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Title of Rule: Revisions to Child Health Plan Plus Rule concerning Income Verification for Those Receiving Continuous Coverage, Section 430

Rule Number: MSB 18-05-15-B

Division / Contact / Phone: Health Information Office / Ana Bordallo / 3558

SECRETARY OF STATE

RULES ACTION SUMMARY AND FILING INSTRUCTIONS

SUMMARY OF ACTION ON RULE(S)

1. Department / Agency Name: Health Care Policy and Financing / Medical Services Board
2. Title of Rule: MSB 18-05-15-B, Revisions to Child Health Plan Plus Rule concerning Income Verification for Those Receiving Continuous Coverage, Section 430
3. This action is an adoption of: new rules
4. Rule sections affected in this action (if existing rule, also give Code of Regulations number and page numbers affected):
Sections(s) 430, Colorado Department of Health Care Policy and Financing, Child Health Plan *Plus* (10 CCR 2505-3).
5. Does this action involve any temporary or emergency rule(s)? No
If yes, state effective date:
Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

Replace the current text at Section 430 with the proposed text beginning at Section 430.1 through the end of Section 430.5. This rule is effective October 31, 2018.

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STATEMENT OF BASIS AND PURPOSE

- 1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

The purpose of this rule change is to add clarification for members receiving continuous coverage within a child or a pregnant category, whose income is not reasonably compatible based on the self-reported income and the electronic income verified. When the income is not reasonably compatible and it's the first income discrepancy if the discrepancy is not resolved within the reasonable opportunity period(ROP) of 90 days, their benefits will be terminated. Additional changes have been made to section 430.2.b.v by updating the language to align with the Medicaid language.

- 2. An emergency rule-making is imperatively necessary

to comply with state or federal law or federal regulation and/or
 for the preservation of public health, safety and welfare.

Explain:

- 3. Federal authority for the Rule, if any:

Code of Federal Regulation §435.952.(c)(2)

- 4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2017);
25.5-8-109.(4.5)(a)(I) and(II)

Initial Review

08/10/18

Final Adoption

09/14/18

Proposed Effective Date

10/30/18

Emergency Adoption

DOCUMENT #08

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REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

The classes of persons who will be affected by this proposed rule clarification are members enrolled in the Child Health Plan Plus category receiving continuous coverage who is a child or pregnant women. The benefits of this rule change will provide clear guidance to the populations listed, who are receiving benefits and whose benefits may be impacted if they fail to respond to the discrepancy notice.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

The proposed rule will provide clarification for those members whose income is not reasonably compatible and it's the first income discrepancy, if the discrepancy is not resolved within the reasonable opportunity period(ROP) of 90 days, their benefits will be terminated.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

There are no costs to the Department as this is only adding clarification to the Departments current rules to align with current policy.

4. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

There is no other less costly method to update this rule change.

5. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

There are no alternatives methods for the proposed rule that were considered.

FINANCIAL MANAGEMENT OF THE CHILDREN'S BASIC HEALTH PLAN

10 CCR 2505-3

430 ENROLLMENT DATE

430.1 Eligibility for the Children's Basic Health Plan shall be effective on the latter of:

- A. The first day of the month of application for Medical Assistance; or
- B. The first day of the month the person becomes eligible for the Children's Basic Health Plan program.

430.2 Upon being enrolled in the Children's Basic Health Plan, continuous eligibility applies to children under the age of 19, who through an eligibility determination, reassessment or redetermination are found eligible for the Children's Basic Health Plan program. The continuous eligibility period may last for up to 12 months and will begin on the month of application or from the authorization date.

Aa. The continuous eligibility period applies without regard to changes in income or other factors that would otherwise cause the child to be ineligible.

- i) A 14-day no fault period shall begin on the date the child is determined eligible for Medical Assistance. During the 14-day period, updates or corrections may be made to the child's case. Any changes to the child's case made during the 14-day no fault period may impact his or her eligibility for Medical Assistance.

Bb. A child's continuous eligibility period will end effective the earliest possible month, if any of the following occur:

- i) Child is deceased
- ii) Becomes an inmate of a public institution
- iii) The child states that she/he has moved out of the household permanently
- iv) Is no longer a Colorado resident
- v) Is unable to be located based on evidence or reasonable assumption~~Three notices have been returned as undeliverable and there is no forwarding address for the child~~
- vi) Requests to be withdrawn from continuous eligibility
- vii) Fails to provide documentation during a reasonable opportunity period as specified in section 8.100.3.H.9
- viii) Fails to provide a reasonable explanation or paper documentation when self-attested income is not reasonably compatible with income information from an electronic data source, by the end of the 90-day reasonable opportunity period.

~~comply in resolving an income discrepancy as outlined in section 8.100.4.C.2 This exception only applies the first-time income is verified following an initial eligibility determination or an annual redetermination.~~

ix) An eligible person shall not be enrolled in other health insurance coverage

430.3. If determined eligible, the enrollment date of a pregnant woman shall be effective as of the first of the month of the date of application or the first day of the month the pregnant woman becomes eligible. The enrollment span shall end at the end of the month following 60 days after the birth of the child or termination of the pregnancy. Once eligibility has been approved, coverage must be provided regardless of changes in the woman's financial circumstances, once the income verification requirements are met.

A. A pregnant women's eligibility period will end effective the earliest possible month, if any of the following occur:

i) Fails to provide a reasonable explanation or paper documentation when self-attested income is not reasonably compatible with income information from an electronic data source, by the end of the 90-day reasonable opportunity period. This exception only applies the first-time income is verified following an initial eligibility determination or an annual redetermination.

430.4 An eligible person's enrollment date in the selected MCO shall be no later than:

- A. The first of the month following eligibility determination and MCO selection if eligibility is determined before the 17th of the month.
- B. The first of the second month following eligibility determination and MCO selection if eligibility is determined on or after the 17th of the month.

430.5 A child born to a mother who is enrolled in the Children's Basic Health Plan at the time of the child's birth is guaranteed coverage for one year.

- A. To receive Medical Assistance under the Children's Basic Health Plan, the birth must be reported verbally or in writing to the County Department of Human Services or Eligibility site. Information provided shall include the baby's name, date of birth, and mother's name or Medical Assistance number. A newborn can be reported at any time by any person. Once reported, a newborn meeting the above criteria shall be added to the mother's Medical Assistance case, or his or her own case if the newborn does not reside with the mother, according to timelines defined by the Department. If adopted, the newborn's agent does not need to file an application or provide a Social Security Number or proof of application for a Social Security Number for the newborn.