

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 1 0 -- 0 0 7	2. STATE: COLORADO
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		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 August 11, 2010 July 1, 2010 changed per State <i>tl</i>	
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		7. FEDERAL BUDGET IMPACT	
		a. FFY 09-10 \$ (280,867)	
		b. FFY 10-11 \$ (1,126,670)	
		c. FFY 11-12 \$ (1,347,580)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Pages 3a, 3b, and 3c of Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – Payment Rates for Home Health Care Services (7.D-7.F)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Pages 3a, 3b, and 3c of Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – Payment Rates for Home Health Care Services (7.D-7.F) TN# 09-037	
10. SUBJECT OF AMENDMENT Amendment updates the reimbursement methodology for home health care services, including durable medical equipment and supplies.			
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 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		Governor's letter dated 26 January 2009	
12. SIGNATURE OF STATE/AGENCY OFFICIAL		16. RETURN TO	
<i>[Signature]</i>		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
13. TYPED NAME Laurel Karabatsos		Attn: David Smith	
14. TITLE Acting Director Medical & CHP+ Administration Office			
15. DATE SUBMITTED August 17, 2010 <i>Revision, Original 7/8/10</i>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 7/8/10		18. DATE APPROVED 8/25/10	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/10		20. SIGNATURE OF REGIONAL OFFICIAL <i>[Signature]</i>	
21. TYPED NAME Richard C. Allen		22. TITLE ARA	
23. REMARKS			

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

42 CFR 440.70

State of Colorado

Attachment 4.19-B
Page 3a

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

7. PAYMENT RATES FOR HOME HEALTH CARE SERVICES

- D. Effective July 1, 2009, payment rates for the home health services of skilled nursing, home health aide, physical therapy, occupational therapy, and speech/language pathology services are established as follows:
1. The unit of reimbursement for home health services shall be one visit up to two and one half hours in length. Effective March 1, 2000, home health aide services shall be billed in basic and extended units. A basic unit is the first part of a visit up to one hour. The extended units are additional increments up to one-half hour each for visits lasting more than one hour. All basic units and all extended units must be at least 15 minutes in length to be reimbursable.
 2. Payment for home health services other than nursing visits shall be the lower of the billed charges or the maximum unit rate of reimbursement.
 3. The cost of supplies used during visits by home health agency staff for the practice of universal precautions, excluding gloves used for bowel programs and catheter care, is included in the maximum unit rate.
 4. The maximum state-wide unit rates for home health services are increased or decreased whenever the Colorado General Assembly authorizes and appropriates rate increases or decreases.
- E. Effective July 1, 2009, except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement rates for dates of service on or after July 1, 2009, dates of service on or after September 1, 2009, dates of service on or after December 1, 2009, and dates of service on or after July 1, 2010, for these services can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

TN# 10-007

APPROVAL DATE 8/25/10

SUPERCEDES: #09-037

EFFECTIVE DATE: July 1, 2010

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

42 CFR 440.70

State of Colorado

Attachment 4.19-B
Page 3b

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

7. PAYMENT RATES FOR HOME HEALTH CARE SERVICES- (CONTINUED)

Home health care services provided by home health providers shall be reimbursed at the lower of the following:

1. Submitted charges; or
2. Home health fee schedule determined by the Department of Health Care Policy and Financing.

F. Effective July 1, 2009, durable medical equipment and supplies shall be 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.

Durable medical equipment and supplies that require manual pricing shall be reimbursed at the lower of the following for dates of service on or after September 1, 2009:

1. Submitted charges;
2. Manufacturer's suggested retail price (MSRP) less 20.82 percent;
3. Actual invoiced acquisition cost plus 15.87 percent when no MSRP is available.

Durable medical equipment and supplies that require manual pricing shall be reimbursed at the lower of the following for dates of service on or after December 1, 2009:

1. Submitted charges;
2. Manufacturer's suggested retail price (MSRP) less 21.61 percent;
3. Actual invoiced acquisition cost plus 14.71 percent when no MSRP is available.

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State of Colorado

Attachment 4.19-B
Page 3c

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

7. PAYMENT RATES FOR HOME HEALTH CARE SERVICES- (CONTINUED)

Durable medical equipment and supplies that require manual pricing shall be reimbursed at the lower of the following for dates of service on or after July 1, 2010:

1. Submitted charges;
2. Manufacturer's suggested retail price (MSRP) less 22.39 percent;
3. Actual invoiced acquisition cost plus 13.56 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. Reimbursement rates for these services for dates of service on or after September 1, 2009, dates of service on or after December 1, 2009, dates of service on or after July 1, 2010, and dates of service on or after August 11, 2010 (for items previously manually priced that were moved to the fee schedule), can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

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