



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, May 14, 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 19-08-21-A, Revisions to the Medical Assistance Rule Concerning changes to the Income Data Source and Lottery/Gambling winnings hardship exemption for sections 8.100.3.N, 8.100.4.B, 8.100.4.C, 8.100.5.B, and 8.100.5.F

Medical Assistance. The proposed rule change will amend 10 CCR 2505-10 sections 8.100.3.N, 8.100.4.B, 8.100.4.C, 8.100.5.B, and 8.100.5.F based on 42 C.F.R 435.945, 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. Policy has added additional changes to the lottery and gambling winnings to allow applicants or members the ability to request a hardship exemption when being denied or terminated due to lottery and gambling winnings.

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), Section 1902(e)(14)(K)(iii) of the Act and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021).

MSB 20-08-04-C, Revision to the Medical Assistance Rule concerning Prospective Payments to Primary Care Medical Providers, Section 8.200

Medical Assistance. The rule implements prospective payments to primary care medical providers who voluntarily elect to earn a portion of their revenue as prospective per member per month payments and the other portion as fee for service. The rule also allows them to participate in gainsharing to earn extra revenue. This rule is necessary to move the Department's goal of paying primary care medical providers based on value.

The authority for this rule is contained in Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021).

MSB 20-08-10-B, Revision to the Medical Assistance Act Rule concerning Non-Invasive Prenatal Testing Prior Authorization, Section 8.732

Medical Assistance. The Department currently requires prior authorization for most non-invasive prenatal testing (NIPT). The proposed revision updates Department rule to reflect prior authorization may be required for NIPT, which aligns with current Department policy.

The authority for this rule is contained in 42 CFR 440.130 (2021); Section Section 25.5-5-102(1)(c), C.R.S. (2021) and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021).

MSB 21-01-21-B, Revision to the rule authorizing the annual adjustment schedule for Inpatient Hospital Base Rates, Section 8.300.5.A.3.e

Medical Assistance. The rules authorizing the annual adjustment schedule for Inpatient Hospital Base Rates, 10 CCR 2505-10, Section 8.300.5.A.3.e will be modified to allow the rates to be updated using the State Budget Action as defined by the Legislature for State Fiscal Year 2021-22. Additionally, the rules authorizing how Graduate Medical Education (GME) Payments for Medicaid Managed Care are updated each year, 10 CCR 2505-10 Section 8.300.7.A.1 and Section 8.300.7.B.1 will be modified to follow the update schedule adopted in 10 CCR 2505-10 Section 8.300.5.A.3.e.

The authority for this rule is contained in Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021).

MSB 21-01-28-B, Revision to the Medical Assistance Act Rule concerning FFY 20-21 Healthcare Affordability & Sustainability (HAS) Fees & Payments Amendment, Creation of Hospital Transformation Program (HTP) & Rural Support Program (RSP), Section 8.3000

Medical Assistance. The rule change makes necessary revisions for the federal fiscal year (FFY) 2020-21 Healthcare Affordability & Sustainability (HAS) fees and supplemental payments. Inpatient per-diem fees and Outpatient percentage fees are updated to account for changes to estimated Medicaid expansion costs, estimated administration costs, and HAS supplemental payments. Without the rule change there will not be enough HAS fees to fund Colorado Medicaid and CHP+ expansions and HAS supplemental payments. The rule change includes revisions to the Disproportionate Share Hospital (DSH) supplemental payment for the FFY 2021 DSH allotment and revisions to the Hospital Quality Incentive Payment (HQIP) supplemental payment for changes recommended by the HQIP sub-committee and approved by the Colorado Healthcare Affordability and Sustainably Enterprise (CHASE) Board.

The rule change also includes the creation of the Hospital Transformation Program (HTP) and Rural Support Payment (RSP). The HTP will leverage supplemental payments as incentives designed to improve patient outcomes and lower Medicaid cost. Hospitals must work to achieve certain milestones established by the hospital in the first year of the program. Hospitals not achieving milestones or completing activities will have their HAS supplemental payments reduced with the reduced payments going to hospitals achieving the milestones or completing the activities. The RSP will provide complementary funding to the HTP to prepare critical access and rural hospitals for future value-based environments.

The authority for this rule is contained in 42 CFR 433.68 and 42 U.S.C. § 1396b(w); Section 25.5-4-402.4(4)(g), C.R.S. (2020) and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021).

MSB 21-03-25-A, Revision to the FQHC Rule Concerning COVID-19 Vaccine and Treatment Reimbursement, Section 8.700.6.B

Medical Assistance. The purpose of this rule is to change Federally Qualified Health Center (FQHC) reimbursement for the administration of the COVID-19 vaccine and monoclonal antibody therapy treatments. Currently, a COVID-19 vaccine administration is only directly reimbursable when administered by a billable provider such as a physician. When a non-billable provider, such as a registered nurse, administers a COVID-19 vaccine there is no direct reimbursement but the cost of this service is included in future FQHC encounter rate. This rule will change reimbursement so FQHCs will receive the fee schedule reimbursement every time they administer a COVID-19 vaccine. Monoclonal antibody products treat COVID-19 to help the body fight the virus or slow the virus' growth. Monoclonal antibody therapy treatments are expensive and the current FQHC encounter rate does not cover the cost of providing these treatments. This rule will revise reimbursement to reimburse FQHCs at the fee schedule amount for the administration of monoclonal antibody therapy treatments.

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 21-03-25-B, Revision to Medical Assistance Special Financing rule concerning the Colorado Dental Health Care Program for Low-Income Seniors, Section 8.960

Medical Assistance. The purpose of this rule is to clarify an Eligible Senior may have Medicare or Medicare Advantage Plan that has dental coverage. This rule change also incorporates the rule that Grantees of the Colorado Dental Health Care Program for Low-Income Seniors bill Medicare for procedures covered by Medicare or the Medicare Advantage Plan and the Colorado Dental Health Care Program is secondary to the Medicare dental coverage.

The authority for this rule is contained in 42 C.F.R. 162-1002(a)(4); Section 25.5-3-404(4), C.R.S. (2020) and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021).