

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>11-017</b>	2. STATE: <b>COLORADO</b>
		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 <b>July 1, 2011</b>	
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN		AMENDMENT TO BE CONSIDERED AS A NEW PLAN	
<b>X AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440.210(a)(2)(ii)</b>		7. FEDERAL BUDGET IMPACT a. FFY11 (\$961) b. FFY12 (\$3,845)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 20. Extended Services for Pregnant Women</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 20. Extended Services for Pregnant Women (TN 10-027)</b>	
10. SUBJECT OF AMENDMENT <b>Medicaid reimbursement for extended services for pregnant women, reflecting rate reduction as of July 1, 2011.</b>			
11. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT		<b>X OTHER, AS SPECIFIED</b>	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<b>Governor's letter dated 11 February 2011</b>	
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME <b>Robert C. Douglas</b>		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE <b>Legal Division Director</b>		Attn: Barbara Prehmus	
15. DATE SUBMITTED <b>June 28, 2011</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>6/28/11</b>		18. DATE APPROVED <b>7/29/11</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>7/1/11</b>		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME <b>Richard C. Allen</b>		22. TITLE <b>ARA, DMCHS</b>	
23. REMARKS			

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 –  
OTHER TYPES OF CARE

20. EXTENDED SERVICES FOR PREGNANT WOMEN

Extended services for pregnant women (Prenatal Plus Program) 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, 2011 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](http://www.colorado.gov/hcpf).

TN No. 11-017  
Supersedes TN No. 10-027

Approval Date 7/29/11  
Effective Date 7/1/2011