



# 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, March 12, 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](mailto:chris.sykes@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto: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](http://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 20-09-30-A, Revision to Medical Assistance Act Rule Concerning the Pharmacy Regulatory Efficiency Review, Section 8.800**

Medical Assistance. A 2020 Regulatory Efficiency Review was performed at 10 CCR 2505-10, Section 8.800, pursuant to Executive Order D 2012-002. Several revisions requiring technical clean-up of the rules were identified. Therefore, the rules at 10 CCR 2505-10, Sections 8.800, are being revised.

The authority for this rule is contained in Sections 25.5-5-501, 25.5-5-502, 25.5-5-505 (2019), C.R.S. and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2020).

### **MSB 21-01-28-A, Revision to Medical Assistance Special Financing rule concerning the Colorado Dental Health Care Program for Low-Income Seniors, Section 8.960**

Medical Assistance. Revisions to Medical Assistance Special Financing rule concerning the Colorado Dental Health Care Program for Low-Income Seniors. The Dental Advisory Committee has recommended adding procedure code D1354, Interim caries arresting medicament application, to Appendix A. The regulation authorizing the Colorado Dental Health Care Program for Low-Income Seniors, 10 C.C.R. 2505-10, Section 8.960.

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).

### **MSB 20-09-18-A, Revisions to the Medical Assistance Rule Concerning changes to Income Data Source for sections 8.100.3.N, 8.100.4.B, and 8.100.5.B**

Medical Assistance. The proposed rule change will amend 10 CCR 2505-10 sections 8.100.3.N, 8.100.4.B, and 8.100.5.B based on 42 C.F.R §435.940, §435.945, §435.948, §435.949, and §435.952 as this pertains to the Income and Eligibility Verification Requirements. There will be two new data sources added to verify earned income for both MAGI and Non-MAGI Programs. The two

new interfaces being implemented are the Federal Data Services Hub (FDSH) and Equifax The Work Number (TWN). Policy will be updated to reflect changes in the Colorado Benefits Management System (CBMS). The Interfaces will be added for Medical Assistance programs to increase efficiency in eligibility determinations and to reduce improper eligibility determinations by providing income details that are from the most recent pay period reported from employers.

The proposed rule will impact applicants/members who are applying or enrolled in MAGI and Non-MAGI Medical Assistance Programs. The rule update will benefit applicants/members who declare employment income and meet financial eligibility requirements, by helping to reduce the need for applicants/members to provide proof of financial verifications when determining eligibility for MAGI and Non-MAGI Medical Assistance.

The Department anticipates that linking with these systems would put downward pressure on caseload growth, particularly for the MAGI Parents and Adults eligibility categories, which are income-sensitive populations. It would prevent MAGI and Non-MAGI program (Medicaid and CHP+) members from enrolling who are later found to be ineligible due to income and save money for the State.

The authority for this rule is contained in 42 C.F.R §435.940, §435.945, §435.948, §435.949(a)and(b), and §435.952(c)(1)and(2) and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2020).