



COLORADO

Department of Health Care
Policy & Financing

Medical Services Board

JUNE 2017 EMERGENCY JUSTIFICATION FOR MEDICAL ASSISTANCE RULES ADOPTED AT THE JUNE 9, 2017 MEDICAL SERVICES BOARD MEETING

MSB 17-03-23-B Revision to the Medical Assistance Rule Concerning the Federally Qualified Health Center Rule, Section 8.700

For the preservation of public health, safety and welfare

This rule revision fulfills the necessary requirements to be an Emergency Rule. The purpose of this rule revision is to clarify the Department's payment methodology for Federally Qualified Health Centers (FQHCs), specifically regarding payments separate from the encounter. Currently, our State Plan and rules for FQHCs state that the Department pays the encounter rate for one-on-one, face-to-face visits between a client and eligible provider. However, it is common practice for FQHCs to bill the Department at the Fee Schedule rate for other types of services – such as inpatient hospital services, the cost of LARC devices, dentures, partial dentures, the Prenatal+ Program, and the Nurse Home Visitor Program. These services should not be reimbursed at the encounter rate and instead should be reimbursed the Fee Schedule rate. However, since our current rules and State Plan do not reference this type of payment there is a large amount of confusion and concern among Department staff and FQHC staff about how to reimburse FQHCs. The Department must revise its rules to reflect payment for these services outside of the encounter rate. If we stop paying for these services outside of the encounter rate they will no longer be provided.

The emergency rulemaking is necessary to keep in compliance with the current policy. This rule change is crucial for the preservation of public health, safety, and welfare.





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MSB 17-04-21-A Revision to the Medical Assistance Benefits Rule Concerning Home Health Services, Section 8.520

For the preservation of public health, safety and welfare

The rule defines the amount, duration, and scope of covered home health services. This revision updates the home health services rule by adding provisions concerning face-to-face visits and place of service limitations, as required under recently issued federal regulations, both of which must be effective by July 1, 2017. Specifically, this revision aligns the Colorado Medicaid home health services rule with federal regulations by adding: (1) a requirement that the physician must document a face-to-face encounter with the Medicaid client for the authorization of home health services within particular timelines; and (2) language clarifying that Medicaid home health services are not limited solely to home settings.

The recently issued federal home health regulations, concerning documentation of face-to-face encounters and place of service limitations, explicitly require that the Department be in compliance with the new provisions by July 1, 2017.

The emergency rulemaking is necessary to keep in compliance with the current policy. This rule change is crucial for the preservation of public health, safety, and welfare.

