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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-15-0002

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

June 9, 2015

Gretchen Hammer
Medicaid Director
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203-1818

RE: Colorado #15-0002

Dear Ms. Hammer:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0002. This amendment revises reimbursement rates for Long-Acting Reversible Contraception and Non-surgical Transcervical Permanent Female Contraceptive Devices.

Please be informed that this State Plan Amendment was approved today with an effective date of April 1, 2015. 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 16 – Rural Health, column (D): Family Planning 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: Gretchen Hammer John Bartholomew
Tess Ellis Barb Prehmus
Pat Connally

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 15-0002	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 April 1, 2015	
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 Title XIX of the Social Security Act Section 1905(a)(2); 42 CFR 405, Subpart X		7. FEDERAL BUDGET IMPACT a. FFY 2014-15 \$299,942 b. FFY 2015-16 \$1,199,771	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B page 3A-3B: Methods and Standards for Establishing Payment Rates – Other Types of Care – Item 8. Rural Health Clinic Services		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B page 3A-3B: Methods and Standards for Establishing Payment Rates – Other Types of Care – Item 8. Rural Health Clinic Services (TN 01-003)	
10. SUBJECT OF AMENDMENT Rural Health Clinic reimbursement for Long Acting Reversible Contraception (LARC) and Non-surgical Transcervical Permanent Female Contraceptive Devices separate from the per visit rate.			
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 Governor's letter dated 15 January 2015			
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 Gretchen Hammer			
14. TITLE Medicaid Director			
15. DATE SUBMITTED Submitted 4-1-15, updated 5-8-15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 4/1/2015		18. DATE APPROVED 6/9/2015	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 4/1/2015		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Richard C. Allen		22. TITLE Associate Regional Administrator	
23. REMARKS			

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19B

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

8. Rural Health Clinic Services-Reimbursement shall be made according to the following:
- A. For provider clinics, payment will be made on a cost per visit basis according to the principles specified in the appropriate Medicare regulations. A "provider clinic" is a clinic which is an integral part of an institution which participates in Medicare. Such a clinic must also be operated under common licensure, governance and professional supervision with other departments of the institution.
 - B. For any clinic that is not a "provider clinic," and does not furnish any ambulatory services other than rural health clinic services, payment will be at the reasonable cost per visit rate established for the clinic by the Medicare carrier.
 - C. Ambulatory services covered by the program which are not rural health services will be reimbursed according to the approved level for such services. Rural health clinic services, however, will be paid at the Medicare reimbursement rate as specified above.
 - D. The rural health clinic service rate per visit will be subject to reconciliation after the close of the reporting period.
 - E. The rural health clinic service rate per visit is also subject to HHS screening guidelines or tests of reasonableness.
 - F. Effective January 1, 2001, the payment methodologies for rural health clinics will conform to section 702 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) included in the Consolidated Appropriations Act of 2000, Public Law 106-554. The State will continue paying a per visit rate to each rural Health clinic based on 100% of reasonable cost as the allowed alternative payment methodology, but reserves the right to conform to the BIPA 2000 requirements Prospective Payment System (PPS). The alternative payment methodology will be agreed to by the State and the rural health clinic, and will result in payment to the rural health clinic of an amount that is at least equal to the Prospective Payment System payment rate. The State will annually recalculate the clinic or center reasonable cost per visit for fiscal years 1999 and 2000 plus the Medicare Economic Index for primary care

TN 15-0002
Supersedes:
TN 01-003

Approval Date: 6/9/2015

Effective Date: 4/1/2015

TITLE XIX OF THE SOCIAL SECURITY ACT
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services to insure that the alternative rate is at least equal to or greater than the PPS rate. New rural health clinics will be paid at the appropriate Medicare rate.

- G. In the case of any rural health clinic that contracts with a managed care organization, supplemental payments will be made pursuant to a payment schedule agreed to by the State and the rural health clinic, but in no case less frequently than every 4 months, for the difference between the payment amounts paid by the managed care organization and the amount to which the center is entitled under the higher of the alternative payment methodology and the prospective payment system.
- H. Effective April 1, 2015, the Department of Health Care Policy and Financing will reimburse Long Acting Reversible Contraception (LARC) and Non-surgical Transcervical Permanent Female Contraceptive Devices separate from the Rural Health Clinic per visit rate. Reimbursement will be the lower of: 340B acquisition costs; Submitted charges; or, fee schedule for LARC or transcervical permanent contraceptive devices as determined by the Department of Health Care Policy and Financing. Rural Health Clinics will be paid using the Medicaid fee schedule rates posted at <https://www.colorado.gov/hcpf/provider-rates-fee-schedule> and last updated July 1, 2014.