COLORADO
Department of Health Care Policy & Financing
Medical Services Board

NOTICE OF PROPOSED RULES

The Medical Services Board of the Colorado Department of Health Care Policy and Financing will hold a public meeting on Friday, May 13, 2016, beginning at 9:00 a.m., in the eleventh floor conference room at 303 East 17th Avenue, Denver, CO 80203. Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303-866-4416 or judith.carey@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

A copy of the full text of these proposed rule changes is available for review from the Medical Services Board Office, 1570 Grant Street, Denver, Colorado 80203, (303) 866-4416, fax (303) 866-4411. Written comments may be submitted to the Medical Services Board Office on or before close of business the Wednesday prior to the meeting. Additionally, the full text of all proposed changes will be available approximately one week prior to the meeting on the Department's website at www.colorado.gov/hcpf/medical-services-board.

This notice is submitted to you for publication, pursuant to § 24-4-103(3)(a) and (11)(a), C.R.S.

MSB 16-02-22-A, Revision to the Medical Assistance Provider Payment Division Rule Concerning the Provider Screening Deadline, Section 8.125.10

Medical Assistance. Provider Screening Rule. The revision to the provider screening rule updates the deadline Medicaid providers enrolled with the Department as of September 15, 2015 have to revalidate with the Medicaid program. The proposed rule change is to incorporate guidance provided by the Centers for Medicare and Medicaid Services (CMS). CMS guidance removed the March 2016 deadline for existing providers to revalidate.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2015), and 42 CFR § 455 (b) and (e)

MSB 16-02-22-D, Revision to the Medical Assistance Special Financing Division Rule Concerning Hospital Provider Fee Collection and Disbursement, Section 8.2000, et seq

Medical Assistance. Hospital Provider Fee Collection and Disbursement. The Hospital Provider Fee Oversight and Advisory Board has approved the revised hospital fee and payment calculations for the year ending September 30, 2016 and identified definitions and obsolete language that need to be clarified or removed through the Department's regulatory review process. Therefore, revisions to the rules concerning the fee collection and payment disbursement, 10 C.C.R. 2505-10 Section 8.2000 are being made accordingly.

The authority for this rule is contained in sections 25.5-4-402.3, C.R.S. (2015) and 25.5-1-301 through 25.5-1-303, C.R.S (2015)

MSB 16-03-08-A, Revision to the Medical Assistance Provider Fee Financing Nursing Facility Rule Concerning Rate Effective Date, Section 8.443.13

Medical Assistance. 10 CCR 2505-10 § 8.443.13 addresses Rate Effective Dates for skilled nursing facilities. The rules were incomplete in regard to the Schedule of Core Components Reimbursement Rates, and these revisions provide the detail needed concerning those rates. Additionally, §8.443.13 addressed the establishment of the July 1 Medicaid Management Information system (MMIS) utilizing an as-filed cost report without adjustments when a permanent rate could not be established. The Department is recommending a change to this process so that MMIS rates are no longer set by an as-filed unaudited cost report. The change implements a standard increase to the MMIS for all providers with a reconciliation to the audited Core Components Reimbursement Rate in the subsequent year. Basing reimbursement on an as-filed unaudited data source poses risks to the department and to the providers, with errors having an impact on reimbursement that have lasting impacts. These changes obviate that risk while also making the rate setting and true-up processes simpler and easier to understand.

The authority for this rule is contained in Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2015); 25.5-6-202, C.R.S. (2015); and 25.5-6-203 C.R.S. (2015)

MSB 16-02-22-B, Revision to the Medical Assistance Eligibility Rule Concerning the Use of Annualized Income at Sections 8.100.1 and 8.100.4

Medical Assistance. The proposed rule change amends 10 CCR 2505-10, Sections 8.100.1 and 8.100.4 to allow for the use of annualized income for MAGI based Medicaid and CHP+ eligibility determinations for those individuals who have income that the Department has identified as likely to cause an individual's income to fluctuate from month to month. The Department has identified earned income from self-employment, commission-based, and seasonal employment as such income. By implementing this rule the Department expects to reduce churn for these individuals and promote a continuity of care. The Colorado Benefits Management System (CBMS) is being updated to reflect these changes to Sections 8.100.1 and 8.100.4, and this new functionality is currently on track to go live simultaneously with the requested effective date of this rule.

