

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 9, 2021, 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 21-05-10-A, Revision to the Medical Assistance Rule Concerning Federally Qualified Health Center Reimbursement, Section 8.700.6

Medical Assistance. The purpose of this rule revision is to adjust the FQHC rate setting process to consider the changes in utilization and cost due to Covid-19. The pandemic has caused utilization to drop at FQHCs and costs have changed as well. To avoid setting unreasonable rates, this rule revision will set rates for FQHC cost reports with fiscal year ends between May 31, 2021 and March 31, 2022 using the previous year's rates multiplied by the Medicare Economic Index (MEI). The previous year's rates set using cost reports with fiscal year ends between May 31, 2020 and March 31, 2021 were set using the previous year's rates multiplied by the Medicare Economic Index (MEI).

The authority for this rule is contained in Section 1902(bb) of the Social Security Act and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021).

MSB 21-05-26-A, Revision to the Medical Assistance Act Rule concerning Inpatient Hospital High Acuity Rate Negotiation, Section 8.300.5

Medical Assistance. The proposed rule adds inpatient hospital reimbursement rate negotiation for in-state services where the payment methodology insufficiently accounts for the level of acuity, all other placement options have been exhausted, and the service has been reviewed and authorized by the Department's Medical Director. The change will allow the Department to reimburse inpatient hospitals at a rate which more closely aligns with the hospital cost experiences in such circumstances. This rate negotiation authority is needed to maintain access to care for high-needs members. Rates paid to certain managed care organizations may include corresponding changes, as the Department pays these rates based on fee-for-service expenditures.

The authority for this rule is contained in 42 CFR 440.10 (2021); Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021) and Section 25.5-5-102(1)(a), C.R.S. (2021).

MSB 21-05-24-A, Revision to the RHC Rule Concerning Adding Provider Types to RHC Visit, Section 8.740

Medical Assistance. The purpose of this rule is to change the definition of a payable encounter at Rural Health Clinics. The amended rule adds licensed professional counselors, licensed marriage and family therapists, and licensed addiction counselors to the provider types that can generate a billable encounter. This rule is necessary to maintain access to mental health services at RHCs. Without the rule, RHCs would be unable to provide services with the provider types that had been providing the services in the past. The change maintains care practices that have been present since prior to July 1, 2018.

The authority for this rule is contained in Section 1902 (bb) of the Social Security Act and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021).