# **Table of Contents**

State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-13-014

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

**TN:** CO-13-014 **Approval Date:** 11/21/2013 **Effective Date** 07/01/2013

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1600 Broadway, Suite 700 Denver, CO 80202-4967



## **Region VIII**

November 26, 2013

Susan E. Birch, MBA, BSN, RN, Executive Director Department of Health Care Policy & Financing 1570 Grant Street Denver, CO 80203-1818

RE: Colorado #13-014

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-014. This amendment applies to methods and standards for establishing payment rates for Family Planning.

Please be informed that this State Plan Amendment was approved on November 21, 2013 with an effective date of July 1, 2013. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

/s/

Richard C. Allen Associate Regional Administrator Division for Medicaid & Children's Health Operations

cc: Suzanne Brennan
Pat Connally
Barb Prehmus
John Bartholomew
Max Salazar

CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	13-014	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 July 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONSIDE	ERED AS A NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate transmittal for ea	nch amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
42 CFR 447.201	a. FFY 2012-13: \$116,067 b. FFY 2013-14: \$464,270	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	PAGE NUMBER OF THE SUPERSEDED PLAN     SECTION OR ATTACHMENT (If Applicable)	
Attachment 4.19-B: Methods and Standards for	SECTION OR ATTACHW	ENT (II Applicable)
Establishing Payment Rates – Other Types of Care – Family Planning page 2b.	Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 2b. Family Planning (TN 81-002, Attachment 4.19-B.)	
10. SUBJECT OF AMENDMENT		
Methods and standards for establishing payment rates for July 1, 2013.	family planning reflecting the	rate increases effective
11. GOVERNOR'S REVIEW (Check One)	described and the succession of the succession o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTHER, AS SPECIFIED	
GOVERNOR'S OFFICE REPORTED NO COMMENT	25 W 1 ( 2 m 2 k y / 2 h 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor's letter dated	01 September 2011
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	AL.	
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	
	Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
13. TYPED.NAME		
Suzanne Brennan		
14. TITLE	Attn: Barbara Prehmus	
Director, Medical & CHP+ Program Administration Office		
15. DATE SUBMITTED	370	
9/0///		
FOR REGIONAL OF		1. 1.
17. DATE RECEIVED 9/27/13		121113
PLAN APPROVED - OI  19. EFFECTIVE DATE OF APPROVED MATERIAL	NE COPY <b>ATTAC</b> HED  1.20 SIGNATURE OF REGIONAL	OFFICIAL
19. EFFECTIVE DATE OF APPROVED MATERIAL  7/1/13		New 1 25/251/2 Nov
21. TYPED NAME	22 TMLE C	
CICHARD C. ALLEN	ARA, DIMCHO	)
23. REMARKS		

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

#### STATE OF COLORADO

Attachment 4.19-B Page 2B

## METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – Other Types of Care

### **Family Planning**

Family planning services 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 Financing.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The reimbursement rates were set as of July 1, 2013 and are effective for services provided on or after that date. All rates can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

TN No. 13-014 Approval Date Effective Date July 1. 2013

Supersedes TN No. 81-002