



OPERATIONAL MEMO

TITLE:	INSTRUCTIONS FOR REPORTING HB 22-1247 SUPPLEMENTAL PAYMENTS ON THE MED-13 COST REPORT
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	MARCH 1, 2023
DIVISION AND OFFICE:	BENEFITS & SERVICES MANAGEMENT DIVISION, OFFICE OF COMMUNITY LIVING
PROGRAM AREA:	NURSING FACILITIES
KEY WORDS:	NURSING FACILITIES, NF, SKILLED NURSING FACILITIES, SNF, COST REPORT, MED-13, HB 22- 1247
OPERATIONAL MEMO NUMBER: HCPF OM 23-027	
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APPROVED BY: COLIN LAUGHLIN	

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Purpose and Audience:

The purpose of this Operational Memo is to provide nursing facilities and cost report preparers instructions for reporting revenues received through supplemental payments authorized by House Bill (HB) 22-1247 on the Med-13 Cost report.

Information:

HB 22-1247 codified section 25.5-6-210 of the Colorado Revised Statutes (CRS) authorizing additional one-time supplemental payments to nursing facilities for the purposes of supporting staffing, complex needs and admissions from hospitals during the COVID-19 pandemic.

The Department of Health Care Policy & Financing (HCPF) promulgated rules regarding each of these payments located in the Code of Colorado Regulation (CCR) at 10 CCR 2505-10 section 8.443.22.A and identified that only the workforce enhanced payment should be offset against costs on the Med-13 cost report.

The offset should be allocated between direct health care, other health care, and Administrative & General (A&G) costs based on the percentage of wages reported in these categories to total wages. These offsets should then be made against Schedule C, Lines 4, 27 and 35. An example is shown below for a hypothetical \$50,000 workforce enhanced payment.

	Wages	% to Total Wages	Adjustment	Location
Direct Health Care (C 6/4)	\$1,200,000	60%	(\$30,000)	C 4
Other Health Care (C 33/4)	\$250,000	12.5%	(\$6,250)	C 27
A&G (C 71/4)	\$550,000	27.5%	(\$13750)	C 35
Total	\$2,000,000	100.00%	(\$50,000)	

In the even these payments are not offset as directed above, HCPF's cost report auditor will make or correct the offsets as proposed adjustments.

Attachment(s):

None

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