



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, August 14, 2020, 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 20-05-21-A, Revision to the Medical Assistance Act Rule concerning Telemedicine Extension, Section 8.200.3.B, 8.520.4.B, 8.700.1, 8.730.3.B, 8.740.1, 8.750.3.B

Medical Assistance. This rule revision makes permanent the expanded telemedicine authorized during the Coronavirus Disease 2019 (COVID-19) public health emergency, and as authorized for permanent adoption in Senate Bill 20-212, for select physician services, home health, Federally-Qualified Health Center, Family Planning, Rural Health Clinic, and Community Mental Health Centers/Clinic services. The expanded telemedicine modalities include interactive audio, interactive video, or interactive data communication in lieu of face-to-face visits between clients and health professionals. The purpose of the rule revision is to present the Telemedicine emergency rule for permanent adoption. The Department will work with stakeholders to study the rule's implementation and prepare a report for the SMART Government Act hearing, as required by legislation.

The authority for this rule is contained in Section 25.5-1-320, C.R.S. (2019) and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2020).

MSB 20-04-24-A, Revision to the Medical Assistance Act Rule concerning the Pharmaceutical Rate Methodology, Section(s) 8.800.1 and 8.800.13

Medical Assistance. This proposed rule change will update the reimbursement methodology for outpatient pharmacy by incorporating the National Average Drug Acquisition Cost (NADAC) and Maximum Allowable Cost (MAC) rates into the lesser-of calculation. NADAC is a Centers for Medicare and Medicaid Services published rate which represents the national average of the drug acquisition costs submitted by retail community pharmacies. MAC is a rate which will be utilized when a covered drug does not possess Average Acquisition Cost (AAC) nor National Average Drug Acquisition Cost (NADAC) rates. The MAC rate is calculated using an adjustment of the national pricing benchmark Wholesale Acquisition Cost (WAC) whereby generic drug MAC rates will be WAC minus 10 percent and brand name MAC rates will be WAC minus 3 percent.

The NADAC and MAC rates will help address a gap in the current AAC rate setting for some prescription drugs, resulting in rates better aligned with acquisition costs. In addition, the Joint Budget Committee voted in May 2020 in favor of implementing the MAC rates. The Department anticipates the incorporation of MAC rates into outpatient pharmacy reimbursement will be mandated in the FY2020-21 Long Bill.

The authority for this rule is contained in 1927 42 USC 1396r-8(e); 42 CFR 447.331-334 and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2020).

MSB 20-01-24-A, Revision to the Medical Assistance Special Financing Rule Concerning Colorado Dental Health Care Program for Low-Income Seniors, Section 8.960

Medical Assistance. Prior to House Bill (HB) 19-1326, the Senior Dental Program statute required that procedure program payments listed in Appendix A be maintained. Many of the Senior Dental Program payments were much higher than Medicaid rates; in fact, some were almost 40% higher than Medicaid rates. HB 19-1326 allows the Dental Advisory Committee to review and recommend rates to the Medical Services Board for all Senior Dental Program payments in Appendix A. The Dental Advisory Committee recommended 56 procedure program payments be reduced to be more aligned with Medicaid rates and one new procedure to be added into Appendix A. By reducing procedure program payments, it will allow the limited dollars to go further and give grantees the ability to serve more eligible seniors and assist in alleviating current waitlists.

The authority for this rule is contained in 45 C.F.R. 162-1002(a)(4) ; Sections 25.5-3-404(4), C.R.S. (2020) and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2020).