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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 17-0044

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 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

February 1, 2018

Kim Bimestefer, Executive Director
Department of Health Care Policy & Financing
303 East 17th Avenue, 7th Floor
Denver, CO 80203

RE: Colorado #17-0044

Dear Ms. Bimestefer:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0044. This Amendment would correct the manufacturer's suggested retail price (MSRP) percentage reduction, and the actual Invoiced acquisition cost percentage Increase when no MSRP is available, approved in the 17-0005 rate increase State Plan Amendment.

Please be informed that this State Plan Amendment was approved today with an effective date of October 1, 2017. 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, expenditures should be reported on the Form CMS-64.9 VIII; for those not enrolled in the new adult group, claims thereon should be reported on the Form CMS-64.9 Base.

This amendment would affect expenditures reported on Line 12 - Home Health Services.



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

Sincerely,



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

cc: Gretchen Hammer John Bartholomew
David DeNovellis Russell Ziegler

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 17-0044	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, 2017	
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: 42 CFR 440.70, 440.120		7. FEDERAL BUDGET IMPACT: a. FFY 2017-18: \$ _____ 0 b. FFY 2018-19: \$ _____ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B – Methods and Standards for Establishing Payment Rates – Other Types of Care – 7.C.-D. Home Health Care Services – Durable Medical Equipment and Supplies, Page 2 of 7 Attachment 4.19B – Methods and Standards for Establishing Payment Rates – Other Types of Care – 12.c. Prosthetics		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B – Methods and Standards for Establishing Payment Rates – Other Types of Care – 7.C.-D. Home Health Care Services – Durable Medical Equipment and Supplies, Page 2 of 7 (TN 17-0005) Attachment 4.19B – Methods and Standards for Establishing Payment Rates – Other Types of Care – 12.c. Prosthetics (TN 17-0005)	
10. SUBJECT OF AMENDMENT: Correct the manufacturer's suggested retail price (MSRP) percentage reduction, and the actual invoiced acquisition cost percentage increase when no MSRP is available, approved in the 17-0005 rate increase State Plan Amendment.			
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. 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: December 18, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED December 18, 2017		18. DATE APPROVED February 1, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Richard C. Allen		22. TITLE ARA, DMCHO	

23. REMARKS

FORM CMS-179 (07/92)

Instructions on Back

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

42 CFR 440.70

State of Colorado

Attachment 4.19-B
Page 2 of 7

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

7. HOME HEALTH CARE SERVICES

- C. Durable medical equipment and supplies are reimbursed at the lower of the following:
1. Submitted charges; or
 2. Fee schedule for durable medical equipment and supplies as determined by the Department of Health Care Policy and Financing.
- D. Durable medical equipment and supplies that require manual pricing are reimbursed at the lower of the following:
1. Submitted charges;
 2. Manufacturer's suggested retail price (MSRP) less 18.33 percent;
 3. Actual invoiced acquisition cost plus 19.50 percent when no MSRP is available.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 19-B Introduction Page.

TN# 17-0044

APPROVAL DATE February 1, 2018

SUPERSEDES TN# 17-0005

EFFECTIVE DATE: October 1, 2017

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

STATE OF COLORADO

42 CFR 440.120

Attachment 4.19-B

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

12.c. PROSTHETICS

Prosthetics 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.

Prosthetics that require manual pricing shall be reimbursed at the lower of the following:

1. Submitted charges;
2. Manufacturer's suggested retail price (MSRP) less 18.33 percent;
3. Actual invoiced acquisition cost plus 19.50 percent when no MSRP is available.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.