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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-15-0003

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

March 10, 2015

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

RE: Colorado #15-0003

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0003. This amendment increases reimbursement rates for office visits and vaccine administration and removes the 42 CFR 405 payment increase that expired on December 31, 2014.

Please be informed that this State Plan Amendment was approved today with an effective date of January 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 5A or 9A dependent upon whether it was practitioner or non-practitioner that administered the vaccine.


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 Frank Herbst

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 15-0003	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 January 1, 2015	
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 Section 1905(a)(5) of the SSA; Section 1905(a)(6) of the SSA; Section 1928(c)(2)(C)(ii)		7. FEDERAL BUDGET IMPACT a. FFY 2014-15: \$39,525,592 b. FFY 2015-16 \$45,794,207	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Section 5.a. Attachment 4.19-B Section 6.d. Attachment 4.19 (m)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B Section 5.a. (TN 14-017) Attachment 4.19-B Section 6.d. (TN 14-019) Attachment 4.19 (m) (TN 14-022) Attachment 4.19-B Physician Services; Increased Primary Care Service Payment (TN 13-004)	
10. SUBJECT OF AMENDMENT This proposed state plan amendment increases reimbursement rates for office visits and vaccine administration and removes the 42 CFR 405 payment increase that expired on 12/31/2014.			
11. GOVERNOR'S REVIEW (<i>Check One</i>)			
GOVERNOR'S OFFICE REPORTED NO COMMENT		X OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		Governor's letter dated 15 January 2015	
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO	
13. TYPED NAME Gretchen Hammer		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE Medicaid Director		Attn: Barbara Prahmus	
15. DATE SUBMITTED Original submission 01/15/2015; Resubmitted 2/17/15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 01/15/15		18. DATE APPROVED 03/10/15	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/15		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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
PHYSICIAN SERVICES

5.a. Physician services provided by physicians, podiatrists, and optometrists shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Physician 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 January 1, 2015 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. 15-003
Supersedes TN No. 14-017

Approval Date 3/10/15
Effective Date January 1, 2015

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 January 1, 2015 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.

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

STATE OF COLORADO

66(b)

4.19 (m) Medicaid Reimbursement for the Administration of Vaccines under the Pediatric
Immunization Program

1928(c)(2)(C)(ii) of the Act

- (i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers shall be administered as follows:

- (ii) The State:
 - sets a payment rate at the level of the regional maximum established by the DHHS Secretary.
 - is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with state law.
 - sets a payment rate below the level of the regional maximum established by the DHHS Secretary with the exception of those services and providers subject to the minimum payments described at 42 CFR 447.405. State-developed reimbursement rates for vaccine administration are the same for both governmental and private providers.
 - is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

With the exception of those services and providers subject to the minimum payments described at 42 CFR 447.405, the State pays the following rate for the administration of a vaccine:

\$21.68 per immunization vaccine administration, plus or minus any approved physician rate adjustments. State-developed reimbursement rates are the same for both government and private providers using a fee schedule. The current fee schedule can be found at www.colorado.gov/hcpf.

- (iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

Vaccines for Children (VFC) vaccines are provided to both private and governmental providers in the state. The Colorado Department of Public Health and Environment (CDPHE) shall ensure that providers remain compliant with federal, state, and CDPHE VFC program requirements.

Any qualified Medicaid provider including but not limited to private practitioners, public health agencies, outpatient hospital clinics, Rural Health Centers, and Federally Qualified Health Centers may provide immunization services.