

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER:

11 -- 006

2. STATE:

COLORADO

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

4. PROPOSED EFFECTIVE DATE:

January 1, 2011

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS A NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

CFR 42 Section 447.200-201

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 4.19B, Page 3

Attach. 4.19-B

Supp. to Attach. 3.1-A, SVC. 6d

7. FEDERAL BUDGET IMPACT

a. FFY 2012 \$ 652,998

b. FFY 2013 \$ 683,476

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement to Attachment 4.19B, Page 3

10. SUBJECT OF AMENDMENT

Reimbursement to Specified Government-operated Providers for Costs of Professional Services

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

Governor's letter dated 11 February 2011

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

16. RETURN TO

13. TYPED NAME

John Bartholomew

Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818

Attn: Barbara Prehmus

14. TITLE

Director, Budget and Finance Office

15. DATE SUBMITTED

March 18, 2011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

3/21/11

18. DATE APPROVED

June 6, 2011

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Richard C. Allen

22. TITLE

ARA, DMCHO

23. REMARKS

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

STATE OF COLORADO

Supplement to Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

6.d. Other practitioners' services.

The following services are provided:

1. Services provided by State licensed psychologists.
2. Services provided by Certified Registered Nurse Anesthetists.
3. Services provided by Clinical Nurse Specialists.
4. Services provided by Physician Assistants.

TN No. 11-006
Supersedes TN No. 90-015

Approval Date 6/6/11
Effective Date January 1, 2011

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

STATE OF COLORADO

Attachment 4.19-B

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
SERVICES PROVIDED BY NON-PHYSICIAN PRACTITIONERS

Services provided by non-physician practitioners consisting of certified nurse midwives, certified registered nurse anesthetists, certified nurse practitioners, clinical nurse specialists, physician assistants, and psychologists 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.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement rates for dates of service on or after July 1, 2010 for these services can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

TN No. 11-006
Supersedes TN No. 10-030

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TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

SUPPLEMENT TO ATTACHMENT 4.19-B

State of Colorado

Page 3

- b. The professional costs on Worksheet A-8-2, Column 4 are subject to further adjustments and offsets, including any necessary adjustment to bring the costs in line with the average rates paid to the provider by commercial payers. There will be revenue offsets to account for revenues received for services furnished by such professionals to non-patients (patients whom the hospital does not directly bill for) and any other applicable non-patient care revenues that were not previously offset or accounted for by the application of time study.
- c. Reimbursement for other professional practitioner service costs that have also been identified and removed from hospital costs on the CMS-2552-96 cost report. The practitioner types to be included are:

Certified Registered Nurse Anesthetists
Physician Assistants
RN Clinical Nurse Specialists
RN Nurse Midwives
Supervisor, Nurse Midwives
RN Nurse Practitioners

- d. To the extent these practitioners' professional compensation costs are not included in Worksheet A-8-2, Column 4, but are removed from hospital costs through an A-8 adjustment on the cost report, these costs may be recognized if they meet the following criteria:
1. the practitioners must engage in the direct provision of care in addition to being Medicaid qualified practitioners for whom the services are billable under Medicaid separate from hospital services;
 2. for all non physician practitioners there must be an identifiable and auditable data source by practitioner type;
 3. a CMS-approved time study must be employed to allocate practitioner compensation between clinical and non-clinical costs;
 4. the clinical costs resulting from the CMS-approved time study are subject to further adjustments and offsets, including adjustments to bring the costs in line with average rates paid to the provider by commercial payers and offset of revenues received for services furnished by such practitioners to non-patients (patients for whom the hospital does not directly bill for) and other applicable non-patient care revenues that were not previously offset or accounted for by the application of CMS-approved time study.

TN No. 11-006
Supersedes
TN No. 05-017

Approval Date 6/6/11 Effective Date 1/1/2011