



# 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, July 14, 2017, 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 [chris.sykes@state.co.us](mailto:chris.sykes@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto: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](http://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 17-03-21-B, Revision to the Medical Assistance Benefits Rule Concerning Transgender Services, Section 8.735**

Medical Assistance. The proposed rule clearly defines and codifies the amount, duration, and scope of covered gender transition-related services available to Colorado Medicaid clients. Colorado Medicaid currently covers medically necessary counseling, hormone therapy, and surgery to eligible clients. The proposed rule does not add coverage of any new services.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2016), 92 CFR Part 92.

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

Medical Assistance. The purpose of this Rule is to clarify the Department's payment methodology for payment of services outside of the Federally Qualified Health Center (FQHC) encounter rate. Currently, that rules state that FQHCs are reimbursed a 100% cost-based encounter rate for a one-on-one, face-to-face visit between a client and an eligible provider. This Rule revision is necessary to allow for payments to FQHCs separate from the encounter rate for Long Acting Reversible Contraceptives (LARCs), dentures and partial dentures, services provided at an inpatient hospital setting by the FQHC, the Nurse Home Visitor Program, and the Prenatal+ Program. Services provided by a FQHC at an inpatient hospital setting are not FQHC services and therefore should not be reimbursed at the encounter rate. The provision of LARCs, dentures, and partial dentures is costly for FQHCs and therefore an additional payment separate from the encounter rate is necessary to incentivize access and the provision of LARCs. The Prenatal+ Program and Nurse

Home Visitor Program currently have a payment methodology that is separate from the encounter rate that is clarified elsewhere in the Rules.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2016), Section 1902(bb) of the Social Security Act and Section 25.5-4-401(1)(a), C.R.S. (2016).

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

Medical Assistance. 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 authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2016), 42 CFR 440.70.