



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 12, 2018, 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 18-02-09-B, Revision to the Medical Assistance Rule Concerning Community Clinic and Community Clinic and Emergency Center, Section 8.320

Medical Assistance. Community Clinic and Community Clinic and Emergency Center Provider Type. A new provider type for Community Clinic and Community Clinic and Emergency Center facilities (CC/CCEC) is being added to Health First Colorado rule. The rule identifies the requirements CC/CCEC must fulfill to be reimbursed for services to Health First Colorado clients.

The authority for this rule is contained in 42 USC 1396a(a)(32)(A) and 42 CFR 447.321; 25.5-1-301 through 25.5-1-303, C.R.S. (2017) and 25.5-4-403 C.R.S. (2017).

MSB 18-07-13-A, Revision to the Medical Assistance Rule Concerning Redetermination of Eligibility and Transferring Requirements, Section 8.100.3

Medical Assistance. The proposed rule change will amend 10 CCR 2505-10 8.100.3.C and 8.100.3.P to remove incorrect document references. Currently, the rules guide individuals to review the User Reference Guide to determine timeline requirements when transferring a case to another county, as well as processing an eligibility redetermination. The User Reference Guide is no longer used by the Department, and the deletion of the obsolete reference is needed to comply with an audit finding.

Currently, 8.100.3.P.5 already indicates that documents received in relation to eligibility redeterminations must be thoroughly reviewed within ten working days. Other training documents and processing guidance are now in place, and eligibility sites have their cases reviewed for timely processing of applications, redeterminations, and other changes. If the rule is not updated, the Department will remain out of compliance.

The deletion of the language "Please review the Department User Reference Guide for timeframes" will not change how eligibility is determined or who would be determined eligible. Additionally, there are no costs to the Department, as the update only removes language that refers to an obsolete document.

The authority for this rule is contained in 42 C.F.R. §435.912; 25.5-1-301 through 25.5-1-303, C.R.S. (2017) and 25.5-4-205 C.R.S. (2017).

MSB 18-07-23-B, Revision to Medical Assistance Rule concerning Drug Payment Methodology for Outpatient Hospitals, Section 8.300

Medical Assistance. Since the implementation of the EAPG methodology for the reimbursement of outpatient hospital services, the Department has received feedback from its stakeholder community that reimbursement for high-cost drugs is inadequate. After analysis, the Department determined that a different payment methodology for these types of drugs is necessary as the costs for newly approved high-cost drugs were not built into the EAPG payment methodology. Therefore, rules are being added to 10 C.C.R. 2505-10 Sections 8.300.1 and 8.300.6 to allow for these drugs to be reimbursed using a different methodology.

The authority for this rule is contained in 24-4-103(6), 25.5-1-301 through 25.5-1-303, C.R.S. (2017).