \$349,636

FFY 2023: \$1,425,511

5.b. Medical and Surgical Services Furnished by a Dentist

FFY 2022: \$2,061

FFY 2023: \$6,184

6.d. Services Provided by Non-Physician Practitioners

FFY 2022: \$175,883

FFY 2023: \$717,876

7.A.-B. Home Health Care Services

FFY 2022: \$1,329,664

FFY 2023: \$5,439,427

7.C. Durable Medical Equipment

FFY 2022: \$1,172,074

FFY 2023: \$4,405,574

8. Private Duty Nursing Services

FFY 2022: \$300,861

FFY 2023: \$1,230,936

9. Clinic Services

FFY 2022: \$91,299

FFY 2023: \$273,898

10. Dental Services

FFY 2022: \$1,911,633

FFY 2023: \$7,809,673

**11. Physical Therapy, Occupational Therapy, Speech
Therapy, and Audiology Services**

FFY 2022: \$76,521

FFY 2023: \$229,562

12.b. Dentures

FFY 2022: \$20,388

FFY 2023: \$61,163

12.c. Prosthetics

FFY 2022: \$13,472

FFY 2023: \$40,417

12.d. Eyeglasses and Contact Lenses

FFY 2022: \$25,797

FFY 2023: \$107,379

**13.c. Preventive Services – Screening, Brief Intervention,
and Referral to Treatment (SBIRT)**

FFY 2022: \$326

FFY 2023: \$978

**13.d. Rehabilitative Services: Substance Use Disorder
Treatment**

FFY 2022: \$1,257

FFY 2023: \$3,771

13.d. Rehabilitative Services: Behavioral Health Services

FFY 2022: \$50,450

FFY 2023: \$205,550

**13.d. Rehabilitative Services: Mental Health and Substance
Abuse Rehabilitation Services for Children**

FFY 2022: \$14,060

FFY 2023: \$42,179

**19. Targeted Case Management: Persons with a
Developmental Disability**

FFY 2022: \$101,159

FFY 2023: \$413,067

**19.a. Targeted Case Management: Outpatient Substance
Use Disorder Treatment**

FFY 2022: \$115

FFY 2023: \$346

19.b. Targeted Case Management: Transition Services

FFY 2022: \$890

FFY 2023: \$3,651

20. Extended Services for Pregnant Women

FFY 2022: \$1,932

FFY 2023: \$5,796

24.a. Transportation

FFY 2022: \$117,917

FFY 2023: \$481,735

28. Freestanding Birth Center Services

FFY 2022: \$2,485

FFY 2023: \$10,983

Aggregate

FFY 2022: \$11,542,158

FFY 2023: \$46,333,820

NEW SPA PAGES (CMS179, box 7):

Attachment 4.19-B – Methods and Standards for

Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Page 1-3 of 3

Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Item 7.c Home Health Care Services (Durable Medical Equipment and Supplies) – Page 2b of 7

Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Item 12.c Prosthetics – Page 1 of 1

SUPERSEDED SPA PAGES (CMS179, box 8):

Attachment 4.19-B – Methods and Standards for

Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Pages 1-3 of 3 (TNs 21-0013, 21-0035)

Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Item 7.c Home Health Care Services (Durable Medical Equipment and Supplies) – Page 2b of 7 (TN 18-0030)

Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Item 12.c Prosthetics – Page 1 of 1 (TN 18-0030)

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, 2022
4.b. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Attachment 4.19-B, Page 1 of 1	July 1, 2022
4.c. Family Planning	Attachment 4.19-B	July 1, 2022
4.d. Tobacco Cessation Counseling for Pregnant Women	Attachment 4.19-B	July 1, 2022
5.a.2.a. Physician Services – Comprehensive fee schedule	Attachment 4.19-B	July 1, 2022
5.a.2.b. Physician Services – Alternative Payment Model Code Set	Attachment 4.19-B	July 1, 2022
5.b. Medical and Surgical Services Furnished by a Dentist	Attachment 4.19-B, Page 1 of 1	July 1, 2022
6.d. Services Provided by Non-Physician Practitioners	Attachment 4.19-B	July 1, 2022
7.A.-B. Home Health Care Services	Attachment 4.19-B, Page 1 of 7	July 1, 2022
7.C. Durable Medical Equipment	Attachment 4.19-B, Pages 2a and 2b of 7	July 1, 2022
8. Private Duty Nursing Services	Attachment 4.19-B	July 1, 2022

TN No. 22-0018

Approval Date: September 22, 2022

Supersedes TN No. 21-0013

Effective Date: July 1, 2022

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

Attachment 4.19-B
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

Effective Dates for Reimbursement Rates for Specified Services

Service	Attachment	Effective Date
9. Clinic Services	Attachment 4.19-B, Page 1-3 of 4	July 1, 2022
10. Dental Services	Attachment 4.19-B, Page 1 of 3	July 1, 2022
11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services	Attachment 4.19-B	July 1, 2022
12.b. Dentures	Attachment 4.19-B	July 1, 2022
12.c. Prosthetics	Attachment 4.19-B	July 1, 2022
12.d. Eyeglasses and Contact Lenses	Attachment 4.19-B	July 1, 2022
13.c. Preventive Services - Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Attachment 4.19-B	July 1, 2022
13.d. Rehabilitative Services: Substance Use Disorder Treatment	Attachment 4.19-B	July 1, 2022
13.d. Rehabilitative Services: Behavioral Health Services	Attachment 4.19-B	July 1, 2022
13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children	Attachment 4.19-B, Page 1-2 of 2	July 1, 2022
19. Targeted Case Management: Persons with a Developmental Disability	Attachment 4.19-B, Page 1-2 of 2	July 1, 2022
19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment	Attachment 4.19-B, Page 1 of 2	July 1, 2022
19.b. Targeted Case Management: Transition Services	Attachment 4.19-B, Page 1 of 1	July 1, 2022

TN No. 22-0018

Supersedes TN No. 21-00035

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

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

Effective Dates for Reimbursement Rates for Specified Services

Service	Attachment	Effective Date
20. Extended Services for Pregnant Women (Prenatal Plus Program)	Attachment 4.19-B	July 1, 2022
24.a. Transportation	Attachment 4.19-B	July 1, 2022
28. Freestanding Birth Center Services	Attachment 4.19-B	July 1, 2022

TN No. 22-0018

Supersedes TN No. 21-0013

Approval Date: September 22, 2022

Effective Date: July 1, 2022

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

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APPROVAL DATE September 22, 2022

SUPERSEDES TN#20-0030

EFFECTIVE DATE: July 1, 2022

- ii. The submitted charge.
3. DME and supplies that require manual pricing are reimbursed at the lower of the following:
- a) Submitted charges;
 - b) Manufacturer's suggested retail price (MSRP) less 15.95 percent;
 - c) Actual invoiced acquisition cost plus 22.90 percent when no MSRP is available.

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.

TN# ~~22-0018~~

SUPERSEDES TN# ~~18-0030~~

APPROVAL DATE September 22, 2022

EFFECTIVE DATE: July 1, 2022

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

42 CFR 440.120

Attachment 4.19-B

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

12.c. PROSTHETICS

Prosthetics shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Fee schedule as determined by the Department of Health Care Policy and Financing.

Prosthetics that require manual pricing shall be reimbursed at the lower of the following:

1. Submitted charges;
2. Manufacturer's suggested retail price (MSRP) less 15.95 percent;
3. Actual invoiced acquisition cost plus 22.90 percent when no MSRP is available.

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.