In composing the policy that this rule enacts. The Department has held multiple meetings/webinars with numerous stakeholders in order to elicit feedback. Over thirty different organizations were represented at these meetings including counties, tribes, advocacy groups, and insurance companies. The Department has also collaborated with our partners at Connect for Health Colorado (C4HCO), Colorado Department of Human Services (CDHS), and both the federal and regional offices for the Centers for Medicaid and Medicare Services (CMS) in the crafting and implementation of this rule. The Department has proactively elicited feedback regarding the specific language of the rule from Covering Kids and Families, Colorado Center on Law & Policy, Connect for Health Colorado, and the Colorado Consumer Health Initiative. The Department plans to continue to solicit feedback from both our partners and stakeholders towards the implementation of this rule. This includes a recent webinar held on March 1st to elicit stakeholder feedback regarding operational aspects of this rule, which had over one hundred attendees.

The authority for this rule is contained in 42 CFR §435.603, Section 1902(e)(14) of the Social Security Act; § 25.5-4-104 C.R.S. (2015); and § 25.5-1-301 through 25.5-1-303, C.R.S. (2015).

MSB 16-02-22-C, Revision to the Medical Assistance Eligibility Rules Concerning Section 214 of the Children's Health Insurance Program Reauthorization act of 2009(CHIPRA) at section § 8.100.3.G, § 8.100.3.K and § 8.100.4.G

Medical Assistance. The proposed rule changes amend 10 CCR 2505-10 § 8.100.3.G, § 8.100.3.K and § 8.100.4.G to incorporate changes to the rule authorized by Section 214 of the Children's Health Insurance Program Reauthorization act of 2009 (CHIPRA) which amends section 2107 of the Act granting states the option to provide benefits to children and pregnant women in Medicaid, who are lawfully residing in the United States and who have not met the 5-year waiting period. Revisions are needed to the current rule. This will incorporate changes elected by the state under the 2009 Colorado House Bill 09-1353 that authorized the Department to remove the 5-year waiting period for all lawfully residing children and pregnant women.

Effective July 2015, the 5-year waiting period was removed for the MAGI- Medicaid and CHP+ categories for lawfully residing children. The proposed rule will lift the 5-year waiting period for children and pregnant women eligible in a Non-MAGI Medicaid category. By July 2016, the Department will have the Colorado Benefits Management (CBMS) updated to align with our conditionally approved State Plan Amendment by removing the 5-year waiting period for all Medicaid categories.

The proposed rule will impact children and pregnant women who are lawfully residing and who have not met 5- year waiting period who are eligible for Medicaid in a Non-MAGI category. The proposed rule will benefit these children and pregnant women by eliminating the 5-year waiting period and making them eligible for Medicaid, as long as all other eligibility criteria are met.

The Department expects a July 1, 2016 effective date of this policy, and an increase in expenditure of $302,981 total funds in FFY 2015-16 and $1,232,767 total funds in FFY 2016-17, with federal shares of $153,672 and $616,615 respectively. Currently Colorado provides Medicaid coverage to legally residing pregnant women and children who qualify for MAGI populations and who have not met the 5-year waiting period. This proposed rule change would complete the implementation of HB 09-1353, expanding Medicaid coverage to legally residing pregnant women and children who would qualify for non-MAGI populations if not for the 5-year waiting period. Inaction would leave vulnerable Medicaid eligible children and pregnant women who have been lawfully residing in the United States for less than 5 years without medical assistance.

The authority for this rule is contained in Section 214 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) which amends section 2107 of the Act, codified at 42 U.S.C 1396b(v)(4)(A); and §25.5-1-301 through 25.5-1-303, C.R.S. (2015)

MSB 16-02-25-A, Revision to the Medical Assistance Home and Community Based Services Rule Concerning Supported Living Program, Section 8.515.85

Medical Assistance. The rules set forth at 10 CCR 2505-10 Section 8.515.85 are being revised to allow the Department to make changes to clarify the compliance requirements for Supportive Living Program (SLP) providers that provided SLP services before December 31, 2014.

The statutory authority for this rule change is contained in § 25.5-6-704 C.R.S. (2015) and§ 25.5-1-301 through 25.5-1-303 C.R.S (2015).