FORM CMS-179 (07/92)

FORM APPROVED OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES 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 COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment) COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment) 7. FEDERAL BUDGET IMPACT a. FFY 2011: (\$25,437) b. FFY 2012: (\$107,857) 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 6. Services Provided by Non-Physician Practitioners 10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for services provided by non-physician practition reflecting the rate reductions effective July 1, 2011.	AN for f Care
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11. GOVERNOR'S REVIEW (Check One)	
GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED	
Governor's letter dated 11 February 201	1
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
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Colorado Department of Health Care Policy and Fi	nancing
Robert C. Douglas Denver, CO 80203-1818	
Attn. Parkers Prohous	
14. TITLE Attn: Barbara Prehmus	
Legal Division Director	
15. DATE SUBMITTED	
June 28, 2011	
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 6/28/11 18. DATE APPROVED 7/29/11	
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 20. SIGNATURE OF REGIONAL OFFICIAL	***************************************
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Instructions on Back

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

6. 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 and 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.

TN No	<u> 11-020</u>	Approval Date7/29/11
Supersedes TN No	<u>11-006</u>	Effective Date 7/1/2011