DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, MD 21244-1850



Financial Management Group

September 27, 2022

Cristen Bates Interim Medicaid Director Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818

Re: Colorado 22-0021

Dear Ms. Bates,

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 22-0021. Effective for services on or after July 1, 2022, this amendment provides for a two percent inflationary increase to the Medicaid base rate for inpatient hospital services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 22-0021 is approved effective July 1, 2022. The CMS-179 and the amended plan page are attached.

If you have any questions, please contact Christine Storey at(303) 844-7044.

Sincerely,

Rory Howe Director

DEPARTMENT OF HEALTH ANDHUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	FORM APPROVED OMB No. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2022
5. FEDERAL STATUTE/REGULATION CITATION Social Security Act Title XIX, Section 1905(a)(1); 42 CFR 447.27	2 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2022 \$ 3.125.264 b FFY 2023 \$ 12.767.774
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A: Methods and Standards for Establishing Payment Rates – Section 1. Inpatient Hospital Services; Page 3	 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>if Applicable</i>) Attachment 4.19-A: Methods and Standards for Establishing Payment Rates – Section 1. Inpatient Hospital Services; Page 3 (TN 21-0022)
9. SUBJECT OF AMENDMENT	
2.0% rate increase for inpatient hospital services.	
10. GOVERNOR'S REVIEW (Check One)	OTHER, AS SPECIFIED: Governor's letter dated 14 July 2021
11. SIGNATURE OF STATE AGENCY OFFICIAL gitally signed by Bet ha Schneider, CFO alle: 2022.06.27 15:53:54 -06'00'	15. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street
12. TYPED NAME Bettina Schneider	Denver, CO 80203-1818
13. TITLE Chief Financial Officer	Attn: Amy Winterfeld
14. DATE SUBMITTED June 30, 2022	
	USE ONLY
16. DATE RECEIVED June 30, 2022	17. DATE APPROVED September 27, 2022
	NE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
July 1, 2022	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Rory Howe	Director, Financial Management Group
22. REMARKS	
FORM CMS-179 (09/24)	ns on Back

TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State of Colorado

ATTACHMENT 4.19A Page 3

- 7. Budget Neutrality: Budget Neutrality for PPS Hospitals is defined as no change in the summation of estimated payments to the PPS Hospital providers between State Fiscal Year 2003 and the State Fiscal Year for which the rates are being calculated. The estimated hospital specific payment is calculated by using hospital specific expected discharges, multiplied by the hospital specific average Medicaid case mix, multiplied by the Medicaid base rate. Effective July 1, 2020 Budget Neutrality is defined as a 1.1308% increase in the summation of estimated payments to the PPS Hospital providers between State Fiscal Year 2003 and the State Fiscal Year for which the rates are being calculated. For State Fiscal Year 2003 and the State Fiscal Year for which the rates are being calculated. For State Fiscal Year 2022, the Medicaid Inpatient Base Rates from State Fiscal Year 2021 will be increased by 2.0%.
- 8. Medicaid Base Rate or Base Rate: An estimated cost per Medicaid discharge.

For PPS Hospitals, the hospital specific Medicaid base rate is derived from the hospital specific Medicare base rate minus any Disproportionate Share Hospital factors. The hospital specific Medicaid base rate will be calculated by modifying the Medicare base rate by a set percentage equally to all PPS Hospitals. This percentage will be determined to maintain Budget Neutrality for all PPS Hospitals.

For Critical Access Hospitals, as defined by Medicare, and for those hospitals with less than twenty-one Medicaid discharges in the previous fiscal year, the Medicaid base rate used will be the average Medicaid base rate of their respective peer group, excluding the Critical Access Hospitals and those hospitals with less than twenty-one Medicaid discharges in the previous fiscal year.

Medicaid hospital specific cost add-ons are added to the adjusted Medicare base rate to determine the Medicaid base rate. The Medicaid specific add-ons are calculated from the most recently audited Medicare/Medicaid cost report (CMS 2552) available as of March 1 of each fiscal year. Ten percent of the Medicaid cost add-ons will be applied to determine the Medicaid base rate. The hospital specific Medicaid cost add-ons will be applied to determine the Cost per discharge amount for Nursery, Neo-Natal, Intensive Care Units, and Graduate Medical Education obtained directly from the most recently audited Medicare/Medicaid cost report. Ten percent of each of these cost per discharge amounts will be added on to the base rate.

Effective May 23, 2008, the Graduate Medical Education add-on will not be applied directly to the Medicaid inpatient base rate for Denver Health Medical Center and University of Colorado Hospital. These hospitals will receive reimbursement for Graduate Medical Education costs through a direct payment as they qualify to receive

TN: <u>22-0021</u>

Approval Date: September 27, 2022

Effective Date: July 1, 2022

Supersedes TN:<u>21-0022</u>