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# State/Territory Name: Colorado

# State Plan Amendment (SPA) #: CO-10-008

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 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



### Center for Medicaid and State Operations, CMSO

APR 1 6 2010

Mr. John Bartholomew, Director Budget and Finance Office Department of Health Care Policy & Financing 1570 Grant Street Denver, CO 80203-1818

Re: Colorado 10-008

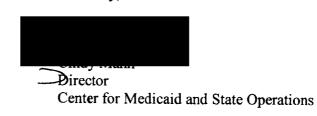
Dear Mr. Bartholomew:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 10-008. Effective for services on or after March 1, 2010, this amendment reinstates the Supplemental Medicaid Urban Safety Net Provider Payment.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 10-008 is approved effective March 1, 2010. The HCFA-179 and the amended plan page are attached.

Sincerely,

If you have any questions, please call Christine Storey at (303) 844-7044.



cc: Chris Underwood, CO HCPF

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-0193
	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	10-008	COLORADO
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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 March 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONSID	ERED AS A NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for eac	ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION CFR 42 Section 447.272	7. FEDERAL BUDGET IMPACT a. FFY 10 \$4,289,332 b. FFY 11 \$2,871,848	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SECTION OR ATTACHME	
4.19A page 43	4.19A, page 43	
This re-instates the Supplemental Medicaid Urban Safety Net F to Medicaid clients. This payment had been temporarily suspe 11. GOVERNOR'S REVIEW (Check One)	nded under SPA 09-021.	
GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	Governor's letter dated 2	a ministra
12. Y OFFICIAL	16. RETURN TO	
13. THEO WINE John Bartholomew	Colorado Department of Health C 1570 Grant Street Denver, CO 80203-1818	are Policy and Financing
14. TITLE	Attn: Rachel Gibbons	
Director, Budget and Finance Office 15. DATE SUBMITTED	1	
March 31, 2010		
FOR REGIONAL OF 17. DATE RECEIVED	18. DATE APPROVED	
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL		
MAR ~ 1 2010		
21. TYPED NAME WILLIAM LASOWSKI	Deputy Direct	OR, CMSO
23. REMARKS	. 1	
FORM CMS-179 (07/92) Instruc	tions on Back	

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### TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

### State of Colorado

ATTACHMENT 4.19A Page 43

### E. Urban Safety Net Provider Payment

Effective April 1, 2007, non-state owned government hospitals, when they meet the criteria for being an Urban Safety Net Provider, will qualify to receive an additional supplemental Medicaid reimbursement for inpatient hospital services provided to Medicaid clients, such that the total of all payments will not exceed the inpatient Upper Payment Limit for inpatient hospital services (as defined by the Centers for Medicare and Medicaid Services). The purpose of this payment is to provide a partial reimbursement for uncompensated care related to inpatient hospital services for Medicaid clients to those providers who participate in the Colorado Indigent Care Program. The additional supplemental Medicaid reimbursement will be calculated on an annual State Fiscal Year (July 1 through June 30) basis and dispensed in equal quarterly installments.

The Urban Safety Net Provider payment is only made if there is available federal financial participation under the Upper Payment Limit for inpatient hospital services after the Medicaid reimbursement (as defined in this attachment as a Diagnosis Related Group and/or per diem reimbursement paid under the Medicaid program) and the Pediatric Major Teaching payment.

The qualifying criteria for the Urban Safety Net Provider payment will not directly correlate to the distribution methodology of the payment. On an annual State Fiscal Year (July 1 through June 30) basis, those hospitals that qualify for an Urban Safety Net Provider payment will be determined. The determination will be made prior to the beginning of each State Fiscal Year. An Urban Safety Net Provider is defined as a hospital that meets the following criteria:

- 1. Participates in the Colorado Indigent Care Program; and
- 2. The hospital's Medicaid days plus Colorado Indigent Care Program (CICP) days relative to total days, rounded to the nearest percent, shall be equal to or exceed sixty-seven percent; and
- 3. Medicaid days and total days shall be Medicaid eligible inpatient days and total inpatient days from the most recent survey requested by the Department prior to March 1 of each year for July 1 rates.

The Urban Safety Net Provider payment is distributed equally among all qualified providers. The funds available for the Urban Safety Net Provider payment under the Upper Payment Limit for inpatient hospital services are limited by the regulations set by and the federal funds allocated by the Centers for Medicare and Medicaid Services

Total funds available for this payment equal:

FY 2006-07 \$2,693,233	FY 2007-08 \$5,400,000
FY 2008-09 \$5,400,000	March 1, 2010 – June 30, 2010
	\$5,410,049
FY 2010-2011 \$6,217,131	

TN No. <u>10-008</u> Supersedes TN No. <u>09-039</u>

Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_\_