



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, October 11, 2019, 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 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 pursuant to § 24-4-103(3)(a) and (11)(a), C.R.S.

MSB 19-07-10-A, Revision to the Medical Assistance Special Financing Rule Concerning Colorado Dental Health Care Program for Low-Income Seniors, Section 8.960

Medical Assistance. Special Financing. The purpose of this rule is to comply with HB 19-1326 that states a maximum amount per procedure must not be less than the current reimbursement schedule of Medicaid. There are 36 procedure codes in Appendix A that are required to change. The authority for this rule is contained in 42 C.F.R. 162.1002(a)(4); 25.5.3-404(4) C.R.S. (2019) and sections 25.5-1-301 through 25.5-1-303, C.R.S. (2018).

MSB 19-07-10-B, Revision to the Medical Assistance Rule Concerning Colorado National Provider Identifier Number, Section 8.126

Medical Assistance. HB 18-1282 requires newly enrolling and currently enrolled Organization Health Care Providers (not individuals) to obtain and use a unique National Provider Identifier (NPI) for each service location and provider type enrolled in the Colorado interChange.

The authority for this rule is contained House Bill 18-1282 and sections 25.5-1-301 through 25.5-1-303, C.R.S. (2018).

MSB 19-07-19-B, Revision to the Medical Assistance Rule Concerning Correction to Hospital Quality Incentive Payment (HQIP) Supplemental Payment Language, Section 8.3004.F

Medical Assistance. The current language for the Hospital Quality Incentive Payment (HQIP) supplemental payment, reimbursed to a hospital through the Healthcare Affordability and Sustainability (HAS) program, incorrectly states psychiatric hospitals, long term care hospitals, and rehabilitation hospitals are excluded from the supplemental payment. Psychiatric hospitals are the only hospital type excluded from the supplemental payment.

This rule change will list psychiatric hospitals as the only hospital type excluded from the HQIP supplemental payment to comply with both the approved State Plan and CHASE board recommendations. This rule change will have no impact on hospitals or the Department.

The authority for this rule is contained 42 C.F.R. 433.68; 25.5-4-402(4)(g) (2018) and sections 25.5-1-301 through 25.5-1-303, C.R.S. (2018).

MSB 19-04-19-A, Revision to the Medical Assistance Benefits Rule Concerning Non-Emergent Medical Transportation, Section 8.014

Medical Assistance. The proposed revisions to this rule will (1) incorporate existing Non-Emergent Medical Transportation (NEMT) policies; (2) include member responsibilities, exceptions to the requirement that members are reimbursed the shortest distance for personal vehicle mileage reimbursement, and the timeline for members to submit documentation for reimbursement; and (3) add provider eligibility and responsibilities and provider trip report documentation requirements; and (4) add and align applicable definitions.

The authority for this rule is contained 42 U.S.C. § 1396(a)(70) (2019); 42 C.F.R. 440.170(a) (2019) and 25.5-5-202(2) C.R.S. (2018). 25.5.-5-324 C.R.S. (2018) and sections 25.5-1-301 through 25.5-1-303, C.R.S. (2018).

MSB 19-04-19-B, Revision to the Medical Assistance Benefits Rule Concerning Emergency Medical Transportation, Section 8.018

Medical Assistance. The proposed revisions to this rule (1) incorporate existing Emergency Medical Transportation (EMT) provider eligibility and responsibility requirements, (2) change terminology of Critical Care Transportation to Specialty Care Transportation, and (3) add and align applicable definitions for clarification.

The authority for this rule is contained 42 CFR §§ 431.53, 440.170(a) (2019); 25.5-5-202(2), C.R.S. (2018) and sections 25.5-1-301 through 25.5-1-303, C.R.S. (2018).