
Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-14-013

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

August 13, 2014

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

RE: Colorado #14-013

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-015. This amendment applies methods and standards for establishing payment rates for medical and surgical services furnished by a dentist, reflecting the rate increases effective July 1, 2014.

Please be informed that this State Plan Amendment was approved today with an effective date of July 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.


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

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|--|---|------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER: 14-013 | 2. STATE: COLORADO |
| | 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, 2014 | |
| 5. TYPE OF PLAN MATERIAL (<i>Check One</i>): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>) | | |
| 6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.50 | 7. FEDERAL BUDGET IMPACT a. FFY 2014-15: \$594,514 b. FFY 2015-16: \$2,475,506 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 5b. Medical and surgical services furnished by a dentist. | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 5b. Medical and surgical services furnished by a dentist (TN 13-013, Attachment 4.19-B.) | |
| 10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for medical and surgical services furnished by a dentist, reflecting the rate increases effective July 1, 2014. | | |
| 11. GOVERNOR'S REVIEW (<i>Check One</i>) GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 01 September 2011 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL  | 16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus | |
| 13. TYPED NAME Suzanne Brennan | | |
| 14. TITLE Medicaid Director | | |
| 15. DATE SUBMITTED 7/8/2014 | | |
| FOR REGIONAL OFFICE USE ONLY | | |
| 17. DATE RECEIVED 7/8/14 | 18. DATE APPROVED 8/13/14 | |
| PLAN APPROVED – ONE COPY ATTACHED | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/14 | 20. SIGNATURE OF REGIONAL OFFICIAL /s/ | |
| 21. TYPED NAME Richard C. Allen | 22. TITLE ARA, DMCHO | |
| 23. REMARKS | | |

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

STATE OF COLORADO

ATTACHMENT 4.19-B

Page 1 of 1

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

5b. Medical and surgical services furnished by a dentist

Medical and surgical services furnished by a dentist shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Dental services 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, 2014 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.