



Department of Health Care Policy and Financing

PUBLIC NOTICE

November 20, 2009

Medicaid Fee-for-Service Provider Reimbursement Rates

To maintain access for clients while remaining within the Colorado Medicaid Program's spending authority, it is the intent of the Department to reduce provider reimbursement rates for most fee-for-service benefits by one percent (1%) effective December 1, 2009. Among the affected benefit categories are: physician and clinic services; Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program services; emergency transportation services; non-emergent medical transportation services; dental services; vision services; occupational, physical, and speech therapy services; inpatient hospital services; outpatient substance abuse treatment services; ambulatory surgery center services; dialysis services; anesthesia services; laboratory and x-ray services; durable medical equipment and supplies; drugs administered in the office setting; and home health services. These changes will be effective December 1, 2009, and are expected to result in an aggregate decrease in expenditures in FY 2009-10 of approximately \$5 million. The estimated decreases by major service category are as follows:

Estimated Decrease in Expenditure by Major Service Category	
Physician, Clinic & EPSDT Services	(\$1,252,000)
Emergency Transportation Services	(\$27,000)
Non-emergency Medical Transportation Services	(\$47,000)
Dental Services	(\$411,000)
Inpatient Hospitals Services	(\$1,916,000)
Lab & X-Ray Services	(\$153,000)
Durable Medical Equipment Services	(\$414,000)
Home Health Services	(\$792,000)

Rates paid to physical health managed care organizations, including Program of All Inclusive Care for the Elderly (PACE) will also include corresponding decreases, as rates for these providers are tied to the fee-for-service payment schedule.

As applicable, an updated fee schedule reflecting these rate changes will be posted on the Department's Web site at www.colorado.gov/hcpf in December 2009.

Outpatient Hospital Fee-for-Service Provider Reimbursement Rates

To maintain access for clients while remaining within the Colorado Medicaid Program's spending authority, it is the intent of the Department to reduce outpatient hospital reimbursement from 70.9% of cost to 70% of cost effective January 1, 2010. This action will result in a decrease in annual aggregate expenditures in FY 2009-10 of approximately \$827,000.

Home and Community-Based Services, Consumer Directed Attendant Support Services, and Private Duty Nursing

To maintain access for clients while remaining within the Colorado Medicaid Program's spending authority, it is the intent of the Department to reduce provider reimbursement rates by one percent (1%). Among the affected benefit categories are: Home and Community-Based Services (HCBS) waiver services, Administrative Case Management Services provided by Community Centered Boards (CCB) for the HCBS Children with Autism Waiver, Consumer Directed Attendant Support Services (CDASS), and private duty nursing. These changes will be effective December 1, 2009 and are expected to result in an aggregate decrease in expenditures in FY 2009-10 of approximately \$1.3 million. The estimated decreases by major service category are as follows:

Estimated Decrease in Expenditure by Major Service Category	
HCBS - Elderly, Blind, and Disabled	(\$929,000)
HCBS - Mental Illness	(\$121,000)
HCBS - Disabled Children	(\$9,000)
HCBS - Persons Living with AIDS	(\$3,000)
HCBS - Consumer Directed Attendant Support	(\$22,000)
HCBS - Brain Injury	(\$63,000)
HCBS - Children with Autism	(\$7,000)
HCBS - Pediatric Hospice	(\$150)
Private Duty Nursing	(\$112,000)

Single Entry Points and Prepaid Inpatient Health Plan Administration

To maintain access for clients while remaining within the Colorado Medicaid Program's spending authority, it is the intent of the Department to reduce provider reimbursement rates by one percent (1%). Among the affected benefit categories are: single entry points and Prepaid Inpatient Health Plan (PIHP) Administration. These changes are effective December 1, 2009 and are expected to result in an aggregate decrease in expenditures in FY 2009-10 of approximately \$145,000. The estimated decreases by major service category are as follows:

Single Entry Points	(\$119,000)
Prepaid Inpatient Health Plan Administration	(\$26,000)

Limit Transportation in HCBS Waivers

To maintain access for clients while remaining within the Colorado Medicaid Program's spending authority, it is the intent of the Department to impose a cap on the amount of non-medical transportation a client enrolled in a home and community-based services waiver program can receive. Clients would be limited to the equivalent of two (2) roundtrips per week or 208 units per annual certification period. Trips to adult day programs will not be subject to the cap. These changes are effective December 1, 2009 and are expected to reduce provider reimbursements by approximately \$482,000 total funds in FY 2009-10.

General Information

A link to this notice will be posted on the Department's Web site, www.colorado.gov/hcpf, by December 1, 2009. Written comments may be addressed to: Director, Medical and CHP+ Program Administration Office, Department of Health Care Policy and Financing, 1570 Grant Street, Denver, CO 80203.