

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

SUPPLEMENT TO ATTACHMENT 4.19-B

State of Colorado

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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. For Denver Health Medical Center, 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**
- Psychologists**
- Licensed Clinical Social Workers**
- Optometrists**

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.

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