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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-15-0007

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

November 16, 2015

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

RE: Colorado #15-0007

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0007. This State Plan Amendment creates a supplemental payment for Denver Health and Hospital Authority (DHHA) for ground emergency medical transportation provided to Medicaid clients by DHHA's ambulance service.

Please be informed that this State Plan Amendment was approved November 13, 2015 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 36- Emergency Hospital Services.

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

Sincerely,



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 Amanda Forsythe

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0007	2. STATE: COLORADO
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		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 (Check One)			
NEW STATE PLAN		<input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN	
		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 440.170		7. FEDERAL BUDGET IMPACT FFY 2014-15: \$1,544,865 FFY 2015-16: \$2,101,428	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B 24a Pages 1 and 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) N/A	
10. SUBJECT OF AMENDMENT Supplemental Medicaid Payment for Denver Health's Ambulance Services			
11. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		<input checked="" type="checkbox"/> Other as Specified	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
13. TYPED NAME John Bartholomew		16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehnus	
14. TITLE Director, Finance Office			
15. DATE SUBMITTED ORIGINAL 3/25/15 RESUBMITTED 10/05/2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 3/25/15		18. DATE APPROVED 11/13/15	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/15		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Trinia J. Hunt		22. TITLE Acting ARA, DMCHO	
23. REMARKS			

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

STATE OF COLORADO

Attachment 4.19-B

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

24a. TRANSPORTATION – SUPPLEMENTAL PAYMENT FOR AMBULANCE SERVICES

Effective January 1, 2015, Denver Health and Medical Center will receive supplemental Medicaid payments (Denver Health Ambulance Services Payment) to provide reimbursement for uncompensated costs incurred by Medicaid clients receiving ambulance services owned and operated by Denver Health and Hospital Authority. Denver Health will certify their uncompensated cost for providing ground emergency medical transportation (GEMT) ambulance services for Medicaid fee-for-service clients based on the Department's demonstration of the uncompensated Medicaid cost calculation.

Interim Payments for the Payment calendar year (January through December) will be made by June 30 of the following calendar year using as-filed cost reports to calculate uncompensated costs.

Uncompensated costs will be calculated for Final Payments using audited cost reports. Final Payments will be made by June 30 for Denver Health audited cost reports received by the Department between the previous November 2 and May 1. Final Payments will be made by December 31 for Denver Health audited cost reports received by the Department between the previous May 2 and November 1. Final Payments will serve to adjust the Interim Payment such that the sum of the Interim and Final Payments to Denver Health shall equal the Payment amount calculated based on uncompensated costs calculated through audited cost reports.

Prior to making the Final Payment, the Department will present to Denver Health a demonstration of the uncompensated Medicaid costs calculations for purposes of authorizing certification. Denver Health shall sign an acknowledgment of agreement to the uncompensated costs being certified for purposes of the Payment.

Uncompensated Ambulance Medicaid fee for service costs are calculated as follows:

1. Total Medicaid Ambulance Fee for Service Charges for Denver Health for the previous calendar year will be pulled from the Colorado Medicaid Management Information System (MMIS).

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

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2. The Cost to Charge Ratio (CCR) for Denver Health will be calculated using their as-filed cost report for the Interim Payment and their audited cost report for the Final Payment. The CCR is found in CMS 2552-10, Worksheet C, Part I, column 8, line 95.
3. The Total Medicaid Ambulance Fee for Service Charges will be multiplied by the CCR to calculate the Total Medicaid Ambulance Costs.
4. Total Medicaid Ambulance Fee for Service Payments for Denver Health for the previous calendar year will be pulled from the Colorado MMIS.
5. The Total Medicaid Ambulance Fee for Service Payments will be subtracted from the Total Medicaid Ambulance Fee for Service Costs to calculate the Total Uncompensated Medicaid Fee for Service Ambulance Costs.

The Interim Payment will be equal to the Total Uncompensated Medicaid Fee for Service Ambulance Costs. The Final Payment will be the difference between the Total Uncompensated Medicaid Fee for Service Ambulance Costs calculated using the as-filed cost report and the audited cost report. Any excess payments determined in the reconciliation processes are recouped and the Federal share is returned to CMS on the quarterly expenditure report in which the recoupment is made.