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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-16-0007

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
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

September 22, 2017

Susan E. Birch, MBA, BSN, RN, Executive Director
Department of Health Care Policy & Financing
303 East 17th Avenue, 7th Floor
Denver, CO 80203

RE: Colorado #16-0007

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0007. This Amendment would decrease reimbursement rates for evaluation and management (E&M) and vaccine administration services, returning the reimbursement for affected services to December 2012 rates. The state assures that the change in reimbursement for evaluation and management and vaccine administration services is not expected to have an effect on access to care for Medicaid beneficiaries. The state did not receive stakeholder, provider, or public comments specific to the change in rates for the services impacted. The state provided a report from the University of Colorado Anschutz Medical Campus entitled "The Impact of Increased Medicaid Payments for Primary Care Services on Access to Care for Medicaid Clients in Colorado." In this report, the state demonstrated that the level of access to care prior to the primary care service rate increase mandated by Section 1202 of the Health Care and Educational Reconciliation Act was maintained during the period of the rate increase. Further, the state conducted an access analysis specific to evaluation and management and vaccine administration services which revealed consistent beneficiary and provider counts as well as service utilization during the period of rate increase. Based on this information, we are inferring that the amendment does not affect consistency with the access to care requirements described in section 1902(a)(30)(A) of the Act.

Please be informed that this State Plan Amendment was approved September 21, 2017, with an effective date of July 1, 2016. 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 a 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,

A solid black rectangular box redacting the signature of Richard C. Allen.

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Gretchen Hammer
John Bartholomew
David DeNovellis

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		1. TRANSMITTAL NUMBER: 16-0007	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, 2016	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): 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 (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: SSA 1905(a)(5) SSA 1905(a)(6) SSA 1928(c)(2)(C)(ii)		7. FEDERAL BUDGET IMPACT: a. FFY 2016-17: <u>(\$61,447,739)</u> b. FFY 2017-18: <u>(\$63,288,671)</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: 5.a. Physician Services Attachment 4.19-B: 6.d. Services Provided by Non-Physician Practitioners Attachment 4.19 (m)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B: 5.a. Physician Services (TN 15-0036) Attachment 4.19-B: 6.d. Non-Physician Services (TN 15-0036) Attachment 4.19 (m) (TN 15-0003)	
10. SUBJECT OF AMENDMENT: This proposed state plan amendment decreases reimbursement rates for evaluation and management (E&M) and vaccine administration services. The reimbursement rates for one subset of the affected services return to December 2012 rates; and the reimbursement rates for the second subset of affected services are decreased to the higher of the December 2012 rate and 87.3% of the 2014 Medicare rate.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): 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. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: David DeNovellis	
13. TYPED NAME: Gretchen Hammer			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: Initial: 09/30/2016 Update #1: 08/02/2017 Update #2: September 11, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED September 30, 2016		18. DATE APPROVED September 21, 2017	
PLAN APPROVED -- ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Richard C. Alien		22. TITLE ARA, DMCHO	

23. REMARKS

FORM CMS-179 (07/92)

Instructions on Back

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

5.a. PHYSICIAN SERVICES

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.

Telemedicine Services

Distant Site Transmission Fee: Physician services provided via telemedicine by physicians, podiatrists, and optometrists located at eligible distant sites shall be reimbursed a distant site transmission fee of \$5.00 in addition to the fee for the procedure code billed.

Originating Site Facility Fee: Eligible originating sites hosting, transmitting, or facilitating physician services provided via telemedicine shall be reimbursed an originating site facility fee, according to the Department's fee schedule. An originating site may not bill for assisting the distant site provider with an examination.

Asynchronous Electronic Consultation: To be reimbursed for asynchronous electronic consultation, primary care medical providers (PCMPs) must use HCPCS code T1014, and specialists must use CPT code 99446.

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, 2016 and are effective for services provided on or after that date. All rates can be found on the official website 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

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.

Telemedicine Services

Distant Site Transmission Fee: Services provided via telemedicine by non-physician practitioners located at eligible distant sites shall be reimbursed a distant site transmission fee of \$5.00 in addition to the fee for the procedure code billed.

Originating Site Facility Fee: Eligible originating sites hosting, transmitting, or facilitating services provided by non-physician practitioners via telemedicine shall be reimbursed an originating site facility fee, according to the Department's fee schedule. An originating site may not bill for assisting the distant site provider with an examination.

Asynchronous Electronic Consultation: To be reimbursed for asynchronous electronic consultation, primary care medical providers (PCMPs) must use HCPCS code T1014, and specialists must use CPT code 99446.

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, 2016 and are effective for services provided on or after that date. All rates can be found on the official website 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:

\$18.93 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.