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## **Table of Contents**

**State/Territory Name: Colorado**

**State Plan Amendment (SPA) #: 18-0040**

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**

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October 18, 2018

Kim Bimestefer, Executive Director  
Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, CO 80203

Dear Ms. Bimestefer:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0040. This amendment adds assurances regarding provider screening and enrollment, as required by 42 CFR §455 Subpart E.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2018. We are enclosing the CMS-179 and the amended plan page(s).



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: Laurel Karabatsos  
John Bartholomew  
David DeNovellis  
Russell Ziegler  
Whitney McOwen

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>18-0040</b>	2. STATE: <b>COLORADO</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
FOR: <b>CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		4. PROPOSED EFFECTIVE DATE: <b>July 1, 2018</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Social Security Act Sections 1902(a)(39), (a)(77), and (kk) / 42 CFR 455 Subpart E</b>		7. FEDERAL BUDGET IMPACT: a. FFY 2018-19: \$ <u>0</u> b. FFY 2019-20: \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Section 4 – General Program Information – Item 4.46 – Provider Screening and Enrollment – Pages 1-3 of 3 (NEW)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>None</b>	
10. SUBJECT OF AMENDMENT: <b>This amendment adds assurances regarding provider screening and enrollment, as required by 42 CFR §455 Subpart E.</b>			
11. GOVERNOR'S REVIEW (Check One):  <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> <b>OTHER, AS SPECIFIED</b> <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>Governor's letter dated 29 March, 2018</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  <b>Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818</b>  <b>Attn: David DeNovellis</b>	
13. TYPED NAME: <b>Gretchen Hammer</b>			
14. TITLE: <b>Medicaid Director</b>			
15. DATE SUBMITTED: <i>Initial: September 25, 2018</i> <i>Update #1: October 1, 2018</i>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>September 25, 2018</b>		18. DATE APPROVED <b>October 18, 2018</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>July 1, 2018</b>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <b>Richard C. Allen</b>		22. TITLE <b>ARA, DMCHO</b>	
23. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Colorado

**4.46 Provider Screening and Enrollment** (Page 1 of 3)

<p><u>Citation</u> 1902(a)(77) 1902(a)(39) 1902(kk) P.L. 111-148 and P.L. 111-152</p>	<p>The State Medicaid agency gives the following assurances:</p>
<p>42 CFR 455 Subpart E</p>	<p>PROVIDER SCREENING <u> X </u> Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.</p>
<p>42 CFR 455.410</p>	<p>ENROLLMENT AND SCREENING OF PROVIDERS <u> X </u> Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.  <u> X </u> Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State Plan or under a waiver of the Plan as a participating provider.</p>
<p>42 CFR 455.412</p>	<p>VERIFICATION OF PROVIDER LICENSES <u> X </u> Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.</p>
<p>42 CFR455.414</p>	<p>REVALIDATION OF ENROLLMENT <u> X </u> Assures that providers will be revalidated regardless of provider type at least every 5 years.</p>

TN **18-0040**

SUPERSEDES: **New**

APPROVAL DATE: October 18, 2018 \_\_

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Colorado

**4.46 Provider Screening and Enrollment** (Page 2 of 3)

42 CFR 455.416	<p>TERMINATION OR DENIAL OF ENROLLMENT</p> <p><u>X</u> Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.</p>
42 CFR 455.420	<p>REACTIVATION OF PROVIDER ENROLLMENT</p> <p><u>X</u> Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.</p>
42 CFR 455.422	<p>APPEAL RIGHTS</p> <p><u>X</u> Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.</p>
42 CFR 455.432	<p>SITE VISITS</p> <p><u>X</u> Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur.</p>
42 CFR 455.434	<p>CRIMINAL BACKGROUND CHECKS</p> <p><u>X</u> Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.</p>
42 CFR 455.436	<p>FEDERAL DATABASE CHECKS</p> <p><u>X</u> Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.</p>

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**4.46 Provider Screening and Enrollment** (Page 3 of 3)

42 CFR 455.440	<p>NATIONAL PROVIDER IDENTIFIER</p> <p><u>X</u> Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.</p>
42 CFR455.450	<p>SCREENING LEVELS FOR MEDICAID PROVIDERS</p> <p><u>X</u> Assures that the State Medicaid agency complies 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.</p>
42 CFR455.460	<p>APPLICATION FEE</p> <p><u>X</u> Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.</p>
42 CFR455.470	<p>TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS</p> <p><u>X</u> Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.</p>

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