

---

## Table of Contents

**State/Territory Name:** Colorado

**State Plan Amendment (SPA) #:** CO-14-0047

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  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Region VIII**

---

May 18, 2015

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

RE: Colorado #14-0047

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-0047. This amendment allows a supplemental payment to dental providers who accept a qualifying number of new Medicaid recipients.

Please be informed that this State Plan Amendment was approved today with an effective date of October 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

In order to track expenditures associated with this amendment, Colorado should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Base.

This amendment would affect expenditures reported on Line 8 – Dental Services and Line 15- EPSDT Screening Services, dependent upon whether the dental service was provided to a child.


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

Sincerely,

/s/

Trinia J. Hunt  
Acting Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

cc: Gretchen Hammer      John Bartholomew  
Tess Ellis                  Barb Prehmus  
Pat Connally                Frank Herbst

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>14-0047</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>October 1, 2014</b>	
5. TYPE OF PLAN MATERIAL (Check One):  NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440.100</b>		7. FEDERAL BUDGET IMPACT a. FFY 2014-15: \$3,299,267 b. FFY 2015-16 \$0	
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 – 10. Dental Services Pay for Performance Supplemental Payment</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>NEW</b>	
10. SUBJECT OF AMENDMENT <b>Dental Services Pay for Performance Supplemental Payment</b>			
11. GOVERNOR'S REVIEW (Check One)  GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED  COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  <b>Governor's letter dated 1 September 2011</b>			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO  <b>Colorado Department of Health Care Policy and Financing</b> <b>1570 Grant Street</b> <b>Denver, CO 80203-1818</b>  <b>Attn: Barbara Prehmus</b>	
13. TYPED NAME  <b>Laurel Karabatsos</b>			
14. TITLE  <b>Acting Medicaid Director</b>			
15. DATE SUBMITTED  <b>12/31/2014</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>12/31/2014</b>		18. DATE APPROVED <b>5/18/2015</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL  <b>10/1/2014</b>		20. SIGNATURE OF REGIONAL OFFICIAL  <b>/s/</b>	
21. TYPED NAME  <b>Trinia Hunt</b>		22. TITLE  <b>Acting ARA, DMCHO</b>	
23. REMARKS			

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

**STATE OF COLORADO**

ATTACHMENT 4.19-B  
Page 2

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
OTHER TYPES OF CARE

10. Dental Services Pay for Performance Supplemental Payment

Effective October 1, 2014, qualifying dentist and dental hygiene providers will receive performance supplemental Medicaid payment upon providing two services to a new Medicaid dental client receiving Medicaid dental services for the first time.

New Medicaid dental client means any adult client who is enrolled in the Medicaid program and has not received benefits under the Medicaid dental program previously. Children clients will only be considered a new Medicaid dental client if they have not been seen by the dental provider in the past two years or since July 1, 2012.

New and existing dental providers will be eligible for the performance supplemental payment as follows:

1. Dentists taking a minimum of five (5) new Medicaid clients and who render services to those clients with dates of service between October 1, 2014 and December 31, 2015 will receive a supplemental payment of \$200 for the dental benefit rendered to each of the five clients for a total of \$1,000.
2. Dentists taking an additional fifty (50) new Medicaid clients (for a total of 55 new clients) and who render services to those clients with dates of service between October 1, 2014 and December 31, 2015 will receive a supplemental payment of \$20 for the dental benefit rendered to each of the additional fifty new clients for a total of \$1,000 additional.
3. Dentists taking an additional fifty (50) new Medicaid clients (for a total of 105 new clients) and who render services to those clients with dates of service between October 1, 2014 and December 31, 2015 will receive a supplemental payment of \$20 for the dental benefit rendered to each of the additional fifty new clients for a total of \$1,000 additional.
4. Dental hygienists taking a minimum of five (5) new Medicaid clients and who render services to those clients with dates of service between October 1, 2014 and December 31, 2015 will receive a supplemental payment of \$100 for the dental benefit rendered to each of the five clients for a total of \$500.
5. Dental hygienists taking an additional fifty (50) new Medicaid clients (for a total of 55 new clients) and who render services to those clients with dates of service

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

**STATE OF COLORADO**

ATTACHMENT 4.19-B  
Page 3

between October 1, 2014 and December 31, 2015 will receive a supplemental payment of \$10 for the dental benefit rendered to each of the additional fifty new clients for a total of \$500 additional.

6. Dental hygienists taking an additional fifty (50) new Medicaid clients (for a total of 105 new clients) and who render services to those clients with dates of service between October 1, 2014 and December 31, 2015 will receive a supplemental payment of \$10 for the dental benefit rendered to each of the additional fifty new clients for a total of \$500 additional.

Providers qualifying for the supplemental performance payment will be identified through a monthly reporting process that will capture new clients by Medicaid ID with the dates of first and second service. Upon verification of report information, a supplemental performance payment will be authorized.

Qualifying services are those dental benefits identified in Supplement to Attachment 3.1-A Limitations to Care and Services Item 10. Dental Services, approved as CO 14-036. Claims data will be analyzed prior to June 30, 2016 and the performance supplemental payments will be made prior to June 30, 2016. The maximum potential performance supplemental payment that any single dentist could earn is \$3,000. The maximum potential performance supplemental payment that any single dental hygienist could earn is \$1,500.