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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-14-0042

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

July 15, 2015

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

RE: Colorado #14-0042

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-0042. This State Plan Amendment clarifies Colorado's methodology for payment of Medicare Parts A and B crossover claims.

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).



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: Gretchen Hammer John Bartholomew
Tess Ellis Barb Prehmus
Pat Connally Amanda Forsythe

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 14-042	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 October 1, 2014	
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 1902(a)(10) and 1902 (a)(30) of the Social Security Act		7. FEDERAL BUDGET IMPACT a. FFY 2014-15: \$0 b. FFY 2015-16 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 4.19-B Page 3: Methods and Standards for Establishing Payment Rates – Other Types of Care – Payment of Medicare Part A and Part B Deductible/Coinsurance		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1 to Attachment 4.19-B Page 3: Methods and Standards for Establishing Payment Rates – Other Types of Care – Payment of Medicare Part A and Part B Deductible/Coinsurance (CO 00-011)	
10. SUBJECT OF AMENDMENT Medicare Cross Over Claims reimbursement methodology clarification.			
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 Governor's letter dated 15 January 2015 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. 	16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus		
13.  Robert C. Douglas, Esq.			
14. TITLE Legal Director			
15. DATE SUBMITTED Original 12/30/2014 Resubmitted: 5/1/2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 12/30/14		18. DATE APPROVED 7/15/15	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/14		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Richard C. Allen		22. TITLE ARA, DMCHO	
23. REMARKS			

Revision: HCFA-PM-91-4 (BPD)
August 1991

Supplement 1 to Attachment 4.19-B
Page 3
OMB No.: 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Colorado

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

Payment of Medicare Part A and Part B Deductible/Coinsurance

A. For QMB Only, QMB Plus (QMBs with full Medicaid benefits), and Other Dual Eligibles (Medicare and Medicaid without QMB coverage), the reimbursement methodology for Medicare Part A and Part B services is as follows:

1. When Medicare and Medicaid services or items are comparable and paid under a comparable reimbursement methodology, the Medicaid payment is the lower of the following two values:
 - a. the Medicaid allowed amount minus the Medicare payment; or,
 - b. the sum of the Medicare coinsurance and deductible.
2. In the event Medicaid does not have an applicable fee related to the coding contained in a crossover claim or the payment methodologies are different, the Medicaid payment is the sum of the Medicare coinsurance and deductible. Circumstances of this include but are not limited to crossover claims where the service is not covered by Medicaid or the service is covered by Medicaid but pursuant to a payment methodology that is not compatible with the Medicare crossover claim.
3. If the crossover claim does not include adequate coding, such as HCPCS codes on each claim line, then Medicaid's payment is the sum of the Medicare coinsurance and deductible.
4. Following is specific information relating to certain providers:

Medicare UB 04 Part B claims. Nursing Facility Part B, freestanding Rural Health Clinics, freestanding Federally Qualified Health Clinics, Dialysis, and Independent Rehabilitation crossover claims are exempt from Lower Of Pricing and are reimbursed at the sum of the Medicare coinsurance and deductible.
5. Greater specificity regarding the circumstances under which Medicaid pays the sum of the Medicare coinsurance and deductible rather than utilizing Lower of Pricing methodology may be found in the Department's MMIS system documentation.