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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-13-019

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

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



Region VIII

September 18, 2013

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

RE: Colorado #13-019

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-019. This amendment applies to reimbursement for Non-Physician Practitioners, reflecting rate increases as of July 1, 2013.

Please be informed that this State Plan Amendment was approved today 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

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

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER:

13-019

2. STATE:

COLORADO

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

4. PROPOSED EFFECTIVE DATE
July 1, 2013

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

42 CFR 440.60

7. FEDERAL BUDGET IMPACT

a. FFY 2012-13: \$72,883

b. FFY 2013-14: \$291,531

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.d,
Services Provided by Non-Physician Practitioners and
Supplement to Attachment 3.1-A – Limitations to Care and
Services – 6.d.**

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

**Attachment 4.19-B: Methods and Standards for
Establishing Payment Rates – Other Types of Care –
6. Services Provided by Non-Physician Practitioners
(TN 11-020) and Supplement to Attachment 3.1-A – Limitations
to Care and Services – 6.d. (TN 11-006)**

10. SUBJECT OF AMENDMENT

**Methods and standards for establishing payment rates for services provided by non-physician practitioners,
reflecting the rate increases effective July 1, 2013.**

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

Governor's letter dated 1 September 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

Suzanne Brennan

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

Attn: **Barbara Prehmus**

14. TITLE

Medicaid Director

15. DATE SUBMITTED

9/14/13

17. DATE RECEIVED

9/19/13

18. DATE APPROVED

9/18/13

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

7/1/13

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

RICHARD C. ALLEN

22. TITLE

ARA, DMCHS

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

6.d. 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. 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. 13-019
Supersedes TN No. 11-020

Approval Date 7/18/13
Effective Date July 1, 2013

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.
5. Services provided by Certified Nurse Midwives
6. Services provided by Certified Nurse Practitioners.

TN No. 13-019
Supersedes TN No. 11-006

Approval Date 9/18/13
Effective Date July 1, 2013