State/Territory: Colorado

Citation	4.19	Payment for Services
42 CFR 447.252 1902(a)(13) and 1923 of the Act	(a)	The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902(a)(13) and 1923 of the Act with respect to payment for inpatient hospital services. ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services. /_/ Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act. /X/ Inappropriate level of care days are not covered.

Citation		
42 CFR 447.201 42 CFR 447.302 52 FR 28648 1902(a)(13)(E) 1903(a)(1) and (n), 1920, and 1926 of the Act	4.19(b)	In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements: (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys). (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan. ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.
1902(a)(10) and 1902(a)(30) of the Act		SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

*U.S. G.P.O.:1993-342-239:80149

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State of Colorado

Citation		
42 CFR 447.40 AT-78-90	4.19(c)	Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

☑ Yes. The State's policy is described in ATTACHMENT 4.19-C.

☐ No.

State/Territory: Colorado

Citation
42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141

4.19 (d)

/✓/ (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

(2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

/ / At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

/x/ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

/ / Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

(3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

/ / At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

/x/ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

/ / Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

/ / (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State of Colorado

Citation		
42 CFR 447.45(c) AT-79-50	4.19(e)	The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims. ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

Citation		
42 CFR 447.15 AT-78-90 AT-80-34 48 FR 5730	4.19 (f)	The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15. No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State of Colorado

Citation		
42 CFR 447.201 42 CFR 447.202 AT-78-90	4.19(g)	The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

ORIGINAL

Revision: HCFA-AT-80-38 (HFP)
May 22, 1980

State of Colorado

Citation		
42 CFR 447.201 42 CFR 447.203 AT-78-90	4.19(h)	The Medicaid agency meets the requirements of 42 CFR 446.203 for documentation and availability of payment rates.

TN # 79-33
Supersedes
TN #

Approval Date 3/13/80 Effective Date 1/1/80

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State of Colorado

Citation		
42 CFR 447.201 42 CFR 447.204 AT-78-90	4.19(i)	The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

State: Colorado

Citation		
42 CFR 447.201 and 447.205	4.19(j)	The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.
1903(v) of the Act	(k)	The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

Revision: HCFA-PM-92-7 (MB)
October 1992

State/Territory: Colorado

Citation

1903(i)(14) of the Act	4.19(1)	The Medicaid agency meets the requirements of section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physican to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

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:
$6.59 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.